

Neighbourhood Pharmacy Gazette

SPRING 2021



INSIGHTS. ADVOCACY. HEALTHIER CANADIANS.

A publication of the Neighbourhood Pharmacy Association of Canada

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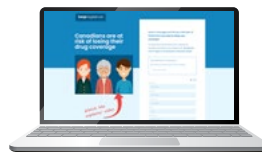
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Neighbourhood Pharmacy Gazette is published four times a year by the Neighbourhood Pharmacy Association of Canada, 365 Bloor St. E. Suite 2003, Toronto, ON M4W 3L4. 416-226-9100. info@neighbourhoodpharmacies.ca

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Healthcare debate a sure bet this election

Pandemic notwithstanding, we'll soon be able to sit back and enjoy a spectacle that typically occurs once every four years—and I'm not talking about the summer Olympic Games.

That's right, we can probably look forward to a federal election this fall. The timing is likely the best it will be for the minority Liberal government, given that it will want to campaign on its performance during the pandemic while riding the wave (hopefully) of a successful vaccination rollout and the start of economic recovery.

As Canadians tentatively emerge from the pall cast by the pandemic, this election will be unlike any other. With healthcare as one of the top issues, it will be especially informative for community pharmacy and other healthcare stakeholders.

Now that voters are more aware of how the healthcare system works—and doesn't work—will the parties propose new and better ways to close long-standing gaps, harshly exposed by the SARS-CoV-2 virus? After experiencing gaps and delays in the supply chain—from personal protective equipment and drug supply to testing kits and vaccinations—will we turn a corner in policies that affect access and domestic capacity? Pharmaceutical policies have generally been very price focussed. The pandemic has demonstrated that we need to be more value focussed to better leverage the strengths of innovation in this sector.

The narrative of public-private collaboration is especially important. On the manufacturing side, continued political rhetoric about “big bad pharma” would strike a sour note to say the least, given that vaccines are getting us out of this crisis.

For pharmacy, the pandemic has shone a spotlight on our ability to pivot in ways that are not feasible in the public system. We have proven ourselves to be a safeguard for continuity of care. Equally important, Canadians increasingly see us as a convenient, trusted point of access for information, navigation of services and direct care.

As pollster Nik Nanos put it in our cover story ([page 5](#)), community pharmacy “is basically a community health hub, and I can't see that turning back.”

While medication management will always be our *raison d'être*, our accessibility—both geographically and psychosocially—can and should be put to better use. Yes, barriers need to be addressed, in areas such as funding, regulations and integration with primary care and public health systems. Yet the way forward is clear.

Whatever the outcome of the federal election, and provincial elections after that, at Neighbourhood Pharmacies we will build upon our hard-earned experiences of the past year to continue to enable solutions that benefit pharmacy, the public healthcare system and, most importantly, Canadians.



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“For pharmacy, the pandemic has shone a spotlight on our ability to pivot in ways that are not feasible in the public system.”

Off to the races



What to expect as federal parties round the bend to election day

A federal election this fall is pretty much a safe bet—and regardless of which party crosses the finish line first, healthcare may turn out to be the biggest winner.

Or not.

As with all things political, one feels compelled to counter any prediction with its opposite. And yet...COVID-19 changes everything. The election will revolve around this black swan event.

While healthcare is generally a default issue during election campaigns, it could be a defining issue this time around (even if edged out by economic recovery in the end).

The fact that healthcare is a provincial responsibility will likely have no bearing: thanks to the pandemic, Canadians are more attuned to the workings—and shortcomings—of our federalist system. They have new questions and concerns, which deserve new—and better—answers.

At least, we can hope.

After interviewing political pundits and assessing the odds based on the latest polling, *Neighbourhood Pharmacy Gazette* offers the following analysis of the upcoming federal race, including a look at the potential gains for pharmacy.

The timing

All four of our experts agree that a federal election will probably happen this fall.

“Minority governments tend to take on a certain lifespan and we are past their average length of stay. All of the parties are getting ready,” says Don Guy, owner and Chief Strategist, Pollara Strategic Insights.

Until now, the pandemic has stayed all parties’ hands. Come the fall, the timing should be right for the Liberal government. “Once we get to a situation where many Canadians have been vaccinated and the economy will likely be picking up, that would be a natural window for an election,” notes Nik Nanos, founder and Chief Data Scientist, Nanos Research.

Recent polling by [Abacus Data](#) indicates that the incumbent government would be wise not to wait until 2022. “While the numbers aren’t really bad for the federal government, they’re not incredibly positive either. And a lot is assessed through the lens of the pandemic. What that suggests is that the top issues of the day are all potential pain points for the government, the further we get away from the worst of the pandemic,” explains David Coletto, founding partner and CEO, Abacus Data.

The issues

Economic recovery and better healthcare will likely emerge as the top two issues on the election trail,

although long-term care reform, economic resilience (including domestic manufacturing), debt repayment/taxation and the environment will certainly vie for attention.

With that in mind, the federal government’s April budget caused a considerable amount of head-scratching. While its focus on continued efforts to support those hardest hit by COVID-19 is understandable, its relative silence on some of the bigger-picture issues could be described as a misfire.

“For its first budget in two years, there was a lack of vision, a lack of innovation and a lack of key Liberal spending priorities to bring the country back from the brink,” notes [Summa Strategies](#) in its April blog. Adds Coletto: “This was not a budget that will win over a lot of voters, at least not in the short term.”

The budget’s most visionary item, at least according to media coverage and public awareness, was a universal system for early learning and childcare. “While you can debate the merits of national childcare as a solution to a real problem, I’m not convinced it’s as politically

powerful as other policies might have been,” observes Coletto.

An Abacus poll conducted shortly after the budget asked Canadians what issues they’d like the political parties to discuss in an election that could happen this year. Out of 12 possible options, affordable childcare was last, after relations with China. Healthcare, the economy and fair taxes were the top three issues.

Here’s what else our experts have to say about some of the issues that will likely come up during election campaigns:

Healthcare – COVID-19 may push healthcare discussions beyond the usual partisan platitudes. “What Canadians learned through the pandemic is that, although they are comfortable with their provinces and public health authorities making decisions on the ground, there needs to be a federal strategy. We want to cooperate as a country as much as possible,” notes Nanos.

“Canadians want to hear a deeper conversation about our health system now that they realize how

“Canadians want to hear a deeper conversation about our health system now that they realize how vulnerable, and perhaps weak, it can be when put under intense pressure.”

vulnerable, and perhaps weak, it can be when put under intense pressure,” echoes Coletto.

The party that successfully taps into that may capture hearts and undecided voting minds.

Mental health in particular could be a litmus test. Canadians polled in November 2020 most often cited mental health as a top healthcare priority for governments, second only to COVID-19 itself, reports [Pollara Strategic Insights](#).

“Early signals are that mental health will be a significant commitment from all parties, including the Conservatives. That’s noteworthy because historically the Conservatives don’t make a lot of commitments in healthcare since they see that as a provincial responsibility,” says Michelle McLean, General Manager, Hill+Knowlton Strategies and National Health and Wellness Lead, Hill+Knowlton Strategies. “Having said that the Conservatives did create the Mental Health Commission of Canada in 2007, when very few governments were making significant investments in mental health.”

