

Neighbourhood Pharmacy Gazette

SUMMER/FALL 2021

 **INSIGHTS. ADVOCACY. HEALTHIER CANADIANS.**

A publication of the Neighbourhood Pharmacy Association of Canada



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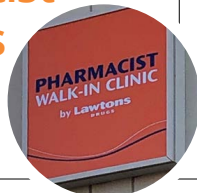
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Neighbourhood Pharmacy Gazette

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Moving the needle in public health

I see “Matt” heading down the aisle, coming toward the pharmacy. He catches my eye, waves and gives a small nod. I wave back and hope he can sense my smile behind my mask, because I know why he’s here—he’s come for his first COVID-19 vaccination.

A few days earlier we had a chat while he was picking up a prescription. I had offered to immunize him while he was here. When he said he wasn’t planning to get vaccinated, I asked if he could share why. We spoke for a few minutes—and a few days later he was back, ready to get the shot.

Conversations like this are happening more often in pharmacies and physicians’ offices across the country. We are at a crucial point in our marathon fight against COVID-19, trying to reach the 10 to 20 per cent of eligible Canadians who have yet to get their first or second dose.

I am not talking about those who are anti-vaccination, who thankfully represent a very small minority, but those who are hesitating or waiting for whatever reason—whether due to issues around convenience or accessibility, personal concerns or beliefs. These individuals are less likely to go to a mass vaccination clinic and more likely to respond to a familiar face. They often need just that one bit of information, that one barrier removed, to move forward.

Pharmacists have administered approximately nine million doses of COVID-19 vaccines so far. Last year, we administered a record-breaking 5.6 million flu shots. In the coming weeks and months, we expect to administer millions more of these vaccines. Equally important, the public is increasingly accepting—and indeed expectant—of immunization services in pharmacies ([page 13](#)).

Immunizations can be described as the vanguard of pharmacy’s emerging role in public health. We have learned much in the past year, together with public health officials, governments and physicians. And all of us have at least begun to see the potential for the future, which is for pharmacies to join other providers as immunization hubs for *all* recommended vaccinations. Together we *can* move that needle, so to speak, an objective that is especially impactful now as we work to clear the backlog of so many services across the healthcare system.

As explored in our cover story ([page 5](#)), at Neighbourhood Pharmacies we are focussing our advocacy on enabling pharmacies to become immunization hubs ([page 14](#)). And then we will learn, adapt and apply what we’ve achieved here to increase capacity in other areas of public health, such as point-of-care testing. The barriers are surmountable; the benefits for everyone are immense.



Sandra Hanna, RPh.

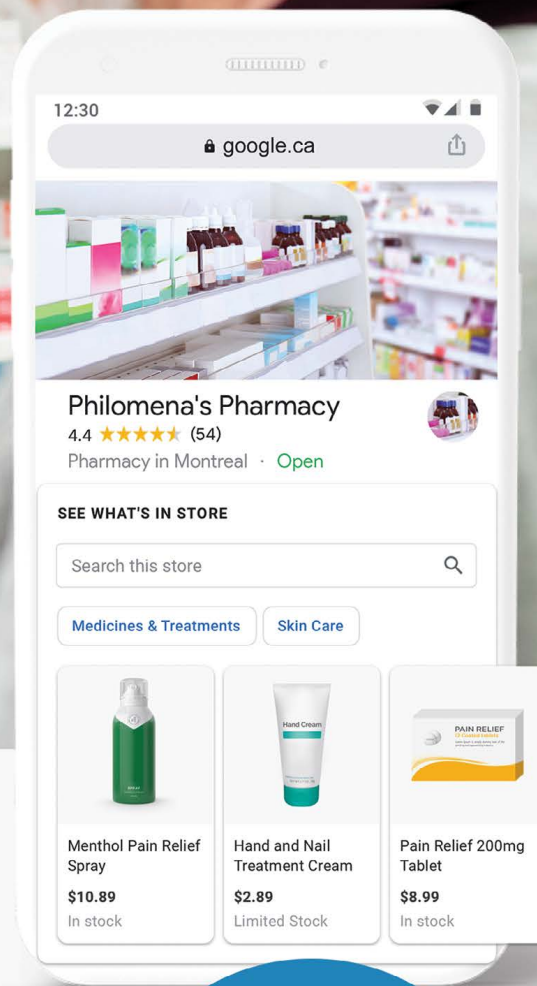
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“Immunizations can be described as the vanguard of pharmacy’s emerging role in public health. We have learned much in the past year.”



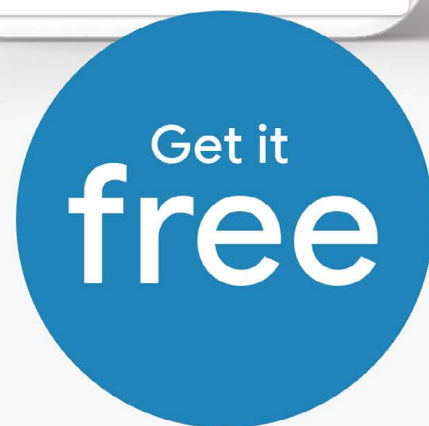
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COVER

By Rosalind Stefanac

Our Door is Open



Pharmacy's evolving role as a public health hub

Flash back to the summer of 2019. If you were to ask pharmacist Joel Donnelly to picture himself and his staff administering upwards of 50 vaccinations daily come the summer of 2021, he'd probably react with surprise, to say the least.

Of course, that was before the COVID-19 pandemic. This unprecedented public health crisis has made many things possible—even necessary—that were hard to imagine before.

Today, the pharmacy manager and his staff at Lovell Drugs in Kingston, Ontario, a community pharmacy located within the Hotel Dieu Hospital, administer COVID-19 and other vaccinations like clockwork throughout the day, every day. Online booking and a dedicated staff member help the process run smoothly.

However, Donnelly's story, and that of most community pharmacies across Canada, is about much more than how to adapt to deliver urgently needed services during a pandemic. The past two years have triggered or hastened a change in mindset among Canadians, governments, and the profession. While medication management will always be the core of what pharmacists do, the unique capability of pharmacies to serve as community health hubs has come to the forefront.

Maggie Wong agrees. The pharmacist at Innomar Pharmacy in Edmonton, Alberta, recalls how community pharmacy was able to pivot time and again to address needs and close gaps. "Pharmacists in Alberta were able to help administer the vaccination, provide testing, provide testing results if needed, extend or prescribe medication for patients who were not able to see their physicians, arrange for the delivery of medications for patients in isolation, and much more," she says. "We were also always available to answer any questions the public had about the disease itself or the vaccination."

Immunizations are perhaps the most dramatic illustration of pharmacies' and pharmacists' growing presence within the public health arena. During the fall and winter of 2020, pharmacists administered a record-breaking 5.6 million influenza vaccinations—a 56 per cent increase over the previous year and closing in on approximately half of all flu shots delivered.¹ In the fight against COVID-19, as of mid-August 2021, 68 per cent of all community pharmacies are registered to administer the vaccines ([page 15](#)), and they are positioned to become the primary vaccination sites as mass vaccination clinics wind down ([page 13](#)).

More important than the numbers, though, is again the change in mindset. Donnelly recalls how he was already working to build year-round immunization

services since well before the pandemic.

Travel vaccines were most popular, and he and his staff would take every opportunity to raise awareness that pharmacists could administer other vaccines, such as for shingles or pneumonia. Today people are more likely to do something about it.

"Since COVID-19, there's more awareness and people seem more interested in learning about what other vaccines they should be getting," says Donnelly. "Having access to the full complement of vaccines at the pharmacy means we can educate people and do our part to boost vaccination rates."

