

# Neighbourhood Pharmacy Gazette

SPRING 2022



INSIGHTS. ADVOCACY. HEALTHIER CANADIANS.

A publication of the Neighbourhood Pharmacy Association of Canada

## Step by step

**SHEDDING LIGHT ON  
MENTAL HEALTH ISSUES IN  
THE SHADOW OF A PANDEMIC**

ALSO IN THIS ISSUE:

**Retail therapy  
redefined**

**Vaccine rollout:  
lessons learned**



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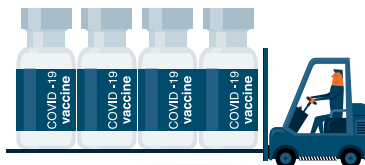
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## Neighbourhood Pharmacy Gazette

INSIGHTS, ADVOCACY, HEALTHIER CANADIANS.

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# Forever changed by the pandemic

## What comes next?

Now that we can (cautiously) look beyond the intractable demands of a global pandemic, what is the “new normal” for community pharmacy?

So many possibilities come to mind that it’s hard to know where to begin. What we can say with certainty is this: we will not be returning to life as it was before the pandemic, for two reasons.

First, community pharmacy in Canada is forever changed—for the better.

Second, pharmacists and pharmacy teams need to recover. As stated by the mental health experts interviewed for our cover story (page 5), the pandemic is a form of trauma that has left its mark on each and every one of us. To simply go back to the way things were, without processing our experiences and undergoing some form of healing, puts our mental health at risk.

As providers of healthcare and essential services, pharmacists and pharmacy staff are at especially high risk. In multiple recent surveys of healthcare providers, typically at least half report feeling burned out. Burnout is not something you simply bounce back from once a period of stress is over; it can take months to regain equilibrium in your work life.

Burnout also increases the risk of errors. In an environment where zero error is the expectation and errors can be fatal, it’s especially important for

community pharmacy to have avenues for recovery and respite. For our members and pharmacy associations across Canada, addressing burnout was already a growing area of focus before pandemic; now that we are on the other side of this public health crisis, our commitment to support the wellbeing and safety of pharmacy teams is an even greater priority.

Despite the challenges, community pharmacy teams dug deep and made incredible strides over the past two years. The profession has changed for the better—governments, other healthcare providers and the public “see” us like never before. They’ve witnessed our tremendous innate resilience, our capacity, our adaptability, our commitment. They realize we *can* serve as a community health hub to generate efficiencies and broaden access to healthcare.

Behind the scenes, we’ve proven the feasibility and benefits of partnerships between the public health system and the private pharmacy sector. We brought new perspectives and possibilities to the table, backed by business acumen and an unmatched ability to execute at the ground level.

The past two years have been tough. Yet they have also set us more firmly on the path to becoming full partners in healthcare. That has always been “what comes next,” and we are more ready than ever.



**Sandra Hanna, RPh**

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# Step by step

## Shedding light on mental health issues in the shadow of a pandemic

### Deep. Breath.

When thinking about the repercussions of a pandemic that's rocked the world for two long years, it's hard not to feel overwhelmed.

Indeed, such a feeling is perhaps to be expected. Our mental health and wellbeing have been sorely tested, time and again.

"We have a natural ability to be resilient as human beings, to experience stress and bounce back to our baseline level of resilience. But the repeated waves of COVID, the prolonged isolation and uncertainty have meant that many people are not going back to their baseline and are at greater risk of mental illness," says Patty Ibrahim, a mental health pharmacist working in the emergency department of a downtown Toronto hospital, with a certification in Psychiatric Pharmacy, Applied Positive Psychology and Resilience Training.

The 2021 *World Happiness Report* compared mental-health measures before and during the first six months of the pandemic using longitudinal research from developed countries. After a large immediate decline

across populations at the start of the pandemic, mental health improved substantially over the course of the summer in 2020. However, by September it had not returned to counterfactual predictions (i.e., expected levels in the absence of a pandemic).<sup>1</sup>

Statistics Canada reports that one in four (25 per cent) of Canadians aged 18 and older screened positive for symptoms of depression, anxiety or post-traumatic stress disorder in spring 2021, up from one in five (21 per cent) in fall 2020.

With each successive wave of the virus, people became more vulnerable. The disruptions to daily life took as great a toll as fear of the virus. And in late 2021, just as people were letting down their guards, the Omicron variant threw families, government and the healthcare system into chaos yet again.

"We are seeing more people walk into our facility who have no prior history of mental health issues," says Ibrahim. "For example, women are wanting admission because the family stressors are getting to the point where things are overwhelming."

In January 2022, adult Canadians' self-reported levels of anxiety, loneliness and feelings of depression were as high as early in the pandemic, according to a survey by the [Centre for Addiction and Mental Health](#). One in three adults (35 per cent) were "having a pretty rough time" or "barely getting by," reported an [Angus Reid](#) poll in January 2022.

"Everyone has been working and living in a prolonged stressful period and has had to pivot many times to balance work and personal demands. Fatigue, anxiety, sadness and grief—for many kinds of losses—and burnout are likely pervasive," says Dr. Anita Gupta, a clinical, health and rehabilitation psychologist based in Toronto. "On top of all of that, with every period of change during this pandemic, there seems to have been an increased potential for conflict or disagreement—with family or friends, within groups or at a societal level."

As we slowly and hopefully transition from pandemic to endemic, mental health experts warn not to assume—nor encourage—a quick return to pre-pandemic normalcy.

"We're talking about a form of trauma. Somebody who's gone through a prolonged trauma doesn't just normally go back to life as usual and forget about it. We need to validate and process what they went through so when they return to normal day-to-day activities, they do so in a way that's mentally healthy," says Dr. David Gardner, Professor, Department of Psychiatry, Dalhousie University in Halifax, Nova Scotia.

The pandemic has essentially left its mark across the spectrum of mental health, at a time when mental illnesses and their risk factors were already on the rise. *Neighbourhood Pharmacy Gazette* shares the following additional insights to help you understand the nature of its impact, and from there consider how to respond—for those around you, and for yourself.

## Crisis of conscience

Moral injury is perhaps the pandemic's most unique contribution to today's mental-health challenges. A 2020 article in *Occupational Medicine* defines it as "profound psychological distress which results from

actions, or the lack of them, which violate one's moral or ethical code."<sup>2</sup>

Pandemic examples of situations that can cause moral injury include not visiting elderly parents to protect them from the virus—yet knowing they need your company and caregiving—and not being present at the death of a loved one. Working parents, required to work at home, may feel increasingly torn between their jobs and the needs of their children.