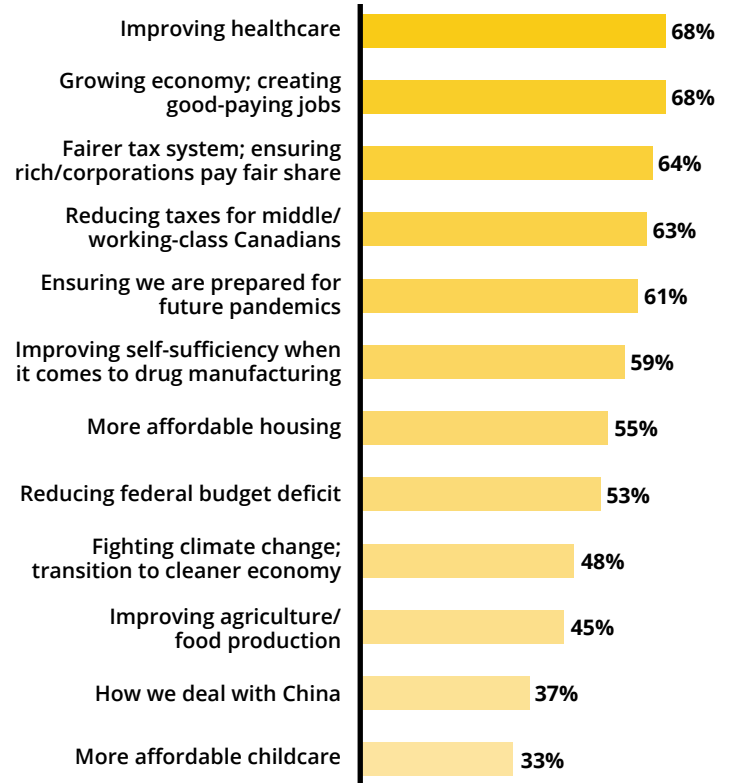
As for the provinces, their demands for more funding from the Canada Health Transfer, no strings attached, are as vocal as ever (see “Meaningful progress finally in sight for health funding?”, [page 13](#)). Within the context of a federal election that’s under a pandemic’s shadow, however, the usual debate over jurisdiction may be muted.

“It will all depend on where we sit come election time. If vaccinations are rolling out and the economic trajectory is positive, the provinces will probably support the approach of ‘how do we work together for the future?’ Ontario and Québec especially will be watching closely because they will probably have their own elections next year. They won’t want to say anything that may come back to bite them,” observes Nanos.

Pharmacare – Before the pandemic, the Liberals and New Democratic Party (NDP) were grooming national pharmacare to be a major issue come the next federal election. Today, not so much. While still on the agenda for both parties, it’s expected to cede way to more urgent matters based on public opinion. In



What Canadians want the parties to discuss in a federal election



Source: Abacus Data, April 21-28

its poll asking Canadians to choose the most important healthcare priorities, Pollara found that a national universal pharmacare program ranked eighth.

“The pandemic pressed a pause button, and we can use this time to educate Canadians,” says Sandra Hanna, CEO of Neighbourhood Pharmacies. “Considering the major financial investment required to implement a single payor model, a more cost-effective solution would be to build upon the current system, which works for the majority of Canadians.” (See “Raising conversation on pharmacare,” [page 16](#)).

It will be interesting to see the direction

of conversations should pharmacare come up during federal campaigning. “I expect pharmacare to come back with a twist, as part of talks about the resiliency of our healthcare system,” says Nanos. “The pandemic should be a great big wake-up call that governments need to work in partnership with all

stakeholders that provide medicines, medical devices, vaccinations and other therapeutics. Otherwise, you have a system that is not working the way it should."

Long-term care – In her budget speech, Deputy Prime Minister and Minister of Finance Chrystia Freeland apologized to residents of long-term care (LTC) facilities. "We have failed so many," she said.

As with mental health, all parties are expected to present an approach for long-term care reform. The Liberal government's budget commitment of \$3 billion for national LTC standards, "to help ensure that provinces and territories provide a high standard of care," could also be a harbinger of its approach in other areas of healthcare.

Economic recovery & resilience – Given the timing, economic recovery will likely dominate political debates. The Liberal government has previewed some of its details in the budget, which the Conservatives will castigate while explaining their own plan.

"What is the role of government in the economic recovery? Where should future stimulus be applied and

for how much longer? These are some of the key questions to be debated," notes Guy.

Funding, taxation and budget management will be intertwined within the discussion about economic recovery. "The push and pull of all of this will be a challenge for all the political parties. It will be a very politically difficult conversation to have with prospective voters," notes Coletto.

Closely tied to economic recovery is the new topic of economic resilience, as most Canadians experienced disruptions in the supply chain during the pandemic. "The pandemic has sensitized Canadians to the need to have secure local capacity in critical therapies like vaccines, in manufacturing and distribution," says Guy.

The environment – Where does all of this leave the environment? Before the pandemic, all indicators pointed to climate change as a defining issue for the next election. However, the April Abacus poll placed it ninth out of 12 possible election issues that Canadians want discussed.



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"Personal health and economic health have knocked environmental health off the top perch. But if those two factors start to stabilize by the time of the election, the environment could be the sleeper issue," says Nanos. "It could come roaring back."

The results?

It's impossible to predict results of course. Polling by Nanos and Abacus for early May—when provinces were in extended lockdowns and vaccine supplies were still stuttering for momentum—suggested this could be an election for the Liberals to lose. However, public opinion will likely turn around as jabs finally get into arms and restrictions lift.

Whether Parliament Hill is red or blue come election day, the quest for a majority government is an uphill battle unless major changes happen in Québec. At this point, that's not likely. "Right now the Bloc Québécois is still polling pretty strongly and if they run a strong campaign they will cause no end of problems for

the Liberals and Conservatives," says McLean. "Québec is so seat-rich that all parties will be focused on Québec."

The Liberals will also be hard-pressed to pick up votes from the NDP. "The leader of the NDP has strong approval ratings and the NDP and Liberals will mirror each other more often on a policy front," says McLean. "The best-case scenario for the NDP is another minority parliament in which they have the balance of power and they're building a narrative—that they are looking out for working-class Canadians—to achieve that."

What about the Conservatives? The election will be many Canadians' introduction to their new leader and the party is not a natural second choice for waffling Liberal or NDP votes. "They will have to make some pledges outside of the economy—on climate change, on healthcare—to build their base," notes McLean.

Conservative leader Erin O'Toole has promised more progressive policy commitments, but in doing so has ruffled feathers within the party. "There is a very



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strong social conservative element of the party that is uncomfortable with some of the positions he has taken, specifically on climate change. This is a problem because if the party has to spend a lot of energy on keeping the party united then they can't spend that energy on the campaign trail," says McLean.

Uncertainty is also anathema in today's environment. "In 2015, the change agenda came through really strongly. But that change agenda doesn't exist during a pandemic. People are looking for security and stability and certainly the Liberals are positioning themselves to 'build back better' on that premise," summarizes McLean.