While the focus remains on COVID-19 vaccinations at this point, the pharmacy's bookings for shingles and pneumococcal vaccines are growing at a steady pace, well ahead of what was happening before the pandemic.

"The pandemic was indeed a turning point in perceptions for both the public and governments," says Shelita Dattani, Vice-President, Pharmacy Affairs at Neighbourhood Pharmacy Association of Canada (Neighbourhood Pharmacies). To mitigate the "unintended consequences" of patients not being

able to see their primary care physicians regularly, pharmacists were able to protect continuity of care and serve as stewards of public health in communities across Canada.

"We've always intuitively known that pharmacy teams are strong providers of community-

based care and often even help their patients navigate other parts of the healthcare system. COVID-19 has brought that out and made people really see pharmacists beyond their traditional dispensing roles," says Dattani.

Phil Emberley, Acting Director, Professional Affairs at the Canadian Pharmacists Association (CPhA), agrees the pandemic created the 'aha' moment needed for government to recognize pharmacies' capacity in public health. "Pharmacies are taking on this whole concept of being community health hubs, especially in rural areas where primary care hasn't been available," he says.

Pharmacists are becoming more involved in preventative healthcare, continues Emberley. Point-

“We’ve always intuitively known that pharmacy teams are strong providers of community-based care. COVID-19 has brought that out and made people really see pharmacists beyond their traditional dispensing roles.”

of-care A1c testing as part of diabetes management is one example. "Medication reviews are also an excellent opportunity to talk about vaccine history in light of chronic diseases that may be impacted," he says. "We're at a point in the profession where we're able to have these discussions more than ever before."

A scoping review by Watson et al., published by *Pharmacy* in May 2021, explored the roles and services of frontline pharmacists during the first year of the

pandemic. The researchers found that the pandemic could be the catalyst of change for a "new era" of pharmacy, one that could lead to a "new equilibrium for sustainable pharmacists' professional role changes." It concludes that the "profession needs to build upon the lessons and experiences of this global pandemic and not let the momentum of the visible and invisible changes to pharmacists' roles and identity go to waste."

Opioid stewardship: a pressing opportunity

Opioid-related hospitalizations and deaths are a public health crisis in Canada, which has worsened during the COVID-19 pandemic (page 27).

Community pharmacists can play a greater role in opioid management and harm reduction, backed by new resources and regulatory changes. "Pharmacists are reaching out to understand more and be part of the solution," says Mona Kwong, Pharmacy Advisor and Director, Addiction Pharmacy Fellowship Program, BC Centre on Substance Use.

The Centre has developed national educational resources and programs, such as the Addiction Care and Treatment Online Certificate, a free, accredited course. This past June, part of a \$2 million donation from Shoppers Drug Mart was used to help the Centre launch Canada's first Addiction Pharmacy Fellowship program, which will train eight pharmacist fellows to become experts in the field of substance use and take leadership roles in clinical, academic or research settings.

"We're all part of the same team, and as pharmacists, we're at every point of care, particularly since we see individuals with opioid use disorder every day," says Kwong.

Community pharmacies can do much in the area of harm reduction, says Neighbourhood Pharmacies' Shelita Dattani. "If we can provide a life-saving, harm-reduction alternative like naloxone at the pharmacy, we should be doing that," she says, noting that so far four provinces provide remuneration for pharmacists to educate and train the public on the use of naloxone.

Pharmacists can also consult the "Canadian National Consensus Guidelines for Naloxone Prescribing by Pharmacists," published by the *Canadian Pharmacists*

Journal in August 2020, which recommends co-dispensing naloxone with opioid prescriptions.

A breakthrough for pharmacy occurred in July this year, when Health Canada extended its exemptions to the Controlled Drugs and Substances Act (CDSA) for another five years, until September 2026. The exemptions were first put in place in March 2020, to enable provinces (provincial regulations permitting) to give pharmacists the authority to extend and renew opioid prescriptions, for example.

The five-year extension is excellent news, says Dattani. "This likely signals that the exemptions could be made permanent and that Health Canada is open to modernizing the Act."

Modernization of the CDSA and identifying pharmacists as practitioners in federal legislation are key objectives for Neighbourhood Pharmacies. "This could mean that in some provinces where there's a real need for opioid agonist therapy prescribers, pharmacists can be included," says Dattani. "Given that opioid agonist therapy is very complex, we'll also be talking about adequately remunerating pharmacy for these services."

A recent discussion paper co-authored by Dattani and published in the *Canadian Pharmacists Journal* notes that pharmacists' initial efforts to take advantage of the CDSA exemptions have already demonstrated their ability to do more as opioid stewards.

Kwong, who is also the pharmacy manager at Pharmasave Howe Street, can personally attest to that. "I transferred a script out to another pharmacy just the other day for a patient who was moving and he was extremely grateful," she says. "It also makes communication easier between pharmacists as we're starting to build that network needed to care for patients in a more collaborative way."

Reference: 1. Neighbourhood Pharmacies. Data on file.

Clearing the backlog

Gaps in Canada's healthcare system existed long before the pandemic. The past 18 months have demonstrated the negative consequences, while also propelling pharmacists to step up and do more of what they are trained to do.

Physicians are increasingly on board. "There is such a backlog of routine and preventive care, it is critical that we mobilize all possible resources to address these challenges," says Dr. Jia Hu, a family doctor and public health physician who is the Chair of 19 to Zero, a grassroots coalition aimed at closing gaps in vaccination levels.

He estimates that the uptake of routine childhood immunizations has fallen by 20 to 40 per cent, depending on the province, due to decreased access as a result of the pandemic. Having pharmacies deliver some of these immunizations is "a no-brainer and pharmacists are clearly able to deliver based on their track record in providing COVID-19 and influenza vaccines," he says.

Pharmacists can also help physicians catch up on missed screenings and assessments for chronic disease, not to mention the detection and treatment of escalating mental health issues arising from COVID-19. "Ultimately, we are all aiming for the best possible patient care and will never catch up if we don't activate more resources," he says. "Pharmacists are very well-trained and can definitely do much of this work."

Adds Dattani: "Community pharmacy can help build capacity, and one of our key messages to governments is, 'Don't underutilize what pharmacists can do.' Especially in today's environment, where the healthcare system will be in catch-up mode for a very long time."

Overcoming hurdles

While the time is right for pharmacists to expand their part in public health especially, longstanding barriers—namely around scope of practice, funding and integration—have also come into sharper focus.

"Pharmacists can't go the extra mile if they don't

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have the scope or if pharmacies are not resourced to provide the services,” states Dattani.

Funding is one of the resource requirements. “The recognition of the need for remuneration is an ongoing conversation that we have with governments,” says Dattani. “The good news is that the conversation is happening more often, and it’s more of a two-way conversation.”

When it comes to scope of practice, provincial variation is becoming more problematic. “In the territories, where there is the most need for pharmacists to take on more scope, they have the least amount of scope in the country,” says Emberley. “And what better time for pharmacists across the country to have universal scope to provide travel vaccines, for example, as people start travelling after COVID.”

CPhA is continuously advocating for the harmonization of scope, but it’s a complex task given that the provinces and territories are responsible for healthcare. “It’s about trying to find a common definition of scope across the country and getting a better sense of how Canadians will benefit from pharmacists taking on more across the country,” says Emberley.

