



**Neighbourhood
Pharmacy**
Association of Canada

Association canadienne
**des pharmacies
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Government of Canada

Submission Regarding

Proposed Regulations for controlled substances-CGI 2024

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Neighbourhood Pharmacy Association of Canada

Submitted to

**Health Canada
Controlled Substances and Cannabis Branch**

The Neighbourhood Pharmacy Association of Canada (Neighbourhood Pharmacies) represents leading pharmacy organizations across the country, including chain, banner, grocery chains, specialty pharmacies, and mass merchandisers with pharmacies. We advance the delivery of care through over 12,000 pharmacies and their teams, that serve as integral community health hubs in urban, suburban, rural, remote and First Nations neighbourhoods.¹

Canada's pharmacies directly generate \$9.5 billion in Gross Domestic Product for the Canadian economy and employ almost 189,000 Canadians.² As the association representing pharmacy operators across the country, we act at a pan-Canadian level to support policy makers with the development of innovative solutions that allow pharmacies to support primary care while advocating for fair and sustainable funding for community pharmacies.

Neighbourhood Pharmacies appreciates the opportunity to provide feedback to Health Canada, Controlled Substances and Cannabis Branch, concerning the Proposed Regulations for controlled substances-CGI 2024 on behalf of our member pharmacies across the country. In particular, the 3-week response extension we were granted allowed us to consult with our membership and reflect on and consider some of the important key elements raised by other stakeholders in the pharmacy landscape. We are very supportive of many of the specific national recommendations raised on behalf of the pharmacy profession (e.g., via the Canadian Pharmacists Association) as well as the jurisdictional context provided by provincial pharmacy organizations (e.g., the Ontario Pharmacists Association). We further believe that our unique position in Canada's pharmacy sector will both add weight to our colleagues' recommendations, and provide a valuable perspective on the impact the proposed regulations will have on pharmacy operators' ability to support sustainable patient access to medications and care.

Introduction

We wish to commend health Canada for their stated recognition of the critical role that community pharmacies and their teams play in the medication access pathway. The specific objective of the proposed regulations to not only "*support pharmacy innovation in Canada*" but also "*enable pharmacists and technical to more fully use their expertise*" demonstrates a clear understanding of the value the community pharmacy sector can provide to healthcare in Canada when fully enabled, and allowed to leverage the expertise of its human resources and its vital position as the last step in patient access to medications.

We offer some feedback and considerations in four main areas:

- 1. Increasing the ability of pharmacies to provide central fill services**
- 2. Expanding the ability of pharmacy teams to support better medication management of opioid prescriptions and other controlled substance prescriptions**
- 3. Clarification on the role of e-prescribing specific to prescriptions for controlled substances**
- 4. Including pharmacists as practitioners/prescribers of controlled drugs and substances**

Increasing the ability of pharmacies to provide central fill services

Nearly all pharmacies in Canada make use of some level of central fill services to support operational efficiency, generate cost savings, and improve patient care overall. Most importantly, central fill operations support pharmacies by reducing the time pharmacy teams spend on technical tasks. Regulatory barriers can place unnecessary obstacles to using central fill services. As an example, in the current environment, a central fill pharmacy cannot provide centralized prescription processing for controlled substances as the sale or provision of these substances from one pharmacy to another is only permitted under emergency circumstances. To work around this, some central fill pharmacies have applied to become licensed dealers of these substances. This process is lengthy and requires a significant investment of both time and capital and has the unintended consequence of taking the pharmacy team away from patient care.

We therefore applaud the potential changes that will support the use of more flexible central fill models and the need for this workaround, such as ‘allowing pharmacists to sell or provide controlled substances to other pharmacists for prescription filling’. Not only will these changes support more efficient use of pharmacy human resources in central fill operations, they will also help reduce potential patient confusion and non-adherence. In the current central fill model, the originating pharmacy must either modify a blister pack to add a controlled substance or dispense a controlled medication separately. Under the proposed changes central fill pharmacies would be able to prepare a blister pack for a patient with all their medications at once, including any controlled substances, simplifying the process for the patient.

As the country continues to face health human resource challenges in multiple sectors, Neighbourhood Pharmacies is committed to supporting its operators in providing resilient workplaces that optimize their workforce and reduce burnout. We are strongly supportive of regulatory and policy changes that enable pharmacies and their teams to operationalize care in the most efficient and cost-effective way possible, provided all other standards of practice and patient care are met.

Expanding the ability of pharmacy professionals to support better medication management of opioid prescriptions and other controlled substance prescriptions

As this relates to pharmacists: In 2021, Neighbourhood Pharmacies [actively advocated](#) to make permanent the temporary class exemptions subsection 56(1) of the *Controlled Drugs and Substances Act* (CDSA) that authorized pharmacists to renew and adapt prescriptions for controlled substances, accept verbal orders for controlled substances, and allowed for prescription transfers for narcotic or controlled drugs. These exemptions were key in ensuring pharmacies and their teams could provide continuous care to patients during the COVID-19 pandemic. Since that time, research has shown that the class exemptions facilitated the ability of pharmacists in Canada to provide opioid stewardship and improve patient care, while independently and responsibly managing opioid prescriptions.³ Patients directly benefitted from these changes in the form of fewer delays in accessing their medications and improved continuity of care overall. We are therefore supportive of Health Canada’s proposed changes to permanently enable pharmacists to extend prescriptions for controlled substances and accept written and verbal prescriptions.