On the other hand, unlike death and taxes, nothing is certain in politics. "Campaigns really do matter. All parties must ensure there are no unforced errors. Anything can happen between now and then," she concludes.

Where pharmacy fits

Whatever the outcome, community pharmacy is poised to benefit from the heightened, more nuanced conversation around healthcare, which will feed advocacy efforts at national and provincial levels.

"Canadians have become more sensitive to the public system and the need to better coordinate its strengths. Policy makers and health system partners now have many proof points to show how this must include the integration of pharmacy," says Hanna. "Regardless of who wins we won't really need to change our advocacy.

Because pharmacy is demonstrating its value and providing tangible solutions in all the right areas."

"The role of pharmacy and pharmacists will be very much top of mind as it's been primed by pharmacists stepping up during the pandemic, especially now for vaccinations," agrees Guy. "Trust that was already high has been deepened, leaving Canadians open to pharmacists providing a wider range of services than ever."

Adds Nanos: "Pharmacy has solidified its position as part of the frontline of delivering healthcare. You need to continue to say, 'What can we do to support better healthcare outcomes? To support our healthcare partners as part of the system? We're ready to help.' The pharmacy is basically a community health hub, and I can't see that turning back."

Tools for grassroots advocacy

Neighbourhood Pharmacies' Healthcare Advocates Program provides members with resources to support pharmacists who wish to educate and lobby political candidates at the grassroots level. The program includes advocacy and media training, leave-behind documents and templated communication pieces. For more information, contact Jennifer Deschenes, Director, Communications & Stakeholder Relations, info@neighbourhoodpharmacies.ca.

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Let's talk about safe disposal

As part of the fight against the opioid crisis, remind patients to return unused medications

Opioid stewardship has become increasingly important during the COVID-19 pandemic. Reminding your patients that they can bring back unused or expired medications is a simple step to help fulfill that role.

"I pay special attention when someone is undergoing treatment for cancer or receiving end-of-life care at home," says Rachelle Rocha, pharmacist and co-owner of Seasons Pharmacy and Culinaria, part of the Whole Health Pharmacy Partners group, in Sudbury, Ontario. "First and foremost, this is an opportunity to extend compassion and support. And when the time is right, I gently remind them or their caregivers to bring back any unused medications. In most of these bags there are narcotics and other controlled drugs."

Recent data from the Government of Canada confirm that hospitalizations and deaths due to opioid poisoning have increased since the start of the pandemic.¹ A 2018 study found that one in three opioid-related deaths involved people with active opioid prescriptions.²

Prescribers (including veterinarians) can refer patients to a pharmacy for the safe disposal of all unused or expired medications, including topical and liquid medications, nonprescription drugs, vitamins and supplements. Some also accept used sharps. However, it's important for patients to confirm their drop-off pharmacy before leaving their home with bags full of medications.

The likelihood of multiple potential drop-off sites is highest in B.C., Manitoba, Ontario and P.E.I. Their respective provincial governments have legislated Extended Producer Responsibility (EPR) programs that require manufacturers of consumer health products to be responsible for and fund the safe disposal of their products. Manitoba, Ontario and P.E.I. also have EPR programs for medical sharps disposal.

The Health Products Stewardship Association (HPSA) executes these programs on behalf of manufacturers. There is no cost for pharmacies to become a collection site, and



Courtesy of Seasons Pharmacy and Culinaria, Sudbury, Ontario

Pharmacies on board



90%+ Pharmacies registered in HPSA's programs in the provinces where available (B.C., Manitoba, Ontario, P.E.I.)

all forms and promotional materials are on HPSA's website (healthsteward.ca). "The program is super easy," says Rocha.

"We are global leaders in this space, especially with our sharps program," says Terri Drover, Director-General of the HPSA. "Our program will expand as more provinces enact EPR regulations. Manufacturers welcome the framework this puts in place to encourage consumers to safely dispose of consumer health products."

In Rocha's pharmacy, consumers empty their bags in a smaller bin at the pharmacy counter and then a staff member transfers the contents to the program's large bin in the dispensary, where it's not accessible to the public. If people just drop off a bag, staff wear gloves and use a tong when checking the contents to lessen the risk of accidental punctures or cuts.

Opioids can be placed in the collection bin with all other medications. Or the pharmacy can separate them out and use their usual commercial provider for disposal. "We decided to take that extra step because we did not want the large bin to be a source of temptation for anyone," says Rocha.

She adds that while people readily understand the importance of proper disposal, they need to be nudged. "We just posted a reminder on our social media and dozens of people came in with bags. Reminders are definitely worthwhile."

Weighty matters



3.5 million
kilograms of medications



2 million
kilograms of sharps

Collected and safely disposed of by the Health Products Stewardship Association since it was established in 1999

1. Opioid- and Stimulant-related Harms in Canada. Government of Canada. Public Health Infobased. 2020 Dec. <https://health-infobase.canada.ca/substance-related-harms/opioids-stimulants>

2. Gomes T, Khoo W, Martins D, et al. Contributions of prescribed and non-prescribed opioids to opioid related deaths: population based cohort study in Ontario, Canada. *BMJ* 2018;362:k3207.



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Exploring Canada's road to recovery



Economically speaking, Canada should do “extremely well” in the second half of the year and into the new year, said Benjamin Tal, Managing Director, Deputy Chief Economist, CIBC World Markets Inc., at Neighbourhood Pharmacies’ virtual Executive Summit on May 11. He was joined by several other thought leaders who shared their insights on what could (or should) happen in the economy, the healthcare system and the white-collar workplace.

Tal expects a strong economic rebound for three reasons:

1. The damage caused by the pandemic-induced recession was “very deep but also very narrow.” In other words, the relatively low number of industries impacted predicts a rapid pace of recovery relative to previous recessions.
2. All of the damage was in the services sector, which can bounce back more easily than the goods sector.
3. Pent-up demand is high among middle- and high-income households. “We are sitting on a mountain of cash,” noted Tal. “Most of it will go to services, which is exactly where you want it.”

Who will pay for the extra \$100 billion-plus in spending by government? “The short answer is nobody,” said Tal. “The reality is that governments really never pay down debt. They roll it over and refinance it.”

Having said that, today’s extremely low interest rates are not likely to last. “The trick is not to raise interest rates too quickly...or wait too long, because inflation is a lagging indicator.”

Consumer spending will be closely monitored in the coming months. “The minute they start spending, you have to remove liquidity from the system....The issue is to what extent the Bank of Canada and the federal government will be able to remove all this stimulus from the market to avoid a significant increase in inflation,” noted Tal, who expects an inflation rate of three to three-and-a-half per cent by the end of the year.