Healthcare providers are traditionally at higher risk of moral injury—even more so during a pandemic. Pharmacy teams, for example, may have moved

mountains to create capacity to administer COVID vaccines, only to have to turn people away due to lack of vaccine supply or staffing challenges.

"It is essentially being in a situation where you're so conflicted that you have enhanced levels of anxiety," says Ibrahim.

Moral injury is not a mental illness but can contribute to the development of depression, anxiety and post-traumatic stress disorder. "If unaddressed, it can result in a form of trauma. It can be a precursor to conditions like panic disorder," adds Ibrahim.

## Repercussions of burnout

The [World Health Organization](#) defines burnout as "an occupational phenomenon" that results from "workplace stress that has not been successfully managed." Its three main characteristics are: energy depletion or exhaustion; increased mental distance from one's job, or negative feelings or cynicism related to work; and reduced professional efficacy.

A healthy work-life balance is key to preventing burnout, but the pandemic upended many people's usual methods to maintain that balance. In some occupations—especially in healthcare and essential services—people had no choice but to work increased hours.

Thirty-five per cent of working Canadians describe themselves as feeling burned out, based on a [survey](#) commissioned by [Workplace Strategies for Mental Health](#) and conducted in December 2021. The rates

**“Everyone has been working and living in a prolonged stressful period and has had to pivot many times to balance work and personal demands. Fatigue, anxiety, sadness and grief—for many kinds of losses—and burnout are likely pervasive.”**



of self-reported burnout are highest in the fields of health/patient care (53%) and transportation (40%).

“Burnout can sneak up on you. You may think it is only ordinary work stress, but if you ignore it you can end up mentally, physically and emotionally drained,” says Mary Ann Baynton, Director of Collaboration and Strategy for Workplace Strategies for Mental Health. “When you are waking up tired no matter how much sleep you have had or find that focusing is more difficult than it used to be, it’s time to make changes.”

Whereas stress is more about feeling anxious and having a sense of urgency, burnout generates feelings of hopelessness or apathy. Other signs of burnout include reduced motivation, increased errors, fatigue, headache, frustration and irritability. People may feel debilitating self-doubt, or become suspicious or sarcastic. Recovery can take months or even years and may require a short-term disability leave.

“It’s really important to recognize that many people may not be operating at their best,” adds Gupta. “Emotional fatigue can lead us to be less intuitive and less empathic. Recognizing this possibility about ourselves and those around us can help us to be a little kinder, to not take things as personally, and it may help to diffuse some of the conflict that can occur.”

## More numbers on mental health and COVID

Several Canadian organizations undertook regular surveys in 2020 and 2021 to assess the pandemic’s impact on mental health and substance use. Here are the main links to their findings:

[\*\*Centre for Addiction and Mental Health\*\*](#)  
*COVID-19 National Survey Dashboard*

[\*\*Mental Health Research Canada\*\*](#)  
*Mental Health & COVID – How COVID-19 is Impacting Canadians*

[\*\*Canadian Centre on Substance Use and Addiction and Mental Health Commission of Canada\*\*](#)  
*Mental Health and Substance Use During COVID-19*

## Substance use a complicating factor

More Canadians appear to have turned to alcohol or cannabis as ways to cope with the effects of the pandemic.

Sales of alcoholic beverages in Canada rose 4.2 per cent from April 2020 to March 2021, “the largest sales increase in over a decade,” states [Statistics Canada](#). It attributes most of the growth to the pandemic, noting that the “increased purchases for off-premise consumption... outweighed sales declines in the hospitality sector.”

Numerous additional surveys paint a picture of increased consumption:

- [CAMH’s](#) COVID-19 National Survey Dashboard, in a series of nine surveys since May 2020, consistently found that about one in four Canadians engaged in binge drinking (five or more drinks at a time for a male, four or more for females).
- In a [Leger](#) poll in June 2021, 16 per cent of Canadians said they are drinking more alcohol, to the tune of 6.3 more servings a week on average.
- Thirty four per cent of Canadians who had previously consumed cannabis said their consumption increased during the pandemic, according to [Statistics Canada](#) (January 2021). Those aged 15 to 29 were most likely to have increased consumption (43 per cent).
- One in three Canadians who use alcohol reported increased use and one in five reported problematic use; and
- Two out of five who use cannabis reported increased use as well as problematic use, according to research by the [Mental Health Commission of Canada](#) and the Canadian Centre for Substance Use and Addiction (October to December 2020).

“These are certainly very alarming trends and they are not expected to decline without interventions and services to support people who are struggling,” says Katie Heelis, Interim CEO, Addiction and Mental Health Ontario.

“One in five people with mental illness have a co-occurring substance use problem and people living with substance use disorders are three times more likely to live with a mental illness. Having both leads to worse treatment outcomes, including treatment response, relapse, and suicidality,” adds Dr. Andrea Murphy, Associate Professor, College of Pharmacy, Dalhousie University. “Based on the numbers we’re seeing so far, we can expect a greater demand on resources.”



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## Groups harder hit

The pandemic has cast a harsher light on pre-pandemic mental-health inequities on many levels: between the general population and marginalized or stigmatized populations (such as indigenous Canadians and the LGBTQ2S+ community), between males and females, between age groups, between races and, finally, based on social determinants of health such as income and job security.

“COVID-19 has exacerbated pre-existing mental health inequalities between men and women, the old and the young, and between ethnic groups,” states the World Happiness Report.

Twenty-nine per cent of women reported moderate to severe anxiety symptoms compared to 20 per cent of men, increasing to 37 per cent and 24 per cent, respectively, in households with children under 13 years old, according to research by the [Mental Health Commission of Canada](#) and the Canadian Centre on Substance Use and Abuse in May 2021.

Ibrahim has noted declines in mental health among older women as well. “Many live alone and relied heavily on their social networks,” she says.

The higher impact on youth applies to both genders. “This was supposed to be the time of their life but instead they face one barrier after another,” notes Ibrahim. “More young people in their twenties are coming in and saying, ‘I feel like I’m too much in my head. I’m overly isolated. I feel like I live in another world’. They seem extremely overwhelmed and disenchanted with reality right now.”

The [Mental Health Commission of Canada](#) found that 42 per cent of youth reported moderate to severe anxiety symptoms, compared to 24 per cent in the general population and just nine per cent among older adults (May to July 2021). Seventeen per cent contemplated suicide, compared to nine per cent in the general population.