Public-private connections

The complexity of bridging public health systems with private pharmacy providers is another hurdle. “We don’t have the data support or framework needed to

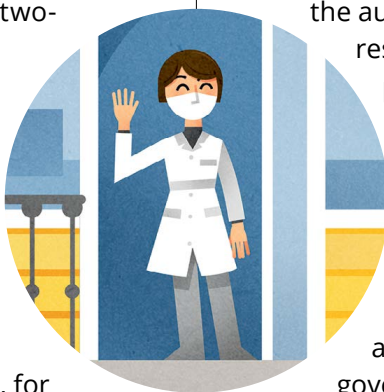
safely share patient information as easily as we should,” notes Emberley.

The ordering and interpreting of lab tests could be considered a test case for integration in both the public health and primary care arenas. While only pharmacists in Alberta and Quebec currently have the authority to both order tests and interpret results, almost all remaining provinces have partial authority (i.e., to order tests but not to interpret) or authority is pending. In some provinces, such as Nova Scotia, authority is in place, but pharmacists await information technology to put it into practice.

Province by province, pharmacy advocacy bodies are working with governments and related stakeholders to overcome barriers and make the final push across finish lines. “We’ve seen pilot projects across the country where integration has been successful, and now it’s about measuring those outcomes to show how there can be real improvements in patient care,” says Emberley.

Adds Dattani: “We continue to tenaciously push forward, and COVID-19 has helped by shedding a spotlight on the importance of better integration.”

She clarifies that governments have long recognized the value of improved integration. The challenge is not so much about getting their buy-in as it is about “working through the many layers of engagement both inside and outside of government. It’s not as easy as turning



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something on, and we want to be sure that anything put in place can be operationalized in a straightforward way by community pharmacy and our members.”

Focus on immunization

Given that both sides of the table are currently rallied around COVID-19 vaccinations and upcoming influenza vaccination campaigns, Neighbourhood Pharmacies is focussing its advocacy efforts on positioning community pharmacy as an immunization hub for all routine or recommended vaccinations ([page 14](#)).

“We are very passionate about making this happen. Immunization is the biggest piece of work we are doing this year and we are advocating directly and indirectly, federally and provincially,” says Dattani.

The growing backlog of routine immunizations helps pharmacy maintain a seat at the table. “Pharmacists have the skills to immunize across broad populations and for all vaccine-preventable illnesses, and their longitudinal relationships with their patients set the

stage for them to be guardians of immunization,” summarizes Dattani.

Susan Bowles, a pharmacist and former Chair of Immunize Canada who is a Pharmacotherapy Specialist in Geriatrics at the Nova Scotia Health Authority, agrees that is the right direction to take. “We have demonstrated with COVID-19 that we can safely and effectively and efficiently provide vaccines in the community setting. We need to go beyond influenza.”

Maggie Wong in Alberta points to the growing pipeline of specialty medications as another impetus to support pharmacy’s growing role in immunizations. “Certain medications require patients to have specific immunizations before they can start a new treatment, and certain immunizations may impact the spacing of a biological medication,” explains Wong, who often administers 20 to 30 immunizations per day. “Patients are generally very appreciative, especially if they are immunocompromised, as they understand the risks and do not want any potential interruptions to their treatments due to infections.”

To lead with evidence-informed advocacy, Neighbourhood Pharmacies has partnered with the 19 to Zero coalition to conduct research and inform its strategy for pharmacists as immunizers. The first round of research, focussed on COVID-19 vaccinations, happened in June ([page 13](#)) and round two, focussing on other recommended vaccinations, is underway.

When it comes to scope of practice, pharmacists in all provinces have authority to inject as least some vaccines in addition to influenza and COVID-19 vaccines. However, only B.C., Alberta, Manitoba and Quebec remunerate pharmacies for publicly funded vaccines, and even then, there may be limitations. “One of our key tactics is to help governments understand the opportunity cost when pharmacist immunizations are not remunerated,” says Dattani.

Lack of access to some publicly funded vaccines in pharmacy is also a barrier for patients, she notes. “Access is the number one tenet of public health, but in these circumstances, pharmacists sometimes have to refer patients back to their local public health unit or primary healthcare provider who can administer the vaccine free of charge to the patient. That’s not right. Access should be agnostic to the provider.”

On a related note, the Association advocated successfully for the National Association of Pharmacy Regulatory Authorities to simplify access to the

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shingles vaccine by moving it from Schedule 1 to Schedule 2, which means that pharmacists could be enabled to initiate vaccination without a physicians' order in provinces where pharmacists do not have the scope to prescribe vaccines. "We are delighted that our advocacy resulted in a formalized scheduling change in July of this year," says Dattani.

Another advocacy objective is an integrated record for immunizations, drawing from learnings gathered during COVID-19 campaigns.

"Ideally, we want a pan-Canadian registry as people move from province to province," recommends Bowles, adding that U.S. data has shown vaccination rates significantly increase in those states where pharmacists can access the registry.

Last but not least, Neighbourhood Pharmacies is working with public health authorities to enable distribution of vaccines using pharmaceutical distribution systems, for direct delivery to pharmacies. "Having that seamless supply chain across the board is an important access enabler," notes Dattani. COVID-19

has served to pilot this change in distribution; for example, B.C. used pharmaceutical distributors for the first time when delivering COVID-19 vaccines to pharmacies, and will be doing so for influenza vaccines going forward as well.

"We are here to help uncomplicate a patient's journey to get vaccinated because that will drive better uptake, which is ultimately better for public and population health," summarizes Dattani.

In public health and beyond, pharmacy's doors are open. "Canadians value convenience and don't want to feel like a ping pong ball when it comes to getting information or accessing services. COVID-19 demonstrated our capacity to serve as community health hubs. We're ready to unlock our full potential as healthcare partners," says Dattani.



Rosalind Stefanac is a healthcare journalist and former editor of Pharmacy Practice based in Toronto, Ontario.

Pharmacy a key partner for resilient healthcare systems

By John Snowden, Executive Director, Value, Access and Policy at Amgen Canada Inc.

PARTNER SPOTLIGHT

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COVID-19 has revealed the fragility of Canada's healthcare systems. As system leaders work diligently to reduce surgical backlogs and close care gaps, more voices are calling for more innovative and holistic models to better deliver seamless, integrated

and coordinated care. Pharmacists already play a key role in accomplishing this goal.

Pharmacies are a convenient and accessible place for people to receive a wide range of frontline healthcare services, from immunizations to medication guidance and wellness counselling. During the worst days of the pandemic, pharmacists played a critical role by keeping their doors open not only to deliver these essential services, but also to administer millions of COVID-19 vaccine doses across the country.

Proximity and accessibility of pharmacies are incredibly important to help Canadian healthcare systems build back better. **Canadians see their community pharmacists 10 times more often than they see their family doctor.¹** That is why pharmacies are an important community health resource.

At Amgen Canada, we're committed to helping healthcare systems become more resilient, through our own efforts and through the Resilient Healthcare Coalition (RHC). Bringing together health charities, research and commercialization groups and industry representatives, the RHC is working to improve patient care and outcomes by accelerating access to transformative health technologies and optimizing the use of healthcare data.

Amgen Canada looks forward to working with Neighbourhood Pharmacies and its partners to help design and deliver the policies, the programs and the processes required to strengthen Canada's healthcare systems – and in so doing ensure that Canadians have the world-class care they deserve.