Neighbourhood Pharmacies’ virtual Executive Summit 2021:
Top photo: Panelists Terry Lake, BC Care Providers Association; Lindsay Finneran-Gingras, Hill+Knowlton Strategies; Goldy Hyder, Business Council of Canada; and moderator Michelle McLean, Hill+Knowlton Strategies; Bottom left: Benjamin Tal, CIBC World Markets; Bottom right: Richard Florida, urbanist

Government spending as a percentage of GDP, which soared to 35 per cent compared to the usual level of about 15 per cent, will eventually stabilize at about 18 per cent, predicted Tal. This reflects the likelihood that changes initiated or accelerated by the pandemic will continue (for example, revamped unemployment insurance). “We are putting together the infrastructure for tomorrow’s social assistance program,” noted Tal. “This permanent increase in government spending will eventually lead to an increase in taxes.”

Stronger on the other side?

A panel discussion moderated by Michelle McLean, General Manager of Hill+Knowlton, Ottawa, explored some of the healthcare-related lessons that need to be learned from the past year—and what needs to happen to aid Canada’s recovery.

Panelists spoke of a disjointed healthcare system and a lack of consistent government messaging that have negatively impacted public trust. "The fact the city of Toronto had to partner with a Twitter account to communicate how Ontarians can get vaccines is astonishing," said Lindsay Finneran-Gingras, Vice-President, Social and Digital, Hill+Knowlton Strategies. "It speaks to our lack of communication and digital infrastructure."

While other countries found creative ways to thwart virus spread (i.e., contact tracing), Canada's lack of innovation caused it to lag behind. Goldy Hyder, President and CEO of the Business Council of Canada, pointed to lost opportunities by not looking to the private sector for ideas or not learning from past experiences with epidemics such as SARs. "We will want an autopsy on the pandemic...then the key is execution and what we do with it," he said. "In order to build back better, we need to be better and do better."

Part of rebuilding means taking a serious look at senior care, which has been grossly neglected, noted Terry Lake, CEO of the BC Care Providers Association. "We spend 30 per cent less than other OECD countries in seniors' care and that led to a tremendous health human resource challenge across Canada," he said.

With most healthcare costs happening at the end of life, Hyder said it's essential to engage the public in "adult conversations" about what they need from their healthcare system as they age and how they can work with governments to make it happen, rather than making them feel that money is going to solve all their problems.

Improving healthcare also means harnessing the best of what happened during COVID-19 (e.g., virtual care) and building upon it. "It's not that every interaction with a pharmacist or physician has to be done virtually, but we have to be able to use technology better," said Lake, who added that there's a need to "empower pharmacists" even more in providing essential public services such as vaccines.

"When you think about what we can enact quickly in times of crisis...pharmacies were already there," said Finneran-Gingras. "That trust has already been built." And even as access to digitized healthcare grows, the value of community-based, brick-and-mortar pharmacies will also grow, she added.

The post-pandemic city

"We're going to see a shift from what is now a central business district to a central social or networking district," noted urbanist Richard Florida in speaking about work life post-COVID-19. "The office is no longer just a place to work...it's a place for social interaction, context and collaboration."

Florida, researcher and professor at the University of Toronto and co-founder of *CityLab*, a publication devoted to cities and urbanism, said that the skyscrapers and office parks of pre-pandemic times may be revamped into communities with unique eateries, wellness centres and other amenities in order to entice employees to leave their work-from-home setups. Transformation may also occur in suburbs, rural areas and even parking lots as employers seek to create collaborative work spaces closer to home.

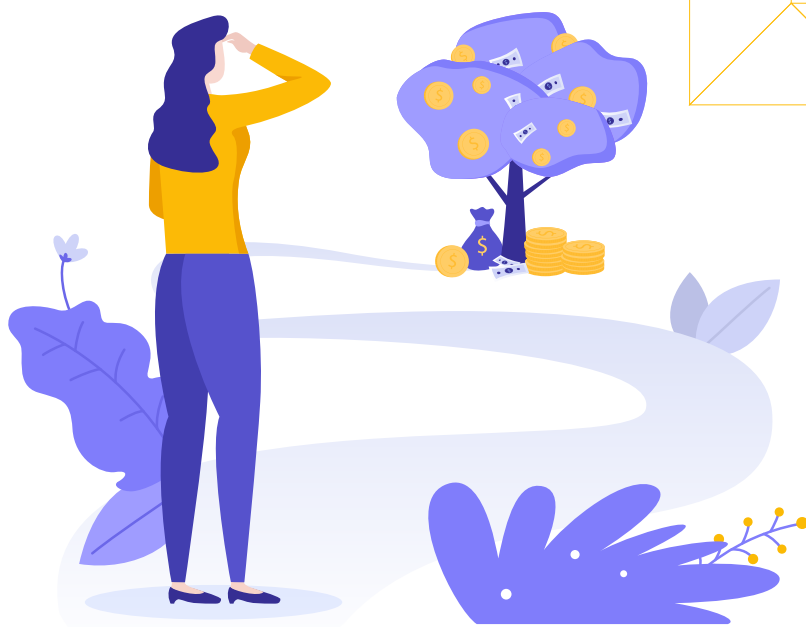
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Meaningful progress finally in sight for health funding?



Provincial premiers demanding more money for healthcare is a tale as old as time itself. But as the third wave of the COVID-19 pandemic tested the limits of our health systems, the need has never been greater for our federal and provincial leaders to finally figure out how to make meaningful progress. Will the pandemic help create a time of blissful agreement among our leaders? History tells us the hill ahead is steep, but a crisis often creates the momentum needed to break logjams in politics.

When Medicare became a national program in 1957, the federal government agreed to cover half the cost of hospital care on the condition that there were no user fees, and that access was universal. Physician fees were added in 1965 with the same conditions.

This funding formula evolved through the years along with changes to the health system and new elements such as prescription drugs and seniors' care. The federal government eventually agreed to lump all health and social funding into one line item, which premiers liked as it gave them maximum flexibility.

The perpetual tug-of-war

Paul Martin was elected prime minister in 2004 after committing to fix healthcare for a generation. His strategy offered increased health transfers only if premiers agreed to make specific changes in their healthcare systems. This plan soon derailed given

the usual dynamic of provincial resistance to federal interference. When the dust settled, first ministers had an agreement for new healthcare funding with a six per cent increase each year. But instead of ironclad commitments for change from the provinces, the federal government had to settle for monitoring and publicly reporting on provincial compliance.

After becoming prime minister in 2006, Stephen Harper implemented exactly half of Paul Martin's plan. He continued to increase health transfers by six per cent a year and even tacked on two extra years for good measure. However, he did not monitor provincial compliance, arguing provinces knew best how to run their healthcare systems. He also refused to discuss health funding with premiers, recognizing this was likely a no-win situation.

Even with this new money, provincial finance ministers watched as health budgets steadily gobbled up a growing ratio of their budgets due to higher rates of chronic disease and other factors. Many argued that, without drastic action, health would eventually squeeze out other priorities.

As provinces fretted about cost pressures to their health budgets, the federal government continued to dream of ways to improve and standardize healthcare for Canadians. Justin Trudeau has in recent years been advocating for the creation of a national pharmacare program, arguing it will expand access to critical drug

therapies and help fill gaps in provincial drug coverage. He likely knows this strategy will allow Ottawa to get more credit from voters for the new dollars it would be contributing. As well, national standards for seniors' care were always part of the conversation but has now taken on more urgency given the gaps exposed by COVID-19.