However, the proposed changes stop short of permanently authorizing pharmacists to adapt these prescriptions – that is, adjust the formulation, dose and regimen - despite pharmacists’ proven competency and value in doing so. Removing this ability will create barriers to patients who currently depend on their pharmacist to provide timely and seamless care. For patients on opioid agonist therapy, a barrier or delay to receiving their dose may result in a patient seeking out an illicit and potentially toxic source instead. We strongly urge Health Canada to maintain pharmacists’ current authority to carry out these critical activities.

As this relates to technicians: We are very supportive of the proposed changes to permit pharmacy technicians, as allowed by their jurisdictional authority, to conduct certain activities with controlled substances, such as compounding, sending, delivering or transporting a controlled substance, transferring a prescription to a pharmacist or another pharmacy technician, or destroying a controlled substance on site. Licensed and registered pharmacy technicians have the skills and competency to take on these tasks, and this proposed change will reduce the technical burden on pharmacists, enabling them to focus on clinical aspects of patient care.

Federal changes that allow pharmacy team members to utilize their full scope of practice, leveraging their training, skills and professional expertise, supports effective use of scarce health human resources and adds capacity to the public health and primary care system.

Clarification on the role of e-prescribing specific to prescriptions for controlled substances

We recommend that any use of the term “written order” (in the context of a prescription for a controlled drug or substance) be clarified or further defined to ensure it encompasses an electronic prescription (e-prescription). E-prescribing provides system-wide benefits including improved prescribing accuracy, ultimately leading to fewer medication errors and adverse drug events (ADEs). Most importantly, e-prescribing has been proven to enhance efforts to prevent drug diversion and improve the management of opioid prescriptions.^{4,5,6,7} Neighbourhood Pharmacies supports the use of innovative technologies like e-prescribing to improve patient safety, while simultaneously reducing administrative burdens on pharmacy teams and increasing their capacity to provide direct patient care. Clarification of how these regulations will encompass and facilitate e-prescribing relating to controlled substances is needed to effectively implement the proposed changes.

Including pharmacists as practitioners/prescribers of controlled drugs and substances

Neighbourhood Pharmacies urges Health Canada to consider both recognizing pharmacists as prescribers of controlled drugs and substances in the Controlled Drugs and Substances Act, and/or including pharmacists on list of practitioners (i.e., in addition to midwives, nurse practitioners and podiatrists) noted in subsection 1(3).

Pharmacists are the health system’s medication experts. This expertise, combined with their knowledge of their patient’s medical histories and medications overall, means pharmacists are exceptionally qualified to make clinical decisions regardless of the type of medication. Pharmacists in all jurisdictions already carry out a wide variety of prescribing activities, ranging from prescribing for minor ailments to prescribing all Schedule I medications. The CDSA exemptions put in place during the pandemic, and the proposed regulatory changes now under

deliberation clearly recognize pharmacists' skills, competencies and professional judgement relating to controlled drugs and substances. Omitting pharmacists from the list of practitioners authorized to prescribe controlled drugs and substances effectively limits pharmacists to exercising their professional competencies to certain drug classes, rather than enabling them to provide care that best meets the needs of the patient.

One timely scenario where this authority would be immediately useful is managing drug shortages. There are currently more than 1000 drugs officially in shortage here in Canada.⁸ The ability of pharmacists to therapeutically substitute one drug for another (a prescribing activity) in the event of a drug shortage is fragmented across the country. Recognizing pharmacists as prescribers of controlled drugs and substances at the federal level would pave the way for all jurisdictions to uniformly grant pharmacists the ability effectively assess a patient's needs and prescribe an alternative medication for the patient at the point of care, rather than requiring the need for the patient to return to their physician for a new prescription.

Health Canada has a timely opportunity to further enable, not restrict, jurisdictions in authorizing pharmacy acts designed to enhance patient care and optimize the use of pharmacy teams. By adding pharmacists as practitioners or prescribers under the CDSA, Health Canada can provide a foundation that supports a flexible regulatory framework that can respond to future and evolving patient and system healthcare needs.

Some additional operational specifics we also urge Health Canada to consider:

- *Detailed Requirements around Record Keeping:* While there are already detailed requirements for record keeping, it is essential to clarify these details in the proposed CSR to avoid adding an unnecessary burden on pharmacies. As the goal is to streamline regulations, record keeping should be standardized across all narcotics, benzodiazepines, controlled substances, and products covered under the proposed regulations.
- *Section 100(a) – Transfer of a Prescription:* We suggest changing the wording to “in the case of a controlled substance prescribed in writing, a copy of the written prescription.” This is a pharmacy operational matter, and a copy should suffice as provincial regulations require that the originating pharmacy must keep a record of the prescription on the patient record.

Conclusion

We applaud Health Canada's efforts to support pharmacy innovation in Canada and enable pharmacists and technical staff to more fully use their expertise relating to prescriptions for controlled drugs and substances. We believe the current proposed regulations will ensure that community pharmacies and their teams can more efficiently, effectively and safely continue to meet the healthcare and medication needs of Canadians. We further believe that our additional recommendations will also enable Canada's healthcare system to better respond to future needs in the years to come.

References

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