And in its research paper on life satisfaction, Statistics Canada reports: “The share of individuals aged 15 to 29 rating their life satisfaction as 8 or above declined from 72 per cent in 2018 to 26 per cent in June 2020.”<sup>3</sup>

## Unknowns of long COVID

Post-acute COVID syndrome, or “long COVID,” brings a whole new layer to complexity to mental-health challenges.

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"We don't know yet the impact of long COVID. But we'll probably see more people seeking care for conditions that relate to their nervous system, in terms of things like concentration and focus. And many will experience depression or anxiety. These people are going to have a wide range of health and medication needs, and providers, including pharmacists, are going to have to figure out how they can help," says Murphy.

The incidence of long COVID appears to be high. Sixty-one per cent of COVID survivors reported persistent symptoms for four to 12 weeks after initial infection and 53 per cent reported symptoms after 12 weeks, according to a living systematic review of primary peer-reviewed literature funded by the Public Health Agency of Canada (lasted updated in November 2021).<sup>4</sup> The most prevalent symptoms in both groups include fatigue, general pain or discomfort, shortness of breath, cognitive impairment and mental health symptoms.

A 2020 retrospective study of electronic health records for 273,618 COVID survivors in the U.S. found that 37 per cent had one or more symptoms of long COVID three to six months after diagnosis of the initial infection. These symptoms are breathing difficulties, fatigue/malaise, chest/throat pain, headache,

abdominal symptoms, myalgia, other pain, cognitive symptoms and anxiety/depression.<sup>5</sup>

### Solving for access

Lack of access to mental health care is a deepening crisis. "Too many Canadians are waiting way too long for care. In a system that has been historically underfunded and already struggling, the pandemic's impact is very, very challenging," says Heelis.

Adds Ibrahim: "There are insufficient mental health supports because many people who were never at risk are now at risk, and those with existing mental illness need more supports."

Canada is not alone in this care crisis. The Lancet COVID-19 Commission's Mental Health & Wellbeing Task Force observes: "Mental illnesses affect between one third and one half of the working-age population in some countries, whereas only a small percentage of the population (approximately five per cent) receives access to evidence-based treatments that offer a favorable chance of recovery."<sup>7</sup>

And the *World Happiness Report* underscores how the pandemic has complicated matters. "The pandemic's effect on healthcare itself may make it hard to return

## A model for pharmacy's role in mental health



**Nova Scotia's Bloom Program is a compelling example of how pharmacies can be part of a system-wide solution to improve access to mental health care.**

Launched as a pilot project in 2014 by Dalhousie University researchers Drs. Andrea Murphy and David Gardner, the provincially funded program is now a permanent service offered by 50 approved pharmacies. Enrolled patients work with their pharmacy team to identify, prioritize and address their mental and physical health needs and medication needs over six months. While the focus is on medication management, the program recognizes and supports other pharmacist activities, including system navigation and general support, education, self-care, referral and triage. The pharmacy teams collaborate closely with family physicians, specialists and other mental healthcare providers.

A recent study confirmed that the Bloom Program has served as a vital bridge for patients during the pandemic. Eighty-nine per cent of surveyed pharmacy team members agreed that COVID negatively affected patients' access to mental health and addiction services. In the face of that, 62 per cent agreed that their value as a healthcare partner to Bloom Program patients had increased, and the same number indicated that the program was essential for patients during the pandemic. As well, 74 per cent reported they were providing more mental health support to non-Bloom Program patients.

"Pharmacy teams felt better prepared, as a result of offering the program, to meet the increased mental health care needs of all patients during the pandemic," concluded the study.<sup>6</sup>



to normal mental healthcare levels, let alone provide the additional services needed given the increased burden caused by COVID-19.”

The solution? The pandemic has provided a blueprint in some ways. “First and foremost, we need the same level of government intention and action that we’ve seen on COVID-19. We need that same systems approach where all healthcare providers come together, with long-term sustainable investments. And we need better public information about what services are out there and how they can be accessed. Those are some of the big pieces at a very high level,” states Heelis.

Another big piece is a change in mindset that removes “the artificial distinction or comparison between physical and mental health. Until we prioritize both, we are going to have people who are struggling,” adds Gupta.

## The path forward

In October 2021, the Liberal government appointed political veteran Carolyn Bennett, a former physician, as Canada’s first Minister of Mental Health and Addictions. The government also established the Canada Mental Health Transfer, which will disperse funds to the provinces and territories, similar to the Canada Health Transfer. The initial investment is \$4.5 billion over five years. More information will likely come in the federal budget, which is typically released in March.

“It’s encouraging to see a new focus on mental health and addictions at the federal level. A response to this crisis will take leadership at every level, working together,” says Heelis.

On a larger stage, the Mental Health & Well-being Task Force of the Lancet COVID-19 Commission, comprised of researchers in Canada, the U.S. and the

U.K., put forward seven recommendations in its research article published in January 2022. At the top of the list is the urgent need for “large-scale research into the nature, treatment, and long-term mental-health consequences of living through the pandemic.”<sup>7</sup>

The *World Happiness Report* notes that “mental health has quickly risen high on policymakers’ and researchers’ agenda.” It optimistically concludes: “This new energy, coupled with the vast amounts of data collection that are now going on, should lead to important new insights, both on the COVID-19 effects and drivers of mental health levels more generally. Indeed, the varied experiences of countries and regions

within the pandemic provide fertile ground for researchers studying the drivers of mental health in a way that can and will reform policy going forwards.”<sup>1</sup>

Optimistic words, indeed, but it will be years before we know if they prove accurate. Meanwhile, Canadians are left to consider the state of their own mental health—and what they can do in the coming months. For many, it’s a matter of rebuilding resilience, one mindful step at a time.

“Resilience is not about being unflappable or unimpacted by challenges,” emphasizes Gupta. “Instead, resilience is about being aware of your changing needs and identifying ways to help address them. An important first step in coping effectively can be choosing to reach out to someone you can trust, personally or professionally.”

“It’s encouraging to see a new focus on mental health and addictions at the federal level. A response to this crisis will take leadership at every level, working together.”



*Karen Welds is a healthcare journalist and has written about community pharmacy for more than 25 years.*

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## Statement of Commitment

FROM THE MEMBERS OF THE NEIGHBOURHOOD PHARMACY ASSOCIATION OF CANADA

We are committed to support the wellbeing and safety of our pharmacy teams.