Coming to a crossroads?

Last year premiers went on the offensive again, arguing that the federal funding share had continued to slip. They said they were now spending \$185 billion collectively on healthcare while the total Canada Health Transfer was only \$42 billion, or 22 per cent. Their joint position was that Ottawa should increase its funding to a more equitable 35 per cent of provincial health spending, which would increase federal funding to \$70 billion. They also argued the feds

should agree to add another \$4 billion per year to maintain this ratio. When first ministers met in December, Trudeau promised to increase the federal share of funding for healthcare but only after the immediate crisis of the pandemic.

“When first ministers met in December, Trudeau promised to increase the federal share of funding for healthcare but only after the immediate crisis of the pandemic.”

On March 21, the federal government came through with legislation to provide an additional \$4 billion through the Canada Health Transfer. The federal budget tabled on April 19 confirmed the government's intent to move forward on this. While this is a single-year increase, Trudeau has since gone on record stating that his government will increase transfers for the long term, but decisions on the details will have to wait until the worst of the pandemic is over.

A federal election before the end of the year seems like a strong possibility. The federal government's



overall response to COVID-19 will likely be the ballot box question if the Liberal government has its way. However, voters will more likely want to focus on the different parties' economic recovery plans. A stronger healthcare system, ready for whatever the future holds, will also be a big part of the election narrative.

The Liberal federal government is prepared to contribute more money to the Health Transfer but will want national standards and public acknowledgment from the provinces so voters know where the funding comes from. Provinces want more cash to help meet existing budget pressures but will resist federal interference and new conditions.

If new federal cash for healthcare is on the table in the future, how will provinces react to any conditions? With history as our guide, Atlantic provinces would be the first to agree to new funding and any strings that come attached. Ontario would likely use its sheer size to help steer the national agenda to suit its interests, while



B.C. would chart its own course and urge others to follow. Alberta would likely set its own agenda and not care if anyone follows. Québec would simply ask for the money and ignore any direction from Ottawa.

Or, has COVID-19 created the crisis that will change history and finally start a new chapter on federal-provincial relations when it comes to health funding? Regardless of which party wins

the coming federal election, will the gaps exposed in our healthcare system in the past year finally bring our leaders together to consider solutions in a new light? Time *will* tell—and for a change, that may happen sooner than later.



Steve Vander Wal is Vice-President at Hill+Knowlton Strategies. Prior to that he was a political advisor to three British Columbia Ministers of Health.



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Raising conversation about pharmacare

Neighbourhood Pharmacies' position statement on a national pharmacare program outlines the top priorities and benefits of our position for governments, Canadians and other stakeholders. Below is a summary, including recommended actions, with the full statement available on our [website](#).

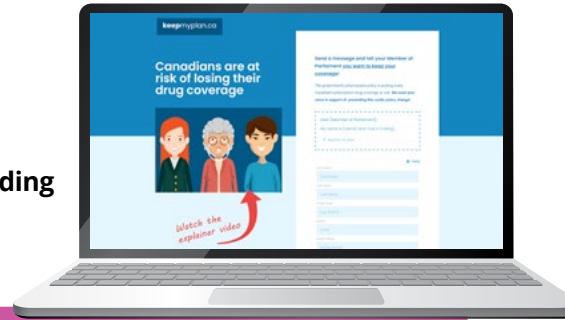
All Canadians deserve access to the medications they need without financial barriers. Opportunities exist to improve access for the minority of Canadians with no coverage or insufficient coverage. This is best achieved through federal-provincial-territorial collaboration that builds upon current public and private plans, rather than a new, single-payor national pharmacare model that would disrupt the majority of Canadians who already have drug coverage.

Canada's pharmacies serve millions of patients across the country, and the sector has a deep understanding of the current landscape of public and private programs for drug coverage, including its gaps. While complex, the current system works well and is reliable.

Canadians agree. Among the 86 per cent who report having coverage, 80 per cent are satisfied with their current primary plan, according to a [survey](#) commissioned by Neighbourhood Pharmacies and conducted by Pollara Strategic Insights in November 2020. On the other hand, 72 per cent are concerned about the potential impact of national pharmacare on their current coverage. Furthermore, while 82 per cent of Canadians are generally supportive of the concept of

"National pharmacare is so complex that it's largely misunderstood or misrepresented when conversation goes beyond the concept of 'drug-coverage-for-all.' We are working to educate Canadians and decision-makers on the advantages of an approach that builds on existing public and private plans."

—Sandra Hanna, RPh., CEO, Neighbourhood Pharmacies



New awareness campaign

Neighbourhood Pharmacies has partnered with the Canadian Life and Health Insurance Association and the Conference for Advanced Life Underwriting to launch [KeepMyPlan.ca](#), a grassroots advocacy campaign that encourages Canadians to express their concerns about the federal government's proposed single-payor pharmacare plan and the risk it proposes to existing benefits.

national pharmacare, the level of support drops to just 25 per cent when the model is a program that would replace all existing government and private plans.

Rather than pursue single-payor national pharmacare, the federal government can show leadership by establishing guiding principles for the provinces and territories. The overarching objective of these principles is to ensure basic coverage for all Canadians regardless of where they live, their employment status or income level.

RECOMMENDATIONS FOR GOVERNMENT

- Prioritize coverage for the uninsured and underinsured, particularly for those needing medications to treat rare diseases.
- Build upon current federal-provincial-territorial efforts to work together to close gaps in coverage, while ensuring continuity of coverage for those who already have it.
- Develop national principles to ensure an equitable approach, while maintaining the integrity of existing provincial and private plans.

Role of community pharmacy in COVID-19 vaccinations

Information current as of June 1, 2021

| | Start date | # (%) pharmacies registered | Vaccines (by manufacturer) | Eligibility by age (dose one) | Provincial fee for administration | Pharmacy doses as % of total (estimate) |
|--|------------|-----------------------------------|--|--|--------------------------------------|---|
| British Columbia | Mar. 31 | 667 (48%) | • AstraZeneca (second doses only)* | • 30+ | \$18 | Not available |
| Alberta | Feb. 24 | 1,400 (93%) | • AstraZeneca (second doses only)* • Moderna • Pfizer | • AZ: 40+ • M: 18+ • P: 12+ | \$25 | 41% |
| Saskatchewan | Apr. 29 | 368 (92%) | • Moderna • Pfizer | • M: 18+ • P: 12+ | \$20 | 13% |
| Manitoba | Mar. 15 | 315 (73%) | • AstraZeneca (second doses only)* • Moderna | • AZ: 40+; 30+ with health conditions • M: pilot phase | \$20 | 1% |
| Ontario | Mar. 12 | 2,490 (53%) | • AstraZeneca (second doses only)* • Moderna • Pfizer | • AZ: 40+ • M: 18+ • P: 12+ | \$13 | 12% |
| Quebec | Mar. 22 | 1,500 (78%) | • AstraZeneca (second doses only)* • Moderna | • AZ: 45+ • M: 18+ | \$17.10 | Not available |
| New Brunswick | Mar. 11 | 218 (94%) | • AstraZeneca (second doses only)* • Moderna • Pfizer | • AZ: 55+ • M: 18+ • P: 12+ | \$15 | 39% |
| Nova Scotia | Mar. 9 | 295 (95%) | • AstraZeneca (second doses only)* • Moderna • Pfizer | • AZ: 40+ • M: 18+ • P: 12+ | \$16 | 50% |
| Prince Edward Island | Mar. 11 | 19 (38%) | • AstraZeneca (second doses only)* • Moderna | • AZ: 55+ • M: 18+ | \$15 | Not available |
| Newfoundland & Labrador | June 1 | 160 (81%) | • Moderna | • 18+ | \$13 | Not available |