1. Rethink pharmacists. Canadian Pharmacists Association. <https://rethinkpharmacists.ca/by-the-numbers/>

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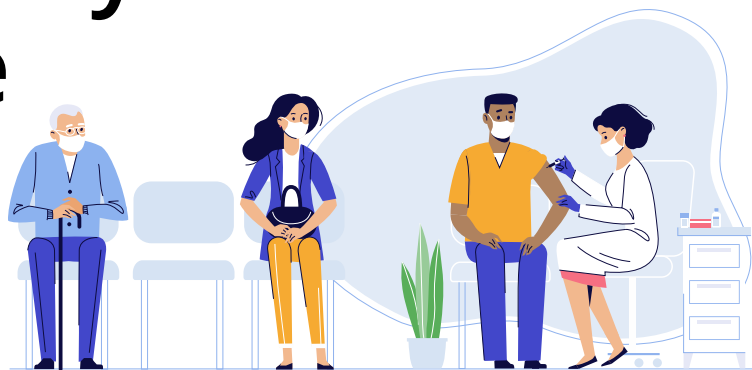
Convenience is key for second dose

A clear majority of Canadians would receive an unplanned COVID-19 vaccination at their pharmacy if it was offered, reports a national survey conducted in June by the University of Toronto in collaboration with Neighbourhood Pharmacies and 19 to Zero, a coalition of healthcare professionals, public health experts and related stakeholders working to build public confidence in COVID-19 vaccinations.

Seventy-three per cent said they would receive their first dose of a vaccine immediately if it was offered while they were at the pharmacy for another reason, increasing to 85 per cent for the second dose.

With first-dose vaccination rates plateauing at around 65 to 80 per cent across the country, this information presents an opportunity for pharmacy to close the gap between intention and behaviour, said Connor Bitter, Strategy Director and Industry Partnerships Lead, 19 to Zero. "Just because someone is willing to get vaccinated doesn't mean they will. This really speaks to the power of unplanned vaccines that are convenient and readily available."

In June, 73 per cent of those surveyed got their first dose at a mass vaccination clinic and 20 per cent at a pharmacy. The remaining seven per cent went to a hospital, mobile clinic or physician's office. For the second dose, the preferred locations are mass vaccination clinics (52 per cent), pharmacies

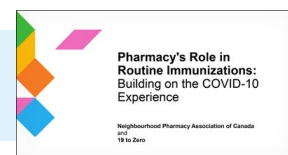


(24 per cent), physicians' offices (18 per cent) and hospitals (six per cent). Given that fewer mass vaccination sites will be available in the coming months, pharmacies can become the preferred destination for COVID-19 shots, noted Bitter.

Canadians' top three factors when it comes to booking their shot are proximity to home (58 per cent for first dose and 67 per cent for second dose), time until the appointment (55 per cent and 66 per cent) and ease in booking (53 per cent and 75 per cent).

Access to a pharmacist is also important. Fifty-seven per cent (for first dose) and 54 per cent (for second dose) would be more likely to get vaccinated if they could ask the pharmacist questions. This echoes other research findings, said Bitter. "If someone is able to ask questions of a provider before taking a vaccine, they are significantly more likely to eventually be vaccinated."

Get more results at Neighbourhood Pharmacies' [website](#).



Unplanned COVID-19 Vaccinations

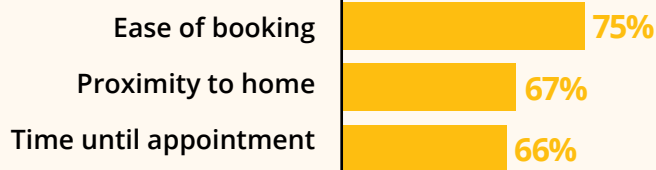


85%

Canadians who would receive their second dose immediately if offered while at the pharmacy for another reason

Source: University of Toronto & 19 to Zero National Vaccine Survey June 2021 (N=2,001)

Top 3 factors when booking the second dose



How pharmacy can boost immunizations

Last year, pharmacists administered more than 5.6 million influenza vaccinations.¹ In 2017, pharmacy surpassed physicians' offices as the most frequent place for flu shots.² More recently, pharmacy has become a proven partner in the rollout of COVID-19 vaccines and will assume a greater role as mass vaccination clinics wind down.

Increased immunization capacity will be an important part of strategies to catch up on the backlog of medical care and services disrupted during COVID-19. Pharmacies and pharmacists are well situated to fill current and upcoming immunization gaps across all age groups.

Neighbourhood Pharmacies is working with key stakeholders to identify gaps and opportunities to seek legislative, regulatory and policy changes needed to bring pharmacists into the forefront of public health as routine immunizers.

The Association is developing an immunization strategy for community pharmacy to support public health and primary care to fill capacity gaps to immunize more Canadians. The strategy will include a grassroots advocacy program to help Canadians, pharmacists and other healthcare advocates engage with local policy makers on the topic of routine child and adult vaccinations.

THE ISSUE: missed vaccinations

One in three Canadian children missed a regularly scheduled vaccine due to restrictions around COVID-19.³ That's more than 1.8 million children who are unvaccinated against preventable illness.

Our aging population warrants greater diligence for adult vaccinations as well, including vaccines for shingles and pneumonia. Vaccine awareness and uptake in this age group were already low before the pandemic,⁴ and it will be a while yet before family physicians significantly increase in-person visits to accommodate more adult vaccinations.

A SOLUTION: pharmacies as immunization hubs

- Research demonstrates that pharmacies are a preferred destination for immunization services.
- Pharmacists already administer the flu shot and other vaccines in every province.
- Pharmacies are accessible and convenient; 95% of Canadians live within five kms of a pharmacy.
- Pharmacy has proven its effectiveness on the frontlines of public health.

THE ISSUE: getting vaccinated can be complicated

The authority for pharmacists to prescribe vaccines varies by province. As well, not all provinces permit pharmacists to administer all publicly funded vaccines nor do they remunerate pharmacies. These challenges can create barriers to access and potentially uptake of vaccines.

A SOLUTION: pharmacists as routine immunizers

- Moving all vaccines from Schedule 1 to Schedule 2 removes the need for referrals to physicians for prescriptions, simplifying the process for Canadians and freeing time for physicians.
- Pharmacist-led influenza and COVID-19 programs, which do not require prescriptions or referrals, have proven successful.
- Remuneration for pharmacist-immunizers removes the potential barrier of out-of-pocket costs for Canadians who would like to receive vaccinations at a pharmacy.

More facts on COVID vax

In July Neighbourhood Pharmacies hosted the webinar, "Pharmacy's Role in Routine Immunizations – Building on the COVID-19 Experience." The [recording](#) and [presentation](#) are available on the Association's website.

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Community pharmacy & COVID-19 vaccinations

Information current as of August 19, 2021

	Start date	# (%) pharmacies registered	Vaccines (by manufacturer) and eligibility by age	Provincial fee for administration	Pharmacy doses as % of total (estimate)
British Columbia	Mar. 31	667 (48%)	<ul style="list-style-type: none"> AstraZeneca: 30+ (second doses only)* Moderna: 18+ at selected pharmacies Pfizer: 12+, piloted at selected pharmacies 	\$18	Not available
Alberta	Feb. 24	1,400 (93%)	<ul style="list-style-type: none"> AstraZeneca: 40+ (second doses only)* Moderna: 18+ Pfizer: 12+ 	\$25	44%
Saskatchewan	Apr. 29	369 (92%)	<ul style="list-style-type: none"> Moderna: 18+ Pfizer: 12+ 	\$20	23%
Manitoba	Mar. 15	315 (73%)	<ul style="list-style-type: none"> AstraZeneca: 40+; 30+ with health conditions (second doses only unless other vaccines not available for first dose)* Moderna: 18+ Pfizer: 12+ 	\$20	6%
Ontario	Mar. 12	2,527 (54%)	<ul style="list-style-type: none"> AstraZeneca: 40+ (second doses only)* Moderna: 18+ Pfizer: 12+ 	\$13	17%
Quebec	Mar. 22	1,500 (78%)	<ul style="list-style-type: none"> AstraZeneca: 45+ (second doses only)* Moderna: 18+ 	\$17.10	10%
New Brunswick	Mar. 11	218 (94%)	<ul style="list-style-type: none"> AstraZeneca: 55+ (second doses only unless other vaccines not available for first dose)* Moderna: 18+ Pfizer: 12+ 	\$15	47%
Newfoundland & Labrador	June 1	160 (81%)	<ul style="list-style-type: none"> Moderna: 18+ 	\$13	Not available
Nova Scotia	Mar. 9	295 (95%)	<ul style="list-style-type: none"> AstraZeneca: 40+ (second doses only)* Moderna: 18+ Pfizer: 12+ 	\$16	51%
Prince Edward Island	Mar. 11	26 (52%)	<ul style="list-style-type: none"> AstraZeneca: 55+ (second doses only)* Moderna: 18+ 	\$15	Not available

* 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)



The race is on: top pharmacy issues

The federal election platform of the Neighbourhood Pharmacy Association of Canada encapsulates five recommended areas of focus related to healthcare: immunizations, point-of-care testing, the opioid crisis, medication coverage and drug pricing. In all of these areas, elected candidates can leverage the knowledge, training and community ties of pharmacists to improve health outcomes and alleviate pressures on the current system.