Over the past two years, pharmacies have continued to demonstrate that they are truly accessible community health hubs across Canada. Our doors stayed open. The positive impacts of our pharmacy teams' essential roles as trusted partners on the front lines of healthcare cannot be overstated.

These past two years have been difficult.

As employers, we are deeply grateful. We value our pharmacy teams' dedication and tremendous contributions—before, during and after the pandemic. More than ever, we are committed to the wellbeing and safety of our pharmacy teams, and enabling them to continue to provide excellent care to Canadians.

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# A new definition of 'retail therapy'

**Do consumers connect with their community pharmacy on a cognitive or emotional level? Do they connect at all? In a conversation with *Neighbourhood Pharmacy Gazette*, Canadian retail consultant and futurist Doug Stephens explains what this means and why it's so important to the future of pharmacy.**



## How is the pandemic reshaping consumer behaviour?

Every aspect of our lives has come into question, from how we educate our children to the nature of work. As consumers, people are asking themselves, 'How much stuff do we really need? What sorts of experiences do we want as we shop?'

Consumers have come to regard brands in two distinct ways: those that are cognitive defaults in their lives, and those that are emotional defaults. Brands that are successful today have carved out their position as one or the other. Everything in the middle is suffering right now.

A cognitive default is a brand that by virtue of convenience, selection and affordability becomes the logical option. Amazon has done a really good job positioning itself as a cognitive default.

Brands that are emotional defaults generate feelings of attachment or belonging. They may even help us feel better as people. Emotional defaults occur in one of four realms: culture, entertainment, expertise and product. For example, Patagonia is a brand that leads

on culture by supporting environmental causes. On the entertainment side, a lot of people go to Costco because they enjoy the shopping experience.

## What else do we need to keep in mind?

Leading into the pandemic, we were witnessing pretty extreme levels of income polarization. We are increasingly a civilization of haves and have nots.

We're also witnessing the first two generations in the modern age—the millennials and generation Z—who may not achieve the levels of prosperity achieved by their parents. That not only drives consumer behaviour today, but it also makes us all wonder about the future because these are the generations that will ultimately support baby boomers and generation Xers in their retirement.

Also, when we look at the differences between older and younger consumers, research certainly suggests that the willingness to embrace new technology and engage in social commerce skews younger. This is not to say that if you're 65 you can't be a user of Tik Tok, but generally speaking that differentiation is clear.

## What are the implications for community pharmacies in Canada?

It's important to think about the big idea behind your business. In pharmacy, the obvious thing is the business of selling medications and ancillary products that reside around the idea of treating sickness. The big opportunity is to reframe your business as one that promotes wellness. By doing that you become an emotionally connected brand for consumers. Wellness is a much larger, much more proactive idea that can lead you into new revenue streams and better ways to serve your customers.

The business of wellness is also fundamentally strategic: the more conversations you can initiate with your customers, the more chances you have to ensure that they are also adhering to chronic medications. Low levels of adherence are a massive lost opportunity in terms of profitability for pharmacies. A great way to stem that loss is to check in more often. But if you're only treating sickness, you're vastly limiting your chances to have those conversations.

## How can the business of wellness take shape?

Listen to your customers, find out what they're looking for. Form local alliances, for example with yoga studios, fitness trainers, nutritionists and wellness experts. Be creative. Don't limit yourself. Be confident that these providers will want to partner with you because your customer base represents tremendous value for them.

## How can pharmacies plan for the future in the current reality?

It could be argued that pharmacy is bearing the brunt of a lot of this crisis. I empathize with pharmacy leaders who are trying to build for the future while struggling to keep up with today. On the other hand, there is never really a good time to sit down and examine the future. Even pre-pandemic, I worked with business leaders who were itching to get down to long-term planning but other things kept getting in the way.

What we do understand more and more is that the future is moving right now, with or without us. We can either have a game plan or we can emerge out of this crisis into a very different world and be completely unprepared.

If owners and operators can apportion a small percentage of their time—say, 20 per cent—to evaluate how to make their business more resilient and more dynamic for their customers, they are well on their way.

## Any closing words of advice for pharmacy business leaders?

The most effective leaders exemplify what I've come to describe as "HERO" leadership. The "H" in that acronym

means, first of all, be humble. Understand that you don't understand everything. If you're trying to figure out a new generation of consumers, it may be wise to defer to the expertise of others.

The next piece is empathy. It sounds like a cliché, but put yourself in the shoes of your

customers and your staff. Really understand their pressures and the pain points so that you are better able to retain them.

The "R" is for resilience. This crisis has taught us as business leaders that we have to be the ones to say, 'Yes, this is really hard, but we will bounce back. We will make this a better company.' And then back your words with action.

The last piece is openness to the inputs that are driving consumer behaviors. Consumers don't change in a vacuum. Be open to inputs in pop culture, politics, technology and more. The information may be unfamiliar and even unsettling, but to understand consumers in totality, and plan accordingly, you need to look beyond your own business.

“The business of wellness is also fundamentally strategic: the more conversations you can initiate with your customers, the more chances you have to ensure that they are also adhering to chronic medications.”



*Doug Stephens is the founder of [Retail Prophet](#) and author of several books on retailing, including *Resurrecting Retail: The Future of Business in a Post-Pandemic World*.*



# Prime directive: investing in access

**These pandemic times have proven that Canada's 11,000 community pharmacies connect the dots across public and private healthcare systems.**

With an expansive network of partners (including an unparalleled supply-chain infrastructure) and the versatility to implement new technologies, such as virtual care, Canada's pharmacy sector is primed to continue to do more to improve patients' access to healthcare.

Neighbourhood Pharmacies' 2022-2024 strategic plan, *Investing in Access*, outlines how the Association will leverage its mandate and membership to further demonstrate how pharmacies across Canada can serve as integrated community health hubs. The Association will build upon its relationships with governments and industry to develop actionable, practical solutions for Canadians. One objective is to build capacity by activating more services within pharmacy teams; for example, by enabling pharmacy technicians and nurses to do more in pharmacies, working with pharmacists.

## The strategic plan's four pillars:

- **Proactive advocacy** Leveraging the strength of the Association's stakeholder network (including community pharmacy and industry partners) to help inform health policy positions.
- **Strategic collaboration and partnerships** Identifying Neighbourhood Pharmacies' distinct voice and finding common ground between members and other stakeholders to maximize advocacy efforts while reducing duplication.
- **Outcomes-focused thought leadership** Building evidence-informed assets to support the sector's growth as a healthcare partner and mobilize external stakeholders.
- **Viable sustainability** Partnering and sharing resources on key collective priorities to ensure the financial sustainability of the Association.