AZ = AstraZeneca; M = Moderna; P = Pfizer

* Administration of first doses of AstraZeneca vaccine paused due to supply issues and/or out of an abundance of caution

Sources: Neighbourhood Pharmacies, COVID-19 Vaccine Distribution Tracking; provincial pharmacy associations; National Association of Pharmacy Regulatory Authorities (pharmacy counts)



From vaccine hesitant to vaccine confident

History shows that vaccination greatly reduces the burden of infectious diseases.

Only clean water, considered to be a basic human right, performs better.¹

Despite the evidence supporting vaccination, Canadians have become much more familiar with the concept of “vaccine hesitancy” in the past year. The term has moved to the forefront for healthcare providers, the media and the public because the pandemic clearly demonstrates that attitudes and behaviours toward vaccination are not binary (i.e., you are either for or against vaccination). Vaccine hesitancy describes a spectrum of attitudes, beliefs and uncertainties, and our efforts to “move the middle” are paramount to get out of the COVID-19 pandemic and return to some semblance of normalcy.

We have reason to be hopeful. Over 80 per cent of Canadians surveyed by [Leger and the Association for Canadian Studies](#) in April say they have been vaccinated or intend to get vaccinated against COVID-19, a number that has been rising consistently for several months as vaccines have been rolling out in Canada and across the world. An [Angus Reid](#) poll in May similarly states that 82 per cent of Canadians have had their first dose or would like to be vaccinated as soon as possible. As of May 29, the [Public Health Agency of Canada](#) reports that 68 per cent of Canadians aged 18 and older have received at least one dose of a COVID-19 vaccine.

Yet as the past few months have shown, vaccine hesitancy can vacillate in response to new events and new information—or misinformation. The main initial concerns behind vaccine hesitancy include the belief that the vaccines were approved too quickly, wariness about the mRNA technology and general concerns about adverse effects and safety. Although vaccines are safer than medications, the [World Health Organization](#)

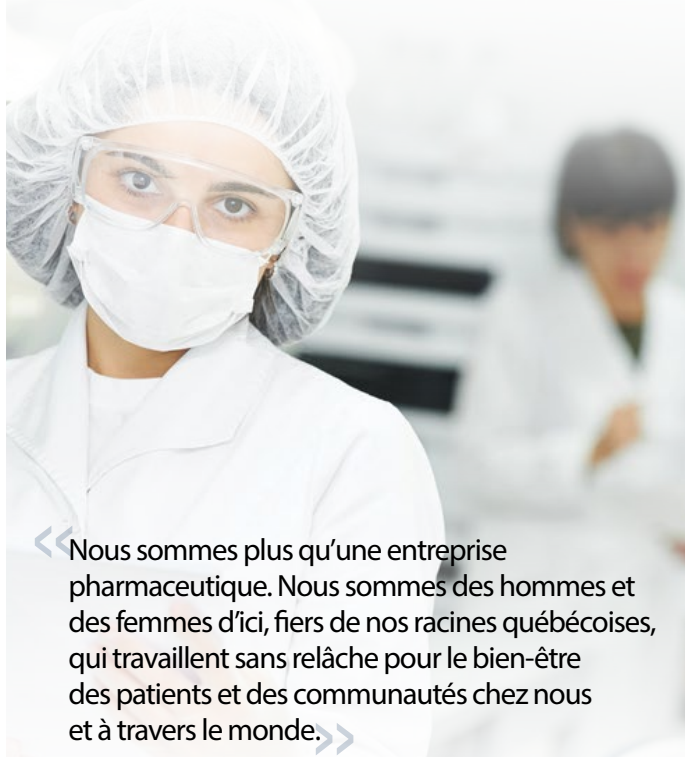


reports that vaccine safety consistently gets more public attention than vaccine effectiveness as a reason for vaccine hesitancy.

In March, vaccine hesitancy took a sharp turn. Reports on the Oxford-AstraZeneca vaccine indicated a rare but potentially fatal link to blood clots, known as vaccine-induced prothrombotic immune thrombocytopenia (VIPIT). The National Advisory Committee on Immunization (NACI) recommended that the AstraZeneca vaccine be limited to those 55 and older to allow time to review the potential link between the vaccine and VIPIT.

We saw the new phenomenon of “vaccine shopping” emerge. An [Angus Reid](#) poll in April found that among unvaccinated but willing Canadians, 52 per cent were uncomfortable with the AstraZeneca vaccine. And among them, 40 per cent would reject the vaccine if offered.

In mid-April, [Health Canada](#) attempted to reaffirm confidence in the AstraZeneca vaccine by stating that the benefits of the vaccine greatly outweighed the risks of COVID-19 in adults over the age of 18. Shortly after, several provinces lowered their age eligibility criteria for the vaccine to 40 years. Upon further review, NACI



« Nous sommes plus qu’une entreprise pharmaceutique. Nous sommes des hommes et des femmes d’ici, fiers de nos racines québécoises, qui travaillent sans relâche pour le bien-être des patients et des communautés chez nous et à travers le monde. »

“We are more than just a pharmaceutical company. We are men and women proud of our Quebec roots, who work tirelessly for the well-being of patients and communities here and around the world.”

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INSIGHTS: VACCINE HESITANCY

lowered its recommended age limit to 30 and older in late April.

Social media exploded and, interestingly, vaccine-confident generation-Xers across the country flooded pharmacies, their booking sites and phone lines to get vaccinated, a stark contrast in behaviour compared to the hesitant over-55 crowd. While this particular narrative is far from over—as evidenced by some provinces’ recent decisions to stop vaccinating with the AstraZeneca vaccine altogether until more analysis is done, and the possibility that second doses of the vaccine will be replaced with one of the mRNA vaccines—it illustrates the twists and turns that can stymie vaccine acceptance.

How healthcare providers engage the public is key. Everyone’s life circumstances, health situations and drivers of decision-making are different. Behavioural science tells us that responding to those drivers is a more effective strategy to build vaccine confidence than “telling” people what they should do.

“How healthcare providers engage the public is key. Everyone’s life circumstances, health situations and drivers of decision-making are different.”

Pharmacists and other healthcare providers can consider the following approaches as they leverage opportunities to influence the “moveable middle” from vaccine hesitant to confident.