The Association's election platform is reproduced on these pages. It is also available for downloading from Neighbourhood Pharmacy's [website](#).



UNLOCKING PHARMACY'S POTENTIAL AS A HEALTHCARE PARTNER

Neighbourhood Pharmacies' federal election platform

Canada's pharmacies have offered accessible, critical support to patients and communities throughout the pandemic and continue to be a partner to public health, primary care providers and governments. This partnership has ensured the continuity of patient care, safeguarding of the medication supply and the provision of COVID-19 vaccination and testing services. Our doors have always remained open throughout the course of the pandemic. As we look ahead there are even more opportunities to unlock the potential of pharmacy as a healthcare partner in communities across the country.

The rise and spread of the COVID-19 virus has exposed global weaknesses in healthcare systems and emergency preparedness. From early detection to adequate emergency stockpiles of supplies, Canada, like almost every other nation, was unaware of what was needed to protect our citizens, treat those who

contracted the virus and protect our most vulnerable. Through the challenges faced since early 2020 to today, many components of our healthcare system have remained at the ready to treat and care for Canadians. However, one remains underutilized: pharmacy.

The Neighbourhood Pharmacy Association of Canada (Neighbourhood Pharmacies) advocates for pharmacies' role in caring for Canadians. We represent leading pharmacy organizations, including chain, banner, long-term care, grocery chains, specialty pharmacies and mass merchandisers with pharmacies. We advance healthcare for Canadians by leveraging close to 11,000 pharmacies, in almost every Canadian community, as integral health hubs. Pharmacies typically have extended hours, offering primary care with convenience and accessibility. Designated by government as an essential service, pharmacies and pharmacy teams are critical links in the healthcare system, providing uninterrupted care and coordination with other healthcare providers.

During the pandemic, pharmacies further expanded

their role as integrated health hubs in all communities. Pharmacies are the first and often most frequent point of contact patients have with the healthcare system. Pharmacy teams deliver medication therapies, vaccinations, disease management support and innovative solutions in urban, rural and remote communities.

As we navigate the steady stream of challenges caused by the COVID-19 pandemic and our federal political leaders reflect on the future needs of our healthcare system to support our citizens,

treat those in need and protect our most vulnerable, Neighbourhood Pharmacies wishes to highlight five key areas where we can unlock the pharmacy sector's potential as a healthcare partner:

- 1. Build Immunization Capacity**
- 2. Expand Point-of-Care Testing**
- 3. Enhance Opportunities to Fight the Opioid Crisis**
- 4. Prioritize Medication Coverage for the Uninsured and Underinsured**
- 5. Balance Drug Pricing with Patient-Centred Value**

CREATING PUBLIC HEALTH CAPACITY

Detecting, monitoring and preventing infectious and chronic disease are key tenets of public health. We have seen pharmacies offer critical support in the areas of testing and vaccination and know that we are just scratching the surface of pharmacy's potential to increase capacity in many public health areas.

With 95 per cent of Canadians living within five kilometers of one of Canada's 11,000 community pharmacies, our sector is poised to continue stepping up beyond the pandemic.

① Build Immunization Capacity

Evidence demonstrates that convenience is a key driver to vaccine uptake, and the accessibility of community pharmacies provides convenience like no other. The commitment of pharmacy professionals working inside an infrastructure able to distribute, store and administer vaccines paved the way for pharmacy teams to successfully administer a record 5.6 million

flu shots to Canadians last year—during the height of the COVID-19 pandemic.¹ Pharmacies have administered up to 40 per cent of COVID-19 vaccinations in some jurisdictions, reducing the rate of

illness and strain on an overwhelmed healthcare system.²

We also know that our focus on COVID-19 in the recent past has led to other unintended consequences in routine care, including delayed and missed child and adult routine immunizations. Health system partners will need to work together

to help fill these gaps and catch up on delayed vaccinations to ensure Canadians are protected against other vaccine preventable illnesses. Recent polling indicates 80 per cent of Canadians trust pharmacists to administer vaccines and 87 per cent would be comfortable receiving routine vaccines in pharmacy.³

Pharmacists in most jurisdictions already have the scope to administer other recommended vaccinations targeted by jurisdictional immunization programs. However, in many cases, public supply of vaccines is not readily available through community pharmacies. This is creating a barrier in access to these vaccines based on where a patient chooses to receive their vaccine. Governments must ensure equitable access to publicly funded vaccines for both individuals and pharmacies to enable opportunities for pharmacy to support immunization programs across all jurisdictions.

② Expand Point-of-Care Testing

Widespread COVID-19 testing continues to be vital to ensure the successful reopening of economies across Canada while the pandemic runs its course. Community pharmacies have leveraged their position as the health system's most accessible touchpoint to offer convenient access to COVID-19 testing in communities to Canadians in where they live and work. As Canada moves beyond the pandemic, community pharmacy must be leveraged to build on this expertise to further support the healthcare system in point-of-care testing activities to detect, monitor and manage acute and chronic diseases. Governments should enable

“ Governments must ensure equitable access to publicly funded vaccines for both individuals and pharmacies to enable opportunities for pharmacy to support immunization programs across all jurisdictions. ”

pharmacists to administer point-of-care tests to support optimal medication stewardship for their patients.

③ Enhance Opportunities to Fight the Opioid Crisis

Pharmacists are also on the frontlines fighting the opioid crisis. Expanding pharmacists' role in managing opioid therapy by making the exemptions to the Controlled Drugs and Substances Act (CDSA) permanent, enabling pharmacists the ability to initiate opioid agonist therapy through a modernization of the CDSA and improving access to naloxone through community pharmacy further empower pharmacists to offer solutions to this devastating public health crisis.

PROMOTING ACCESS TO MEDICATIONS

As the first and most frequent touchpoint to the healthcare system for many Canadians, pharmacy teams have a deep understanding of the concerns of Canadians, particularly as they relate to access to prescription medications needed to maintain a positive

quality of life. We are calling on the federal government to promote policies that lead to improved access to medications through a more robust, sustainable pharmaceutical supply chain.

④ Prioritize Medication Coverage for the Uninsured and Underinsured

All Canadians deserve access to the medications they need without financial barriers. Our top priority is, and always will be, maintaining and continually improving access to prescription medications. Research demonstrates that while 82 per cent of those surveyed support a national pharmacare plan, 70 per cent of these supporters are opposed to a program that would replace their existing drug plan. In fact, 80 per cent of those surveyed continue to be satisfied with their existing benefits.⁴

Canada's priority should be helping those who do not have coverage and those with insufficient coverage, without disrupting the majority of Canadians who have

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drug coverage, especially during a global pandemic. By taking this approach, we can minimize unnecessary costs to the taxpayer and allocate money to other critical healthcare priorities.