During a virtual town hall meeting in January to introduce the strategic plan, Sandra Hanna, CEO of Neighbourhood Pharmacies, Shelita Dattani, Vice-President, Pharmacy Affairs and Debbie Lanktree, Chief Financial Officer, emphasized the following:

- By communicating the perspectives of both pharmacy operators and pharmacy professionals, the Association offers a unique lens when meeting with policy makers. As well, it is uniquely able to contribute at both federal and provincial levels.
- A primary short-term objective is to build health system resilience by expanding or creating public-private partnerships; the pandemic has demonstrated that cross-sector, transparent collaboration can remove long-standing barriers and increase capacity.
- The Association is working with its members to collect information to support the resilience and well-being of the pharmacy workforce. It will advocate for regulatory, policy, administrative and technical enablers that could support the mental health of pharmacy teams and build resiliency in pharmacies across Canada.
- Specialty pharmacy is of growing strategic importance, both within pharmacy and healthcare systems. The Association is channeling resources toward raising awareness and defining the value of specialty pharmacy care.

**Get full details in** [Neighbourhood Pharmacies' Investing in Access: 2022-2024 Strategic Plan.](#)

# What's Happening!

With these communication vehicles Neighbourhood Pharmacies will keep you informed of the top issues in pharmacy, our advocacy initiatives and how you can contribute to the work of the Association.



**Neighbourhood News** is our new daily update delivered exclusively to our members and partners. *Neighbourhood News* delivers the latest information about the sector and Association right to your inbox.



Join us via [LinkedIn](#) for **Advocacy in Action** to get updates on key pharmacy issues direct from CEO Sandra Hanna and VP of Pharmacy Affairs Shelita Dattani. *Advocacy in Action* is also available as a monthly e-newsletter, delivered to members and partners.



**Neighbourhood Pharmacy Gazette**, our quarterly digital magazine, is available at no cost to all stakeholders interested in community pharmacy's expanding role in the delivery of healthcare in Canada. [Subscribe here!](#)



Neighbourhood  
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Association of Canada

Association canadienne  
des pharmacies  
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# Proving our potential in pandemic times

**In yet another year of adversity and change, the pharmacy community stepped up to play a pivotal part as both essential service providers and health educators.** Neighbourhood Pharmacies' *Impact Report 2021: Demonstrating Pharmacy's Potential* details the Association's activities and achievements to help evolve the role of pharmacies to become community health hubs and full partners in Canada's healthcare system.

The report highlights the progress made in driving meaningful change while creating value for the Association's members:

- Supporting the successful deployment of COVID vaccines in pharmacies to enable the vaccination of millions of Canadians;
- Working with federal and provincial governments to facilitate COVID testing through pharmacies (both PCR testing and rapid antigen screening);
- Helping pharmacies gain expanded roles in administering routine immunizations;
- Elevating public awareness around national pharmacare through a highly engaging digital campaign; and
- Hosting three successful virtual conferences, attracting more than 700 leaders in the pharmacy sector.



During 2021, the Association successfully spoke out against reforms that would negatively impact pharmaceutical supply chain partners. The *Impact Report* also details Neighbourhood Pharmacies' ongoing advocacy for an expanded role in opioid stewardship and specialty pharmacy.

The *Impact Report* includes summaries and links to thought leadership and media outreach initiatives, along with interesting facts and stats about community pharmacy in Canada. You'll also find quick links to research reports on vaccine readiness and routine vaccinations.



**Check out Neighbourhood Pharmacies' *Impact Report 2021: Demonstrating Pharmacy's Potential*.**



**35,000**  
Pharmacy  
professionals  
in Canada



**5 km**  
Average distance to a  
pharmacy for 95% of  
Canadians



**\$9.5 billion**  
Gross domestic product  
directly generated by  
pharmacy sector



**750 million**  
Prescriptions dispensed  
in community  
pharmacies annually



# A look at lifecycles for specialty drugs

**Over the past decade, pharmaceutical innovation has shifted towards more specialty medications.**

Canada's Patented Medicine Prices Review Board notes that many of the new products in the pipeline are likely to fall into the specialty category.<sup>1</sup> Pharmaceutical companies are also concentrating on a limited number of therapeutic categories and targeted patient populations.

Healthcare providers and patients alike sense a rapid change in the pharmaceutical landscape, characterized by ground-breaking advances for patients who may currently be struggling. There is also a sense that the latest therapies are more quickly replaced by something new, and that specialty drugs may have a shorter clinical lifecycle. Is that true? A closer look at several therapeutic categories helps give a better understanding of the lifecycle of specialty drugs compared to traditional medicines.

IQVIA data for the therapeutic categories of oncology, diabetes and cardio-hypertension reveals that oncology



is characterized by a high degree of innovation and a high number of specialty drugs (Table 1). Diabetes therapy has also seen a high degree of innovation but has nothing in the way of specialty drugs as defined by IQVIA. A few new cardio-hypertension drugs have become available, including a small number of specialty medications.

It is immediately clear that each of these therapeutic categories has a very different profile. Cardio-hypertension and oncology are almost mirror images of each other (Figure 1). Most of the drugs used to treat hypertension today were introduced more than 25 years ago. Even the most recent sub-class, angiotensin receptor blockers (ARBs), are almost 20 years (239 months) old on average. The category relies upon traditional drugs with a very long lifecycle, with just a handful of specialty drugs aimed at treating less common forms of hypertension, such as pulmonary hypertension.