- 1. Weigh the risks.** With the hesitancy conversation having shifted so much towards safety it’s important to help the public weigh the risks of getting vaccinated against the risks of COVID-19. The risk of dying or being hospitalized due to COVID-19 is much greater, and it becomes astronomically greater in times of high community transmission.
- 2. Appeal to social motives or other drivers.** Evidence demonstrates that appealing to the social responsibility of protecting others can be a driver for vaccination. Another driver might be to identify what the individual is missing since the pandemic began, such as gathering with relatives or attending social events. Help people understand that the quickest way to get back to normalcy is for 70 to 80 per cent of the population to be vaccinated.

3. Consider the influencer. Healthcare providers are key influencers for vaccine uptake because of their trusted relationships with patients. However, other variables that may play into vaccine hesitancy include race, gender, age, socioeconomic status and political beliefs. Trust is the cornerstone to build confidence,

Resources to help healthcare providers support vaccine acceptance and uptake:



- **19tozero** (a coalition of multi-disciplinary experts)
- **CANVax** (from Canadian Public Health Association)
- **Centre for Effective Practice**
- **Health Canada**

and trust is very personal. Key influencers that build confidence may include community elders, faith-based leaders, family members or public figures.

4. Ensure it's easy. Accessibility can play a tremendous role in nudging people to get vaccinated. Pharmacies are an ideal location to increase uptake, with convenient access to a healthcare provider who can educate, build confidence and help identify trusted influencers in their communities.

At the time of writing this we are slowly emerging from a third wave in some provinces and people continue to die from COVID-19 at alarming rates across the country. Combating vaccine hesitancy needs to be a full-time job, right now. Together, we have a lot of work to do. And together, we "have a shot" at getting it done.

1. Andre FE, Booy R, Bock HL, et al. Vaccination greatly reduces disease, disability, death and inequity worldwide. *Bulletin of the World Health Organization*. 2008 Feb. 86(2):81-160. <https://www.who.int/bulletin/volumes/86/2/07-040089/en/> (Accessed May 2021)

CUE THE SPOTLIGHT!



Let's generate some good news and applaud the achievements of two individuals who go above and beyond for the profession of community pharmacy.

ABOUT THE AWARDS

The Len Marks Pharmacy Advancement Award recognizes an individual whose passion for the advancement of pharmacy helps lead change in the areas of education, pharmacy practice, advocacy or collaboration. The award was established in memory of pharmacist Len Marks, who was an advocate for community pharmacy.

The Distinguished Associate of the Year Award honours an associate partner who displays extraordinary commitment to Neighbourhood Pharmacies' initiatives and/or committees, while helping advance community pharmacy.

Nominate a deserving recipient for the:

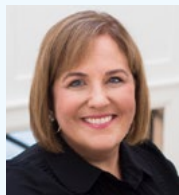
- Len Marks Pharmacy Advancement Award
- Distinguished Associate of the Year Award

DEADLINE OF JULY 30, 2021



Patients in the driver's seat

A conversation with Heather Tulk at BioScript Solutions,
member of Neighbourhood Pharmacies



Heather Tulk
Managing Director



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Solutions

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2001

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13 pharmacies
and more than
100 nurse-led
clinics

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Pharmacy,
NavieGo Patient
Programs,
Coverdale Clinics,
A&D Wholesale,
BioScript Logistics

FORMAT
Specialty
pharmacies and
nurse-led clinics

What is your main priority?

Our mission is to simplify access to specialty care. We are focused on improving the patient experience and outcomes. Our co-founder David Ford was the first in Canada to put an infusion clinic into a community pharmacy because it filled a major gap. We've done an amazing job at connecting with and caring for patients, and we also want to make sure we're reaching them at the right time via the right medium for them. Now that more people are open to digital tools, for example, we're offering things like virtual injection training.

Patient-centred care has been the heart of our company since day one, and that's now evolving even further to a patient-driven approach. We are here to help put patients in the driver's seat using technology to improve their experiences. We're also looking at how to use our data and analytics capability to predict barriers preventing patients from getting and adhering to treatment. We hope this will help us determine which patients might be at risk so we can intervene sooner, which will lead to better health outcomes.

How are you supporting your teams during the pandemic?

We are taking a very holistic approach, focusing on mental health as well as physical safety. We introduced mental health support programs, have ongoing communications with townhalls and virtual chats, and use survey tools to encourage feedback from our teams. We developed training sessions on resilience, empathy fatigue and more. In response to employee concerns around excess screen time, we started a podcast

series so they could tune in for information while going out for a walk instead.

How are consumers' perceptions of pharmacy changing?

People are better recognizing the value of pharmacy as a key healthcare partner. As the healthcare industry builds better data tools between prescribers, payors and clinics, patients' expectations of the seamless movement of information across the healthcare team is going to grow. That's why we're investing in the tools that will give us that seamless interface across the healthcare team.

Looking ahead to 2030, what is your vision for specialty pharmacy?

The number of specialty molecules will grow, but others will become more mainstream. There will still be a need for specialty pharmacy to fill the gaps around complex treatments. I'm also excited by the prospect of patients having more control over their healthcare, especially as they get access to more information and technology. As patients become more self-driven and demanding, specialty pharmacies are going to have to adapt to support them.

Why are you part of Neighbourhood Pharmacies?

The specialty submarket in pharmacy is not huge, so having a place where we can work together to change policy and advocate for both business and the profession is important. We value the work Neighbourhood Pharmacies is doing to ensure the sustainability of all facets of the business.

Cannabis use climbs to 1 in 5 Canadians



Health Canada's Canadian Cannabis Survey is likely the most comprehensive survey to date on the use of cannabis since its legalization in October 2019.

When combined with Statistics Canada's National Cannabis Survey and other sources, an interesting picture emerges that highlights just how common cannabis use has become—and how important it is for pharmacists and pharmacies to play an integral role in dispensing, distribution and safe use.

The Q4 2020 results from Statistics Canada estimate that almost 6.2 million or 20 per cent of Canadians aged 15 and older used cannabis in the previous three months, up by 1 million compared to Q4 2019. Younger Canadians are most likely to use cannabis, but the highest rates of growth are among seniors and those aged 35 to 44 (Table 1).

A typical community pharmacy will increasingly encounter patients using cannabis. Here's the math: based on a population of 38 million in Canada and 10,860 community pharmacies, a "typical" pharmacy serves about 3,500 Canadians.¹ Naturally, every pharmacy practice will be different and this figure is intended for illustration only. Based on frequency of prescription drug use, Table 2 estimates the distribution of this pharmacy clientele using the same age groups captured for cannabis use in Table 1. Table 2 also excludes patients under the age of 15 since cannabis use is not measured in this cohort. This reduces the total average pharmacy clientele to 3,360 for the purpose of our analysis.

These calculations suggest that the typical community pharmacy has more than 500 patients who have used cannabis in the past three months. Note that while 20 per cent of Canadians are cannabis users in the general population (Table 1), within the pharmacy, where the clientele is skewed towards older adults, the overall average is 15 per cent. The rate of cannabis use is still high—more than one in seven clients.