There must be collaborative work between federal, provincial and territorial governments to close gaps in coverage while ensuring continuity of coverage for those who have it already. The federal government can demonstrate leadership by establishing national principles to ensure an equitable approach, while maintaining the integrity of existing provincial and private plans. As the frontline distributors of medications, pharmacies should be consulted as integral stakeholders in the design and implementation of a national pharmacare program.

5 Balance Drug Pricing with Patient-Centred Value

Canadians deserve to pay a fair and reasonable price for their prescription drugs. However, reductions in

drug prices have unintended impacts on the professional pharmacy services that Canadians rely upon to ensure the timely access, safety, appropriateness and effectiveness of their therapies.

More work is required to attain clarity on medications impacted by, and the broad economic implications of, the proposed reforms to the Patented Medicine Prices Review Board (PMPRB) guidelines and regulations. Our sector must be equipped to manage new prices, minimize supply chain disruption and determine if a new framework for patient service funding is needed to ensure patient support services to maintain specialized care for patients with complex conditions.

References: 1. Neighbourhood Pharmacies. Data on file; 2. Neighbourhood Pharmacies. COVID-19 Vaccine Deployment Summary. August 19, 2021; 3. Neighbourhood Pharmacies. Pharmacy's role in routine immunizations. Building on the COVID-19 Experience. Results of public polling. Webinar, July 15, 2021; 4. Pollara Strategic Insights. Pharmacare in Canada. A quantitative study of Canadian attitudes and preferences. November 2020.



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Pharmacist clinic fills gap

Featuring Lawtons Drugs, member of Neighbourhood Pharmacies



Michelle Stewart,
pharmacist manager



The roughly 800-square-foot clinic is on the second floor of a building, next to several physicians' offices. A traditional Lawtons Drugs pharmacy is on the main floor.

The sign says it all: "Pharmacist Walk-In Clinic."

It's the only pharmacy of its kind in Nova Scotia, if not Canada. "It is set up very much like a medical clinic," says pharmacist manager Michelle Stewart.

Use of the word "clinic" was deliberate. "It was important for people to understand we were more than a dispensary. It really works—people call and say, 'This is my problem, is there anything you can do?' As a pharmacist, that's like music to my ear," says Stewart.

The roughly 800-square-foot clinic is on the second floor of a building, next to several physicians' offices. A traditional Lawtons Drugs pharmacy is on the main floor.

The focus is on services provided by appointment. Patients walk into a waiting room and from there sit in one of two spacious consultation rooms. Medications are behind the reception area, most of them beyond view. Each consultation room contains an exam table, weight scale, blood pressure machine and refrigerator. However, the emphasis is on interaction, not equipment. "It's a lot of conversation about their priorities," says Stewart. "It's about people and relationships. People still long for personal connection."

Fulfilling potential

It's also about enabling pharmacists to practice to the top of scope, notes Leanne MacFarlane, Director of Pharmacy Affairs and Category Management, Sobeys National Pharmacy Group. "The clinic showcases how pharmacists can deliver. This is our advocacy in action."

Just two months after opening in May 2021, one of the consultation rooms is already fully booked at 40 hours a week. Stewart hired more staff in July, for a current roster of one full- and one part-time pharmacist and two part-time pharmacy assistants.

People self-refer for appointments for chronic disease management, minor ailments (including urinary tract infections), basic and advanced medication reviews, vaccinations, prescription renewals and more. The initial consultation includes a deep dive into the patients' concerns and goals, whether to do with medications or quality of life. "It's incredible what you discover when you talk to people," says Stewart.

One patient, for example, wanted to talk to someone about his acid reflux. He did not have a family doctor



Each consultation room contains an exam table, weight scale, blood pressure machine and refrigerator.

and had not seen a physician in at least three years. "When he heard he could get an appointment that afternoon, he was thrilled," says Stewart. He agreed to a full assessment, which included a blood glucose test. The result was 14.6 mmol/L. Stewart's referral to a chronic disease management clinic resulted in a quick diagnosis and she is now helping him manage his diabetes.

Filling a care gap

This patient's story is typical of many in New Glasgow, a riverside community of approximately 9,500 people in northern Nova Scotia. According to the provincial health department, nearly one in five people in the town and surrounding area do not have a family doctor. A number of physicians with large practices have retired, moved or taken a leave of absence. "When people call us, they often can't believe we answered the phone let alone that they can be seen within 24 hours. People have cried," says Stewart.

The local emergency department reached out to collaborate. It was not long before the clinic started receiving referrals for allergic reactions, urinary tract infections and other minor ailments, as well as anticoagulation management and medication reconciliations upon discharge. The community's remaining physicians, including those with offices adjacent to the pharmacy clinic, "have been very supportive and some have dropped by," says Stewart.

"I've never seen anything that's created as much buzz in the community as this has," says MacFarlane. "Local employers have also approached me about how they can take advantage of the clinic to help their employees. This is definitely filling a need."

For every 10 people who call, Stewart says the clinic can help eight. More often than not, lack of access to lab results is the main barrier. While she is certified to order lab work, pharmacists in Nova Scotia don't have blanket authority to interpret results—at least not yet. Both Stewart and MacFarlane expect it's just a matter of time for that to fall under pharmacy's purview.

"We know expanded scope saves money.

We know it's practical and it's the right thing to do. Access to lab results and other patient health records like immunizations dovetails so much with our advocacy priorities as a profession, both in primary care and public health," says MacFarlane.

While provincial funding was an important factor to get the clinic up and running, revenue is split pretty evenly between public and private sources. "You may be surprised at what people will pay out of pocket," says Stewart, citing a patient with chronic migraines who had become frustrated by duplicated efforts with different physicians. She willingly paid \$150 for a medication review and a pre-filled special authorization form to share with physicians.

The future looks bright, enthuses MacFarlane. "This is a practice model we are very interested in expanding and it's off to a fantastic start. It is a very special type of practice, yet so much of what we are learning is transferrable to traditional community pharmacy practice settings."

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How specialty drugs shape the pharmacy landscape

An analysis of the distribution of specialty pharmaceuticals confirms the vital role played by specialty pharmacies—and as expected, the more complex the medication, the greater their involvement. At the same time, a notable number of traditional community pharmacies have made the necessary investments to meet the needs of patients requiring specialty pharmaceuticals.

To help understand the levels of involvement of these two pharmacy channels, we can analyze distribution data by quantifying the proportion of specialty drugs dispensed by specialty pharmacies.

To start, we need to define a specialty drug and distinguish specialty pharmacies from their retail-pharmacy counterparts. The criteria and characteristics of specialty drugs typically include a cost threshold (i.e., they are expensive), initiation by a specialist physician, the need for controlled storage and handling (e.g., temperature control), and/or other unique administrative or patient care requirements. Based on our definition at IQVIA, 381 products marketed in Canada are specialty.

When we separate pharmacies into traditional community pharmacies or non-traditional pharmacies, including specialty pharmacies, we find that currently 295 non-traditional pharmacies operate in Canada, representing just under three per cent of all pharmacies.

Leveraging IQVIA's prescription database, non-traditional pharmacies dispensed seven per cent of all prescriptions over a recent 12-month period. It's worthwhile noting that non-traditional pharmacies

Pharmacy type (% of market)	Share of distribution by prescription volume		
	All drugs	Specialty drugs	More complex specialty drugs
Traditional (97%)	93%	79%	66%
Non-traditional (<3%)	7%	21%	34%

Source: IQVIA Rx Premium

include those servicing long-term care facilities, where seven-day prescriptions are common. This partly explains the disproportionately high share of prescription volume dispensed by this relatively small group.