On the other hand, drugs in the oncology category are generally much younger. For example, the number of epidermal growth factor receptor (EGFR) agents has

## What makes a drug “special”

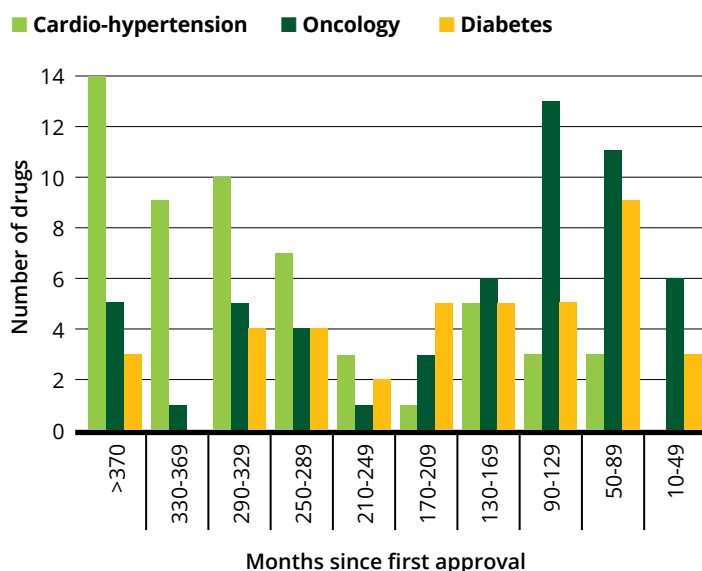
IQVIA defines specialty medications as those that meet some but not necessarily all the following criteria:

- Treat **chronic, complex** or **rare conditions**
- Have **high costs** (i.e., exceeding \$6,000 per year)
- Require some form of **payment assistance**
- Require **special handling** in the supply chain or use highly specific distribution arrangements
- Require **administration by a healthcare provider** or are initiated by a specialist
- Require **extensive counselling or education**, for example due to significant side effects

almost doubled in five years, and the average age of this sub-class is 83 months (almost seven years). Early EGFRs, such as gefitinib and erlotinib, are already on the downward side of their lifecycle. Almost all drugs in oncology meet the criteria for specialty.

Does this mean that specialty drugs have a shorter lifecycle? Not necessarily, as illustrated by the next category: diabetes.

**FIGURE 1** Comparison of drug ages for selected therapeutic categories



Source: Health Canada

Drugs to treat diabetes have an average age of 170 months (14.25 years), similar to oncology (159 months). A steady series of new drug classes began about 10 years ago with dipeptidyl peptidase-4 (DPP-4) inhibitors, followed by sodium-glucose co-transporter 2 (SGLT2) inhibitors and glucagon-like peptide-1 receptor agonists (GLP1-RAs). However, none of these drugs are considered specialty medications. This suggests that the lifecycle of a drug is not influenced by whether the drug is a traditional or specialty medication, but by the number of new drug introductions within the therapeutic category.

Of course, there are limitations with this analysis. It is difficult to predict the future for drugs that have only recently been introduced. Will they safely treat patients for many years, or will they quickly be replaced by something newer and better? The only thing we can say for certain is that pharmacists will continue to be at the forefront helping their patients get the best outcomes from their medications, whatever the type or age of the drug.

Reference: 1. Meds Pipeline Monitor 2020. PMPRB. 2021 January: 18-27.



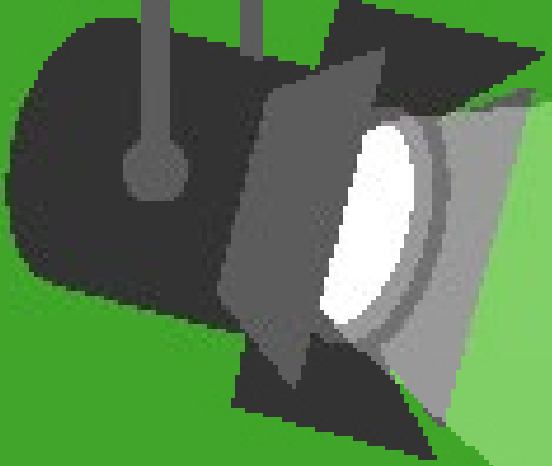
Jeff Mehlretter is a Consultant at Mehlretter Pharma Consulting. jeffmehlretter@gmail.com

**TABLE 1** Comparison of selected therapeutic categories

	Cardio-hypertension	Oncology	Diabetes
Size (prescriptions)	99 million	4 million	43 million
Size (dollars)	\$1.2 billion	\$2.4 billion	\$2.7 billion
% specialty by dollars	12%	87%	0%
Number of molecules	88	137	51
Number of specialty molecules	9	112 (plus 15 new molecules expected to be defined as specialty)	0
% of prescriptions from top molecules	97.5% from top 55 molecules	97.6% from top 55 molecules	99.9% from top 40 molecules
Average age of top molecules	282 months (23.5 years)	159 months (13.25 years)	170 months (14.25 years)
Molecules with shrinking prescription volume	26 of 55 (47%)	12 of 55 (22%)	20 of 40 (50%)
Average age of shrinking molecules	317 months (26.5 years)	194 months (16.25 years)	218 months (18.25 years)
Average age of growing molecules	252 months (21 years)	149 months (12.5 years)	123 months (10.25 years)
Average age of top specialty molecules	174 months (14.5 years)	148 months (12.25 years)	N/A

Sources: IQVIA Rx Premium, October 2021, Health Canada

# 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.

**DEADLINE OF APRIL 18, 2022**





# Political campaigns in a COVID era

**Political campaigning pre-dates the creation of organized political parties.**<sup>1</sup> As a society we have seen its evolution: campaigns have become more expensive and drawn out; they have come to rely on newspapers, radio, television and now social media and digital advertising; celebrities have become more involved. Some would say campaigns are more data-driven, while others would argue they rely too much on polling. And now campaigning must occur during a global pandemic. What impact has COVID had, and where do we go from here?

The demands of responding to COVID, including the necessity for campaigners to go virtual, contributed to the frequently heated, negative nature of the 2021 federal election. For a brief period of time, it was comforting to think that we'd be free of these COVID complications in 2022—but no such luck. Ontario's June election means campaigning throughout May. If COVID and/or COVID restrictions are still a factor, then the election's outcome could be drastically different than if COVID were not in the picture. And Ontario is not alone. Quebec is expected to go to the polls in October, and COVID could still very much influence ballot results.

The game of politics has changed since the start of the pandemic. At first, leaders of all political stripes rallied, put politics aside and worked together to get us through the crisis. We all came together as citizens, friends, colleagues and families. But as COVID raged on, the shared goals dissipated, and divisiveness grew more apparent. The constant changes to our daily life made us more susceptible to malaise. Social restrictions, capacity limits, vaccine mandates and so much more have come between friends, families and foes alike. Tremendous strain has come to be placed on relationships, sometimes worsened by politics.

As well, Canadians are using the internet more than ever. Roughly 75 per cent of Canadians 15 years and older have engaged in various internet-related activities



more often since the onset of the pandemic. Forty-eight per cent performed an internet-related activity for the first time.<sup>2</sup> People are looking to digital worlds, including Instagram, TikTok and Twitter, to escape tough realities, connect with friends and even to work. Experts anticipate that 96 per cent of Canadian internet users will embrace social media by 2026.<sup>3</sup>

It stands to reason that those who need to send a message and engage with others need to use these social platforms. Political parties and candidates are no different.

