



British Columbia
Pharmacy Association

Presentation on B.C.'s 2024 Budget

Select Standing Committee on Finance and
Government Services

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Good afternoon.

My name is Geraldine Vance, and I am the CEO of the BC Pharmacy Association. I am speaking to you from the traditional territories of the Musqueam, Squamish, and Tsleil-Waututh Nations.

On behalf of B.C.'s community pharmacists, I'd like to thank you for the opportunity to address you today.

The B.C. Pharmacy Association represents more than forty-one hundred pharmacists working in more than fourteen hundred pharmacies in communities large and small across B.C.

Since the start of the COVID-19 pandemic, community pharmacists across the province have worked hard to keep their patients safe. A key part of that has been their role in the immunization campaigns.

Last year community pharmacies administered more than 2.5 million COVID-19 vaccinations and more than 1.2 million influenza vaccinations during the fall flu season.

Community pharmacies also became a convenient location for British Columbians needing rapid-antigen test kits. Last year, more than 30.1 million COVID-19 test kits were sent to the 1,400 pharmacies in B.C.

The newly created provincial centralized immunization booking system allowed B.C. to immunize record numbers of people for COVID-19 and the fall 2022 annual influenza campaign.

With the uptake of this system and pharmacists' increasing role in immunizations, they are well positioned to support more public vaccination campaigns.

The province's cancer strategy includes eliminating cervical cancer by 2033. As part of this, the government plans to increase the uptake of HPV vaccines in the next three years to hit a target of 90 per cent vaccination rate with adolescents.

B.C.'s pharmacists can help meet this goal by vaccinating those adolescents who have missed their HPV vaccines.

I'd like now to talk about the role pharmacists are playing in helping fill the gaps in primary care.

As is well known, more than 1 million British Columbians are without a family doctor. Last fall pharmacists were given the ability to administer more medications through injection or intranasally and to adapt and renew a broader range of medications. This has helped patients

without a regular primary care prescriber get access to the medications they need when they need them.

Since changes went into place last October, the number of prescriptions renewed or adapted by B.C. pharmacists increased 120 per cent compared to the year before. And as of June 1, pharmacists are now able to prescribe for 21 minor ailments and contraception.

We believe B.C. can continue to build on these successes.

Key to this is allowing pharmacists to order lab tests. Pharmacists need access to clinical information to ensure patients can get renewals of their chronic medications for up to two years.

Another area where pharmacists can continue to help fill the gaps is allowing for point-of-care testing (POCT) in pharmacy. Point-of-care tests for strep throat infections have been conducted in pharmacies in other provinces and research shows this is a cost-effective and efficient alternative to visiting a lab and can reduce doctors' office visits.

Pharmacists can help patients get immediate results and free up valuable space in other urgent care centres.

I'd now like to turn to the last point of our presentation to another crisis that pharmacists can help with -- B.C.'s overdose crisis.

Our organization developed and launched a comprehensive training program for pharmacists who were serving patients with opioid use disorder.

We have trained more than fifty-one hundred pharmacists and technicians in British Columbia. As a result, pharmacists can take on a greater role in the care of patients with opioid use disorder.

The changes made last October that allow for pharmacists to adapt and renew more medications include the ability for pharmacists to renew a prescription for opioid agonist treatment (also known as OAT) as permitted under the section 56 exemption to the Controlled Drugs and Substances Act.

This means patients can continue to be provided with the same treatment for a limited time until they can see a prescriber.

However, there are still hurdles in the legislation that do not allow for adaptations (changing a dose and/or regimen) of a patient's OAT prescription. Permanent changes need to be made to the legislation to fully use pharmacists in the response to the overdose crisis.

We know that harm reduction is another piece of combatting the crisis. One area of this is prescribed safer supply as alternatives to the toxic street drug supply for individuals who are at a higher risk for overdose.

Another harm reduction strategy used in B.C. is providing drug testing kits that check the content of illicit street drugs. These may not be available in all areas of the province.

Pharmacies can easily be an access point for British Columbians to anonymously pick up drug testing strips.

In conclusion, B.C.'s community pharmacists continue to fill the gaps in health care both in public health and primary care.

As the government looks to continue to provide better access to care, pharmacists are able to provide more services to fill important health care needs of British Columbians

Thank you for the opportunity to present to you today, and I welcome your questions.



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