When we focus on the 381 specialty drugs, the share dispensed by non-traditional pharmacies jumps to 21 per cent. To take this a step further, let's agree that not all specialty therapies are created equal, with some more challenging for pharmacy to manage than others. A simple approach to isolate the more complex therapies is to categorize by form, assuming for example that an oral solid is easier to manage than an injected or infused therapy. In doing so, not surprisingly, non-traditional pharmacies' share climbs to 34 per cent.

Our analysis clearly illustrates the expected inverse relationship between the degree of complexity associated with managing a therapy and the number of pharmacies willing and able to do so. What may be surprising is that traditional pharmacies manage nearly 80 per cent of all specialty drug volume, including 66 per cent of the more complex drugs. As the specialty pipeline steadily evolves, with greater availability of products at both ends of the complexity spectrum, it's clear that both traditional and non-traditional pharmacies will have much opportunity to grow, and ideally synergize, their respective strengths in serving patients.

Share of revenue



44% Specialty drugs' share of the **\$32.5 billion** prescription drug market in 2020

Source: IQVIA Canadian Drugstore and Hospital Audit



Ryan Norman is General Manager, Supplier Relations & HHS, at IQVIA.

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COVID-19 a catalyst for change in healthcare

As Canadians prepare to head to the polls for the federal election on September 20th, the importance of health and healthcare will undoubtedly be top of mind.

While healthcare routinely ranks as a top priority for Canadians, rarely does it become the ballot question or focus of election campaigning. The COVID-19 pandemic has changed this situation as our country's fortunes, including economic, have become intertwined with the state of our public health.

The COVID-19 pandemic has brought into focus key issues like public health surveillance and infrastructure, the strength of Canada's bioscience industry and domestic production capabilities, seniors' care and health system capacity.

Now, as we re-open while navigating a fourth wave, we must continue to drive up COVID-19 vaccination rates and also grapple with the longer-term impacts of the pandemic on our health and health systems. We face large surgical backlogs, delayed diagnosis of serious health conditions like cancer, where treatment becomes more challenging than at earlier stages, and a surge in mental health diagnoses.

In terms of health system innovation, it hasn't been all doom and gloom. The COVID-19 pandemic has accelerated the use of different channels for care. For instance, while virtual care has been around for years, its use was not widespread before the pandemic. While not replacing in-person care, virtual care technologies have gained real-world acceptance among patients, clinicians and government and is viewed as an important tool to ensure healthcare access. We can look forward to its continuing integration in the public system, as issues around security and interoperability are addressed.

Canadians also turned to their local pharmacies as a hub for healthcare connection at a time when access to other services, including hospital and primary care, was restricted due to the pandemic. This development

opened up governments' thinking on how pharmacy can be used more and be better integrated with our health system.

Vaccinations are a good example. While pharmacists have been very active in seasonal flu programs for many years, the COVID-19 pandemic has shown that pharmacy is a proven partner for other vaccination programs. To start, it makes sense for pharmacy to play a leading role in COVID-19 vaccination as mass vaccination clinics wind down and as we contemplate future boosters alongside seasonal flu campaigns.

There is also an opportunity to engage pharmacy as we look to catch up on vaccinations that may have been delayed due to the pandemic. Providing shingles and pneumococcal vaccinations to individuals 65+ makes sense, particularly as this demographic is a frequent visitor to pharmacy.

Recent research by the University of Toronto in collaboration with 19 to Zero and Neighbourhood Pharmacies found that pharmacy delivers on key considerations that are important to the public in order to drive up immunization rates, notably convenience and trust ([page 13](#)).

Neighbourhood Pharmacies and other pharmacy bodies will need to continue to advocate to government on removing hurdles in the areas of distribution, remuneration and prescribing authority for all vaccines. They are on the right path. Now is the time for pharmacists to raise their voices about their ability to help achieve a collective goal to increased vaccine uptake and reduce the impact of infectious diseases, including, but not limited to, COVID-19.



Laura Greer is a Senior Vice-President with Hill+Knowlton Strategies in Toronto.

Boosting access to rapid tests

The federal government is enlisting community pharmacies and pharmaceutical distributors to help distribute millions of COVID-19 rapid antigen tests to small and medium-sized employers.

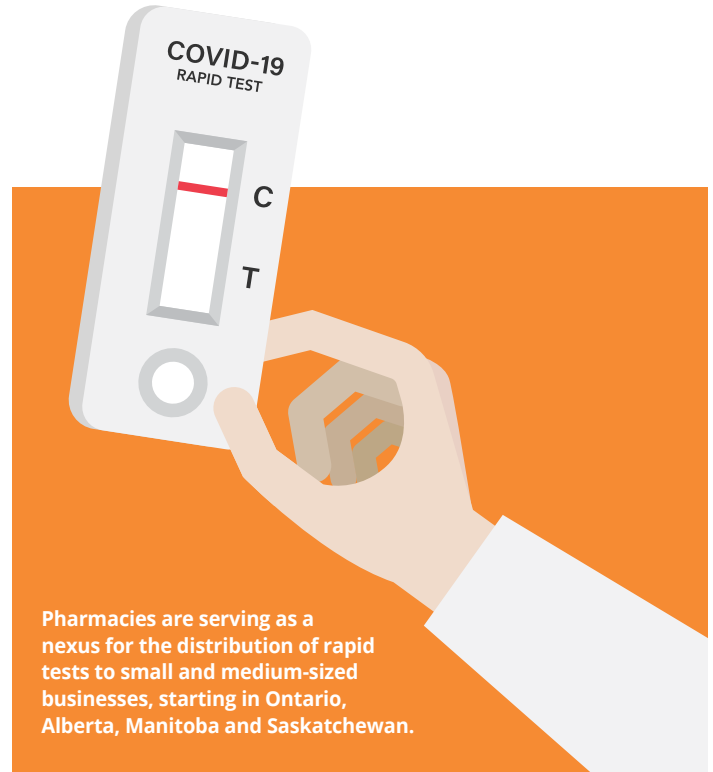
Pharmacy's involvement began in May 2021, when Shoppers Drug Mart pharmacies in COVID-19 hot spots in Ontario became part of the federal government's plans to improve employers' access to the tests. Neighbourhood Pharmacies worked with the government and distributors to expand the program and by the end of July any pharmacy in Ontario, Alberta and Manitoba could register to become a source for distribution and training for local employers. Saskatchewan joined in August, and work continues to expand further to other provinces.

"This initiative is a clear example of how pharmacies, as an essential service, alleviate stress on local health systems and continue to step up to advance an increasingly flexible response to the pandemic," says Sandra Hanna, CEO of Neighbourhood Pharmacies.

“Pharmacies are instrumental to supporting the health and safety of their communities. We are pleased to be doing our part to help support regular workplace screening, helping to keep businesses and communities up and running safely.”

— Sandra Hanna, RPh., CEO, Neighbourhood Pharmacies

As employees return to work sites after more than a year of working at home, the government sees rapid tests as an increasingly important tool to help limit the spread of COVID-19. "These rapid antigen



tests are a critical piece of the puzzle for a sustained, practical pandemic response. With 11,000 community pharmacies located throughout the country, pharmacies are a logical place to distribute these tests in an accessible, equitable way," says Hanna.

Pharmacies may charge businesses up to \$14 per kit, of which \$4 goes to the distributor. The remaining amount covers costs for handling and for training employers on how to administer the tests. Each kit comes with 25 tests and the government recommends that participating employees be screened twice a week. It also recommends that pharmacies dispense a two-week supply at a time, increasing to up to four weeks for employers in remote locations.

