NOTES

Pharmacists can play a key role in implementing new national strategy to combat prescription drug abuse

BY KATHIE
LYNAS

Michel Perron, CEO, Canadian Centre on Substance Abuse, is joined by Canada's Minister of Health Leona Aglukkaq for the release of the national strategy to combat prescription drug abuse.

(Source: CNW Group/
Canadian Centre on
Substance Abuse)

The Canadian Centre on Substance Abuse (CCSA) has unveiled a 10-year national strategy aimed at tackling Canada's growing crisis of prescription drug abuse.

The comprehensive plan defines the scope of the problem and calls for action in 5 critical streams—prevention, education, treatment, monitoring and surveillance, and enforcement. Implementing the recommendations will require a commitment from governments, health professionals, addiction specialists and consumers—and pharmacists will be key participants, according to the pharmacy representative on the advisory council that helped develop the plan.

The plan entitled *First Do No Harm: Responding to Canada's Prescription Drug Crisis* was unveiled March 27, 2013, at an Ottawa news conference that included the chief executive officer of the CCSA, Michel Perron, and the federal minister of health, Leona Aglukkaq.

Medication abuse “has now reached crisis proportions” in Canada

“Harms such as addiction, overdose and death associated with certain prescription drugs—opioids, sedatives and tranquilizers and

stimulants—are a leading public health and safety concern in Canada that has now reached crisis proportions,” Mr. Perron said at the news conference.

According to the *First Do No Harm* report, Canada now ranks as the world's second-largest per capita consumer of prescription opioids, behind only the United States. Canada's rate of use increased by 203% between 2000 and 2010, an increase steeper than in the US. The goal, says the report, is to ensure that these medications are used appropriately to provide much-needed benefits while minimizing the escalating harms.

“The more I learned, the more surprised I was at just how extensive these problems have become,” says Debbie McCulloch, vice-president and Saskatchewan representative with the National Association of Pharmacy Regulatory Authorities (NAPRA). Ms. McCulloch is a pharmacist in Rosetown, Saskatchewan, and she represented pharmacy on the National Advisory Council on Prescription Drug Misuse—a group assembled to work on the strategy.

“The seriousness of this issue—I think this is part of the message that we as pharmacists have to give the public,” she adds. “And we can play a significant role in prevention and education in our communities. A lot of it is one-to-one with patients, telling people about the signs and symptoms of misuse and about safe storage of prescription medications, but it's also doing more ‘social marketing’ by educating people at events, health fairs and through media, the way we often do on issues such as diabetes.”

Call for improved monitoring and prescribing practices

Among the recommendations are a call for a standardized pan-Canadian surveillance system that tracks the nature and extent of the harms associated with prescription drugs and for all provinces and territories to establish prescription monitoring programs within the next 2 years.

The strategy also recommends promotion of appropriate prescribing and dispensing practices among health care practitioners and expanded access to a range of effective treatment options for pain and addictions.

“In terms of prescribing, we can act as gatekeepers,” says Ms. McCulloch. “We already do that but that role can grow, so that we more frequently

reinforce the risks with patients and in communication with the physicians who are prescribing opioids and other potentially harmful drugs.”

Only some provinces in Canada currently have extensive prescription drug monitoring programs. They include British Columbia, Alberta, Saskatchewan and Nova Scotia; Ontario recently introduced its own drug monitoring database.

The system in Saskatchewan is very comprehensive and that model could be useful in other jurisdictions, says Ms. McCulloch. A consultant pharmacist works with the Prescription Review Program at the College of Physicians and Surgeons of Saskatchewan to help identify potential addicts and warn physicians about patients at high risk.

Alberta government moves without warning to dramatically cut generic pricing to lowest level in the country

Pharmacy stakeholders in Alberta used words such as “shocked” and “blindsided” in response to the province’s budget of March 7, 2013, which unexpectedly announced a reduction of all generic drug prices to 18% of brand-name rates, effective May 1.

It was a move that came without consultation and without advance warning. “We knew things were tight with the deficit in the province,” Byron Bergh, president of the Alberta Pharmacists’ Association (RxA), told *CPIJ*. “But we weren’t prepared for anything like the announcement in the budget.”

At the time of the budget, pharmacists were still attempting to adjust to the changes of July 2012, when the Alberta government lowered generic prices to 35% of brand-name levels from an average of 50%. Additionally, in early 2013, Alberta joined most other provinces in announcing plans to impose an 18% cap on 6 widely used generics, beginning April 1.

“The cuts are so deep and so fast, it will be impossible for me to react quickly enough to ensure the sustainability of my pharmacy,” said Rimby pharmacist Patrick Rurka, in an RxA news release on March 8.

In its new release of March 13, the Canadian Association of Chain Drug Stores called the

budget measure “another broken promise” and criticized Alberta for cutting prices in the absence of a properly funded program of pharmacy services. Both CACDS and RxA had been discussing service enhancements with the province in the months before the budget.

“We were working with them. That’s why we were shocked when the Alberta government blindsided broader pharmacy by unilaterally cutting generic prices by 50%,” Denise Carpenter, president of the CACDS, said in the release.

In a statement released to media, Jim Keon, president of the Canadian Generic Pharmaceutical Association (CGPA), called the cuts “a betrayal of our industry” and a threat to the drug supply: “The slashing of generic prices further jeopardizes the supply of cost-saving medicines for Albertans. In the face of these dramatic cuts to reimbursed prices, our industry plans to contact Health Canada to inform them of generic pharmaceutical products that may no longer be viable.”

Existing pharmacy services can’t replace lost revenue from price cuts

The Alberta government estimates the pricing changes will save \$180 million a year in public drug-plan costs. As Mr. Bergh of RxA points

“A large portion of the savings is coming right out of pharmacy”

—Byron Bergh,
President, Alberta
Pharmacists’
Association