Furthermore, the Canadian Cannabis Survey found that

TABLE 1 Cannabis use by Canadians ages 15 and older

| | Age groups | | | | | | Total, 15+ |
|------------------------------|------------|----------|----------|----------|----------|-----|------------|
| | 15 to 24 | 25 to 34 | 35 to 44 | 45 to 54 | 55 to 64 | 65+ | |
| Cannabis use past 3 months | 31% | 32% | 28% | 12% | 13% | 7% | 20% |
| Percent growth since Q1 2018 | 52% | 21% | 88% | 46% | 40% | 95% | 48% |

Source: Statistics Canada, National Cannabis Survey, Q4 2020

TABLE 2 Estimated cannabis use by pharmacy clientele

| | Age groups | | | | | | Total, 15+ |
|--|------------|----------|----------|----------|----------|-------|------------|
| | 15 to 24 | 25 to 34 | 35 to 44 | 45 to 54 | 55 to 64 | 65+ | |
| Estimated pharmacy clientele* | 276 | 320 | 307 | 577 | 632 | 1,249 | 3,360 |
| Cannabis use past 3 months | 31% | 32% | 28% | 12% | 13% | 7% | 15% |
| Estimated cannabis use by pharmacy clientele | 86 | 103 | 87 | 71 | 82 | 89 | 518 |
| Cannabis use for medical reasons | 16% | 14% | 14% | 14% | 14% | 14% | 14% |
| Estimated cannabis use for medical reasons by pharmacy clientele | 14 | 14 | 12 | 10 | 11 | 12 | 72 |

*Age breakdowns estimated based on frequency of prescription drug use²

Sources: Statistics Canada, National Cannabis Survey, Q4 2020; Health Canada, Canadian Cannabis Survey, Dec. 2020

TABLE 3 Method of consumption, ages 25 and older

| Method of consumption * | All users (past 12 months) | Medical users |
|-------------------------------------|----------------------------|---------------|
| Smoked | 76% | 46% |
| In food | 49% | 44% |
| Vapourized, portable vapourizer | 21% | 20% |
| Vapourized, non-portable vapourizer | 13% | 13% |
| In beverage | 7% | 12% |
| Dabbing** | 5% | 4% |
| Topical | 5% | 19% |
| Oral/sublingual | 4% | 24% |

*Multiple responses allowed; **Dabbing = flash vapourization of concentrated cannabis for inhalation; Source: Health Canada, Canadian Cannabis Survey, Dec. 2020

14 per cent of cannabis users self-report using it to treat a medical condition. This translates into approximately 72 patients per community pharmacy in Canada.

Only 24 per cent of users for medical reasons have a formal medical authorization from a prescriber. In other words, most are self-medicating, presumably without advice from a healthcare provider.

Having said that, medical users are more knowledgeable than recreational users. For example, medical users are 1.5 times more likely to choose non-inhaled methods of consumption (Table 3), reflecting a greater awareness of the negative health impacts of smoking. Likewise, 93 per cent of medical users are aware of the THC-CBD mix in their choice of cannabis, compared to 75 per cent among recreational users.

Among the steadily growing number of Canadians using cannabis, 82 per cent are willing to admit this publicly. This suggests that they are receptive to education and advice from healthcare providers. As the demographics of this population continue to shift as a

result of legalization, the need is greater than ever for pharmacists to be part of the conversation on the safe and effective use of cannabis.



*Jeff Mehlretter is a Consultant at Mehlretter Pharma Consulting.
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Where we stand

Neighbourhood Pharmacies is advocating for changes to federal regulations to enable pharmacists and pharmacies to dispense and distribute medical cannabis, in order that pharmacists can be well situated to educate and counsel Canadians on its safe and effective use. Get details in the Association's [Position Statement](#).

References: 1. Statistics Canada (population of Canada); National Association of Pharmacy Regulatory Associations (community pharmacies in Canada); 2. Roterman M, Sanmartin C, Hennessy D, et al. Prescription Medication use by Canadians aged 6 to 79. Statistics Canada, Catalogue no. 82-003-X. Health Rep. 2014 Jun;(25)6:3-9.

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Ross Tsuyuki, PharmD, MSc, developer of the program, President of Hypertension Canada & Professor, Faculty of Medicine and Dentistry, University of Alberta

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Time to integrate pharmacy into healthcare system

Pharmacy is on the precipice of great change.

In a most unusual way, COVID-19 has highlighted the value of pharmacy in the healthcare system and is helping pave the path towards what I hope will be a permanent and positive change for the profession. A future where expanded pharmacy services will be the norm and pharmacists will be recognized for all they contribute to patient care.

Across the healthcare system, these pandemic times have identified what is working and what is truly broken. Pharmacy has never been fully embedded in the healthcare system, even from a technology standpoint, and COVID-19 has shown that we absolutely should be. Government stakeholders and other healthcare providers are realizing that such integration is necessary to fully capitalize on pharmacy's ability to add capacity to the system.

More Canadians have also come to recognize that pharmacists can do so much more than fill prescriptions. They have benefited from our ability to provide services when clinics were closed or access to physicians is limited, and today they are helping propel us to the forefront of mass vaccination efforts. With patients, other healthcare providers and governments increasingly on side, pharmacy is well positioned for the future. It's exciting to see the wheels of change, which normally move slowly, start to roll quickly.

With all of this in mind, Neighbourhood Pharmacies recently embarked on developing its next three-year strategic plan. We are interviewing our members and talking to stakeholders to determine what the pharmacy landscape looks like to them, including where they see our strengths and weaknesses. We want to ensure that our priorities align with theirs, and that our work will continue to be relevant to them in the years to come.

As Chair, I look forward to helping determine the Association's next steps. I have advocated for pharmacy for more than three decades, including 22 years with Neighbourhood Pharmacies (formerly the Canadian Association of Chain Drug Stores). As someone who has worked in pharmacy operations for most of my career, I bring a deep understanding of the inner workings of the pharmacy. My current position as Director of Lovell Drugs provides an additional, valuable vantage point for strategic thinking.

As an Association, it is our role to advocate for the value that pharmacy brings to the table. In so doing we are advocating for the contribution we bring to our patients, for whom patient-centred care will only become more essential as we navigate our way beyond this pandemic. If we have learned one thing from the past year, it is that patients do not just need one primary healthcare provider. They need many of us, including pharmacists.



**Rita Winn,
BScPhm., RPh.**

BOARD CHAIR
*Neighbourhood Pharmacy
Association of Canada*

DIRECTOR
Lovell Drugs

“If we have learned one thing from the past year, it is that patients do not just need one primary healthcare provider.”



**Neighbourhood
Pharmacy**
Association of Canada

Association canadienne
des pharmacies
de quartier

The Neighbourhood Pharmacy Association of Canada advocates for the business of community pharmacy and its vital role in sustaining the accessibility, quality and affordability of healthcare for Canadians. Through its members and partners, Neighbourhood Pharmacies is driving innovative solutions through advocacy, networking, research and information services.

The benefits of membership include:

- Industry-wide representation with governments
- Exclusive business-building networking events
- Informed and independent information-sharing and analysis
- Real-time industry and regulatory updates

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