An online registration portal for employers and pharmacies in Ontario, Manitoba and Alberta became available in mid-August. More information is available on the [Government of Canada](https://www.canada.ca/government) website.

The federal government has also created a [handout](#) for pharmacies to promote the program to local businesses.

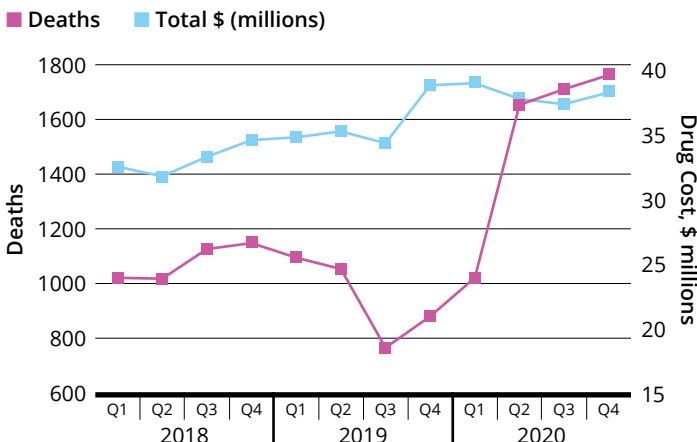
Safe drug supply critical to save lives

The opioid crisis has tragically worsened during the COVID-19 pandemic. Recent data from [Health Canada](#) reveals that the last quarter of 2020 saw the highest recorded number of opioid toxicity deaths, almost all of them accidental. In just three months, 1,763 Canadians lost their lives.

The Ontario Drug Policy Research Network conducted a detailed study of the circumstances surrounding opioid-related deaths in Ontario, released this year.¹ Researchers observed that the vast majority of deaths were deemed to be accidental and nearly three-quarters occurred when no one else was present to intervene.

Fentanyl and fentanyl analogues were a contributing factor in 87 per cent of the deaths. The presence of benzodiazepines increased significantly, from 30 per cent before the pandemic to 46 per cent. In particular, the benzodiazepine etizolam was found in post-mortem toxicology analyses in 25 per cent of the pandemic patient cohort, compared to just five per cent of the pre-pandemic cohort. Etizolam is not approved by Health Canada and is not in any currently marketed pharmaceuticals.

FIGURE 1 Opioid-related deaths compared to spending on opioid agonist therapy



Sources: Opioid-related deaths, [Health Canada Infobase](#), [Opioid- and Stimulant-related Harms in Canada](#), June 2021; OAT costs, [IQVIA Rx Premium](#), data for methadone and buprenorphine/naloxone, May 2021



[Toronto's Drug Checking Service](#) reports that "substances expected to be in opioids continue to be significantly more contaminated than other expected drugs." For example, only five per cent of tested fentanyl samples contained only fentanyl, compared to 78 per cent of ketamine substances containing only ketamine.

In B.C., the BC Coroners Service reports that the presence of benzodiazepines rose from 15 per cent of illicit drug toxicity deaths in July 2020 to 60 per cent in May 2021.² Researchers in both provinces noted that stimulants such as cocaine or methamphetamine are present in most cases and their increased use may reflect the need to counteract the sedating effects of benzodiazepines.^{1,2}

It is increasingly apparent that the unregulated drug supply has become even more risky and unpredictable. Safe alternatives, such as opioid agonist therapy (OAT), are imperative to prevent deaths.

OAT uses opioid agonist medications to replace the short-acting opioids to which people are addicted. OAT reduces cravings, improves daily functioning and prevents withdrawal, reducing the risk of harms related to opioid use. OAT has evolved in recent years—practitioners are more likely to prescribe buprenorphine/naloxone than methadone. Sublocade, a long-acting buprenorphine/naloxone, has recently

been introduced and more generic versions of buprenorphine/naloxone have become available.

As shown in Figure 1, overall spending on drugs for OAT was generally stable in 2020. Based on this evidence it appears to be unlikely that opioid-related deaths are occurring among those receiving OAT.

During the first lockdown, practitioners of OAT quickly identified continuity of care as critically important. Health Canada responded with blanket exemptions to the Controlled Drugs and Substances Act (CDSA), enabling pharmacists to play a greater role. A qualitative study in the *Canadian Pharmacists Journal* found that pharmacists have taken advantage of the exemptions to take verbal prescriptions, extend prescriptions and generally facilitate access to care.³ Pharmacists report much greater collaboration with prescribers.

Some provinces have also put policies in place to support take-home methadone and other opioid agonist drugs, making it easier for those on OAT to maintain their

treatment and thereby avoid relapsing to illicit, contaminated opioids.

Interruptions or cessation in OAT therapy during the pandemic have not been studied; fortunately, the numbers for 2020 suggest sustained utilization. Having said that, given the surge in preventable deaths, it is unfortunate that the adoption of OAT has not climbed.

OAT is an increasingly important public health initiative in the prevention of opioid-related deaths. Supported by the CDSA exemptions—recently extended until September 2026—pharmacists can amplify efforts to raise awareness, accelerate adoption and support care, during the pandemic and beyond.



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A promising future, beyond COVID-19

Community pharmacy has a seat at the table like never before. In many provinces, pharmacy representatives have been meeting with ministries of health weekly throughout the pandemic. Time after time, pharmacists proved their ability to serve as a bridge for public health and primary care. Governments are more likely to regard our profession as part and parcel of healthcare solutions.

Pharmacy's role was already evolving well before the pandemic with continually expanding scopes of practice. But it wasn't happening fast enough. The pandemic accelerated efforts. On the frontlines and in corporate offices, pharmacy survived numerous trials by fire, with the result that governments have more confidence in what pharmacists can do.

From a Walmart Canada perspective, we have been using our resources to lobby government and push for our pharmacies, vision centres and medical clinics to play a more active role in Canada's healthcare system. In 337 corporate pharmacies nationwide and 68 Accès Pharma chez Walmart franchise locations in Quebec, we work to support Canadians in receiving the health, wellness and pharmacy products and services they need in the safest way possible. For example, we increased refrigeration capacity in our pharmacy network and more than 350,000 Canadians have been vaccinated at a Walmart pharmacy.

We recognize we can't do it alone. By collaborating with other stakeholders such as Neighbourhood Pharmacies we know we have a bigger impact at the decision-making table.

One common goal is around access. Customers are looking for accessible healthcare solutions. Navigation support is critical for quicker access to treatment and outcomes management. With 11,000 pharmacies across Canada, the profession is positioned to serve as a hub and take pressure off family physicians. Our network is unparalleled in convenience and the ability to deploy technologies, such as virtual care. We are integral to building an ecosystem of health services upon which Canadians can rely.

Of course, much work remains. Harmonizing scope of practice is one example. With a baseline of services across the country, we could build even greater synergies to address government pain points such as backlogged services. Imagine the difference we could make with harmonized authorities and funded programs around chronic disease management, point of care screening and testing, and vaccinations beyond COVID-19 and influenza.

The members of Neighbourhood Pharmacies are more motivated than ever. Working together we will continue to propel pharmacy forward into a future where all of us can better serve the healthcare needs of Canadians.



Shelly Kiroff

BOARD MEMBER

*Neighbourhood Pharmacy
Association of Canada*

SENIOR VICE-PRESIDENT
OF HEALTH, WELLNESS
& PHARMACY

Walmart Canada

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**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

OUR MEMBERS AND PARTNERS



OUR ASSOCIATE PARTNERS

Abbott Laboratories Co.

Ascensia Diabetes Care

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