Why are we limiting access to opioid agonist therapies?

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WHY DO PHARMACISTS EXIST? THE ANSWER IS SIMPLE: FOR THE health and safety of the public. The Saskatchewan College of Pharmacy Professionals (SCPP) indicates that pharmacists “shall hold the health and safety of the public to be of first consideration in the practice of [their] profession rendering to each patient the full measure of [their] ability as an essential health care practitioner.”¹ Other provincial regulatory bodies have similar statements. Why is it, then, that pharmacies and pharmacists are able to deny patients and communities access to opioid agonist (methadone and/or buprenorphine/naloxone) therapy?

Opioid use disorder does not discriminate against social class, ethnicity, geographic location or anything else and could potentially affect anyone.² While pharmacists and pharmacies should always offer opioid agonist therapies, Canada’s opioid crisis provides an even stronger impetus to participate in the dispensing of such therapies.³ Like diabetes, hypertension and mental illnesses, substance use disorders are complex medical diseases worthy of and likely to respond to medical treatment with opioid agonist therapy.² It is unlikely to find a pharmacy in Canada that does not dispense evidence-based pharmacotherapy for people living with diabetes, hypertension or mental illnesses, so why do many pharmacies not dispense evidence-based pharmacotherapy to people living with opioid use disorders? This practice of selectivity, in terms of disease states that a pharmacy will or will not dispense medication for, is in complete contradiction to our profession’s code of ethics.

Not only is intentionally denying patients and communities opioid agonist therapy a breach of our profession’s code of ethics, but there is a potential for inconsistent care to be offered from one pharmacy to another by allowing pharmacists and other pharmacy employees a choice of working at a pharmacy that dispenses opioid agonist therapy vs a pharmacy that does not. If, for example, I were a pharmacist who had personal reservations about dispensing opioid agonist therapy or reservations about the therapies themselves, I might be more inclined to choose employment at a pharmacy that does not participate

in dispensing opioid agonist therapies. What might this imply about my level of professionalism, my duty to care for all people and my ability to treat patients equally and equitably? Why and how does this opportunity to choose a practice that discriminates against people living with opioid use disorders even exist?

In a city like Saskatoon, Saskatchewan, for example, it is not unusual for a person living with an opioid use disorder and requiring opioid agonist therapy to have to move, or at least consider moving, to a different neighbourhood within the city where there is an accessible pharmacy that dispenses daily witnessed opioid agonist therapy. Further, individuals living with comorbidities that limit their ability to access a pharmacy every day (e.g., certain physical disabilities or mental and cognitive conditions that require a caregiver) or those without access to their own vehicle or safe, reliable and affordable public transportation are even further limited in options regarding where to access their required medication and/or where to live. Limiting the location of pharmacies that participate in daily witnessed dispensing of opioid agonist therapies to the core of an urban centre, for example, also has the potential to further marginalize and stigmatize a neighbourhood and perpetuate stereotypes of people living with opioid use disorders, such as living in poverty.

While some pharmacies do not operate 7 days a week, this should not be reason alone to deny people opioid agonist therapies. Strategies such as short-term “carries” (e.g., dispensing enough opioid agonist therapy to a patient to cover the weekend) or partnering with another pharmacy that is open 7 days a week may be employed to help overcome the barriers created by pharmacies with limited hours or days of service. Our own provincial systems and guidelines have enforced the regulations around daily witnessed dosing of opioid agonist therapies, not the people living with opioid use disorders, so we should offer any and all strategies we can to provide our patients with the therapies they need and deserve.

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Limiting the accessibility of opioid agonist therapies has health and safety consequences for people living with opioid use disorders in ways that go beyond simply not consuming their required therapy. Recognizing the incredible discomfort of opioid withdrawal, limiting access to a pharmacy that dispenses opioid agonist therapy may prompt an individual experiencing opioid withdrawal to resort to drastic measures to overcome withdrawal symptoms.⁴ Without access to appropriate opioid agonist therapy, an individual experiencing opioid withdrawal may instead choose to access opioids from other sources (e.g., illicit sources or opioids prescribed and dispensed for another individual) or via alternative routes of administration (e.g., intravenous injection). Depending on the level of discomfort, an individual will experience the risk of returning to a previous, or perhaps higher, quantity or dose than what was previously used. Such an instance will leave the person at an increased risk of opioid overdose given the fast offset of tolerance to some side effects of opioids, such as respiratory depression.⁴ In addition, in a province like Saskatchewan, where the vast majority of human immunodeficiency virus (HIV) transmission is related to needle use, a person engaging in, or returning to, the use of shared needles will be at a significantly increased risk of acquiring HIV.⁵ Certainly,

we cannot exclude the possibility that we are even minimally complicit in the rates of HIV seen in places like Saskatchewan due to restricting access to opioid agonist therapies to only certain pharmacies.

Now more than ever, pharmacy professionals must revisit and embody our code of ethics by “hold[ing] the health and safety of the public to be of first consideration in the practice of [our] profession rendering to each patient the full measure of [our] ability as essential health care practitioners.”¹ Pharmacies not currently engaged in dispensing daily witnessed opioid agonist therapies should take the necessary steps to implement the dispensing of such therapies. In addition, in an era of practising to “full scope,” we should not be selective about which people or disease states we are caring for—this is *not* full scope. As a profession, delivering best possible evidence-based care for people living with opioid use disorders will mean all pharmacies across Canada will dispense opioid agonist therapies for any patient(s) requiring it. While engaging in other harm-reduction services, such as participating in needle exchanges, is also evidence based and of significant benefit to patients and communities, let us at least start with fulfilling our code of ethics and have daily witnessed opioid agonist therapies available at every pharmacy across Canada. ■

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