As the next election period begins in Ontario, we must be prepared for the digital campaign trail. We should take into account the different ways we have tried to remain connected and stay relevant, particularly as the pandemic has torn through our lives. Television ads and op-eds in newspapers will still be available, but they'll be linked in your Meta ads; Instagram ads will point you directly to the donation page of the last political party or candidate you searched; and your TikTok reel will be filled with new faces. Political leaders and candidates will take to social media more than ever before. We saw this in the federal election when candidates like NDP Leader Jagmeet Singh joined TikTok.

While Canada has one of the world's most connected

online populations, many are uncomfortable with this style of communication.<sup>3</sup> Rightfully so, as “fake news” continues to spread so widely. As we get closer to an election, voters’ loyalty to their party will be cemented and create bias, and candidates will share vague, over-generalized information that leaves us none the wiser. The “truth” will be harder and harder to ascertain. It will remain the responsibility of industry leaders, including pharmacists and pharmacy teams, to embrace digital communication—but that also means being at the ready to clarify misunderstandings and educate those in need.

Arguably, political campaigns mean less now than they ever have. Voters are becoming more disengaged while looking at 30-second videos, listening to sound bites, sharing memes, and trying to separate fact from fiction. Not only is it harder to decide who to vote for, but it is also harder for parties to gauge

where voters stand. Despite the proliferation of new communications channels, it’s harder for campaigners to own their message and get it through.

The road ahead for political campaigning is untravelled. We will increasingly lean on our electronic devices to both send and receive political information, but both candidates and voters need to proceed with caution. However, strong emotions and polarized views, amplified by the pandemic, tend to push caution aside. The coming elections in Ontario and Quebec will be enlightening, to say the least.



*Alexandra Valcour is an Account Director at Hill+Knowlton Strategies.*

**References:** 1. Stevenson G. Political Campaigning in Canada. *The Canadian Encyclopedia*. Updated 2020 Dec 15; 2. Bilodeau H, Kehler A, Minnema N. Internet use and COVID-19: How the pandemic increased the amount of time Canadians spend online. *Statistics Canada*. 2021 June 24; 3. Social media usage in Canada – statistics & facts. *Statista*. 2021 Aug 25.

# Taking Care of Business



## Neighbourhood Pharmacies' *In the Know Horizons Report*

is a quarterly, members-only publication that pulls together information from many sources and wraps it in analysis to help with business planning.

Among the topics addressed in this quarter's report:

- outlook for inflation and interest rates
- growth of e-commerce
- pandemic-induced interprovincial migration
- biosimilars update
- 2022 prescription forecast
- drug pipeline

**To learn more contact [info@neighbourhoodpharmacies.ca](mailto:info@neighbourhoodpharmacies.ca)**



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de quartier**

# Vaccine rollout: lessons learned

**Coordinated efforts to counter misinformation, more direct communication channels and a pull distribution model** are among the key learnings that community pharmacy, public health departments and government can take away from the largest vaccination campaign in history.

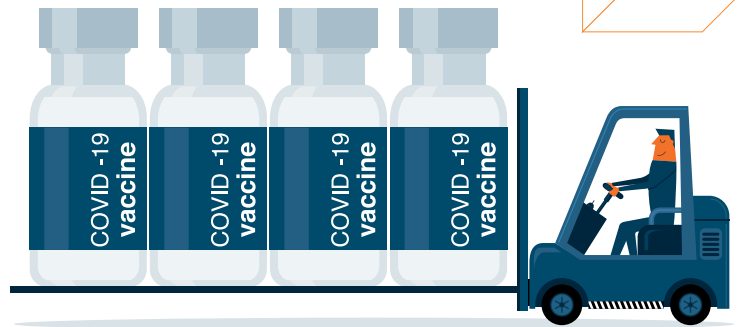
Details can be found in *Vaccine Readiness Revisited: What Went Well*, a report released by Neighbourhood Pharmacies in December 2021. The report follows up on recommendations made by the Association and the Canadian Pharmacists Association in December 2020 ("COVID-19 Vaccine and Pharmacy Readiness"). Captured here are some of the original recommendations and what happened in the real world.

## Clear communications from all levels of government on timing and execution; frequent public service announcements to healthcare providers regarding eligibility for COVID vaccines.

- Governments and pharmacy associations quickly came together to coordinate vaccine rollout and distill information to frontline teams. The frequency and transparency of these communications were vital to successful rollout.
- However, misinformation can be more viral than the virus itself. All stakeholders were unprepared for the time and energy needed to combat misinformation.
- The speed of changes to policies and guidance was difficult to accommodate, even with effective communications.
- Changes in eligibility were sometimes announced by the media, before reaching pharmacy operators through official channels.

## Transparent and committed allocations of inventory to the community pharmacy sector and delivery though the pharmaceutical distribution system.

- While fair and transparent vaccine allocation was a shared goal, it was not always achieved.



- Jurisdictions with centralized allocation had a more consistent line of sight into what the entire channel received, which worked particularly well when allocations to pharmacies were distributed by established pharmacy wholesalers.
- However, only a few jurisdictions opted to use pharmacy wholesalers and a pull distribution model.

## Vaccinate pharmacists as essential frontline healthcare workers.

- Although pharmacies were designated as providers of essential services, pharmacists in several provinces began administering vaccines before they themselves were vaccinated.
- It took more effort than expected to get pharmacy teams prioritized for COVID vaccination, in the same way that their colleagues in hospitals and other healthcare environments were prioritized.

## An administration fee that reflects the time and complexity of the service.

- Remuneration for vaccination services range from \$13 to \$25. While higher than fees for influenza vaccinations (to help cover the costs of PPE or one-time changes in infrastructure), they were not high enough.
- Only a few provinces put in place fee structures that considered the time to address vaccine hesitancy, navigate booking systems, or educate patients who ultimately received their vaccine elsewhere.

Get more details in Neighbourhood Pharmacies' *Vaccine Readiness Revisited: What Went Well*. And read the personal observations of Shelita Dattani, Vice-President, Pharmacy Affairs, in her blog at [CanadianHealthcareNetwork.ca](https://canadianhealthcarenetwork.ca).





# Community pharmacy & COVID vaccinations

Information current as of March 3, 2022

Province	Start date	# (%) pharmacies participating (estimated maximum)	Vaccines (by manufacturer) and eligibility by age for administration in pharmacy	Provincial fee for administration	Pharmacy doses and % of total (estimate)
British Columbia	Mar. 31	1,000 (70%)	<ul style="list-style-type: none"> <li>AstraZeneca: 30+ (second doses only)*</li> <li>Moderna: 12+</li> <li>Pfizer: 12+, piloted at selected pharmacies</li> </ul>	\$18	547,000 (5%)
Alberta	Feb. 24	1,400 (89%)	<ul style="list-style-type: none"> <li>AstraZeneca: 40+ (second doses only)*</li> <li>Moderna: 12+</li> <li>Pfizer: 12+</li> </ul>	\$25	4.4 million (51%)
Saskatchewan	Apr. 29	371 (90%)	<ul style="list-style-type: none"> <li>Moderna: 12+</li> <li>Pfizer: 5+</li> </ul>	\$20	611,000 (26%)
Manitoba	Mar. 15	315 (70%)	<ul style="list-style-type: none"> <li>AstraZeneca: 40+; 30+ with health conditions (second doses only unless other vaccines not available for first dose)*</li> <li>Moderna: 12+</li> <li>Pfizer: 5+</li> </ul>	\$20	439,000 (15%)
Ontario	Mar. 12	3,000 (63%)	<ul style="list-style-type: none"> <li>AstraZeneca: 40+ (second doses only)*</li> <li>Moderna: 12+</li> <li>Pfizer: 5+</li> </ul>	\$13	7.4 million (23%)
Quebec	Mar. 22	1,800 (94%)	<ul style="list-style-type: none"> <li>AstraZeneca: 45+ (second doses only)*</li> <li>Moderna: 12+</li> </ul>	\$17.10	1.6 million (9%)
New Brunswick	Mar. 17	218 (93%)	<ul style="list-style-type: none"> <li>AstraZeneca: 55+ (second doses only unless other vaccines not available for first dose)*</li> <li>Moderna: 12+</li> <li>Pfizer: 5+</li> </ul>	\$15	800,000 (46%)
Newfoundland & Labrador	Jun. 1	160 (81%)	<ul style="list-style-type: none"> <li>Moderna: 12+</li> </ul>	\$13	144,000 (12%)
Nova Scotia	Mar. 9	295 (94%)	<ul style="list-style-type: none"> <li>AstraZeneca: 40+ (second doses only)*</li> <li>Moderna: 12+</li> <li>Pfizer: 5+</li> </ul>	\$16	1.2 million (54%)
Prince Edward Island	Mar. 11	26 (52%)	<ul style="list-style-type: none"> <li>AstraZeneca: 55+ (second doses only)*</li> <li>Moderna: 18+</li> <li>Pfizer: 18+</li> </ul>	\$15	44,000 (12%)
<b>TOTAL DOSES</b>					<b>17.2 million (21%)</b>

\* 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 (national pharmacy counts)



# Seizing momentum for expanded scope

**Pharmacy has evolved over the last few years to a point where pharmacists really are one of the most important primary care providers capable of helping patients achieve therapeutic goals.**

Whether they work in a doctor's clinic, next door or down the road, pharmacists are liaising with other primary care providers on a regular basis to make an integral contribution to positive therapeutic outcomes.

Having worked at London Drugs for 27 years and still working as a practising pharmacist in Alberta and B.C., I have a good world view of how the pharmacy landscape has changed. We were always on this path to expanded scope, and COVID has accelerated the process. Provincial governments have seen the benefits in having pharmacy teams more involved in the care of patients and they're finally listening. Throughout this pandemic, we've clearly demonstrated that pharmacy can successfully operate at the forefront of patient care.

What I would like to see within the next year or so—and what I think is achievable—is for every one of our London Drugs pharmacists (and all pharmacists in all provinces, for that matter) to have at least two clinical practice days a week. This would entail booking hour-long appointments with patients to go over medications and health outcome goals, and then doing follow-ups monthly or quarterly to ensure those goals are being met.

Screenings and point-of-care testing will be essential clinical services as well, and in the coming years we expect to see more provinces include this authority in our scope of practice. In remote areas and even in urban centres where lab hours are restricted, it makes sense to give these tasks to pharmacists, who are accessible and have the skills.

London Drugs operates pharmacies in four provinces: B.C., Alberta, Saskatchewan and Manitoba. Alberta, where expanded scope is well in place, has shown us what is feasible, but we know our B.C. pharmacists are just as ready, willing and able to do more.

Being part of Neighbourhood Pharmacies allows pharmacy organizations to not only see regional differences and what other provinces are doing in terms of leveraging pharmacy services, but also to learn from our successes and mistakes. As members, we are able to bounce around ideas about practice needs with pharmacy operators across the country and bring forward collective and aligned workable solutions, for which Neighbourhood Pharmacies advocates on our behalf. Having a unified voice at the provincial and federal level is key to developing approaches that deliver consistency of care across Canada.

As the momentum around pharmacy builds, we will continue to share what is working and, together with governments across Canada, find solutions for the challenges and opportunities ahead.



**Chris Chiew**

BOARD MEMBER  
*Neighbourhood Pharmacy  
Association of Canada*

GENERAL MANAGER,  
PHARMACY,  
*London Drugs Limited*

“Having a unified voice at the provincial and federal level is key to developing approaches that deliver consistency of care across Canada.”



**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.

Abbvie

Amgen Canada Inc.

Aphria Inc.

Apotex Canada

Ascensia Diabetes Care

ASOP (Alliance for Safe  
Online Pharmacies)

AstraZeneca Canada Inc.

AuroPharma Canada

BD Medical – Diabetes Care

Biogen Canada

Canada Health Infoway

Canopy Growth Corporation

CIBC

Ecolopharm

Greenshield Canada

GSK (GlaxoSmithKline)

Healthing.ca

Healthmark Ltd.

Hikma

HTL-Stefa

Imperial Distributors Canada Inc.  
(IDCI)

IQVIA Solutions Canada Inc.

Jamp Pharma Corp.

Johnson & Johnson Inc.

Jones Healthcare Group

Kohl & Frisch Ltd.

Mantra Pharma

Marealis Health Inc. (PreCardix)

Merck Canada

Mint Pharmaceuticals

Odan Laboratories

Pear Healthcare Solutions

Pfizer Canada Inc.

Pharmaguide

Pharmascience Canada

Sandoz Canada Inc.

Sanofi Pasteur Ltd.

ScriptPro Canada Ltd.

Seqirus Canada Inc.

Sterimax Inc.

Synergy Medical

Teva Canada Limited

Viatrix