Dear Ms. Collins and Ms. Neufeld:

The Ontario Pharmacists Association (‘OPA’ or the ‘Association’) welcomes the opportunity to provide comment on Ontario’s Opioid Strategy, unveiled on October 12, 2016.

The Ontario Pharmacists Association represents the interests of Ontario’s pharmacists, pharmacists-in-training and pharmacy technicians. Our more than 9,800 members work in a wide variety of settings, including but not limited to traditional community pharmacies, compounding pharmacies, hospitals, long-term care, family health teams, and industry. The Association maintains as a key element of its mandate the support for pharmacists in the delivery of the highest quality of care for all Ontarians.

The scourge of drug abuse continues to threaten the safety and security of communities across the province and the country. The Ontario Pharmacists Association acknowledges the many efforts made at the local, municipal, provincial and federal levels to curb such activities for the protection of all Canadians. As gatekeepers of the province’s prescription drug supply, Ontario’s community pharmacists and pharmacy technicians address opioid abuse, misuse and diversion at the front line. These healthcare providers protect our communities by ensuring that narcotic, controlled and targeted substances are provided to the right patient, at the right dose and time, for the right purpose, and in accordance with the strict rules, protocols, and standards of clinical practice.

As they relate to the various elements and tenets of the Ontario Opioid Strategy and their immediate relevance to the practice of pharmacy, OPA is pleased to provide the following comments.

**Modernizing opioid prescribing and monitoring**

The Association is pleased with the appointment of Dr. David Williams as Ontario’s first Provincial Overdose Coordinator. Dr. Williams is eminently qualified and highly respected across all healthcare sectors, and we look forward to working collaboratively with him, his office, and other stakeholders to inform and educate on fatal and non-fatal opioid-related overdoses.
The Ontario Pharmacists Association has the capacity to contribute in a variety of ways toward the development of quality standards. The Association is home to the Drug Information and Resource Centre (‘DIRC’), Canada’s premier pharmacist-run drug information call centre. Owned and operated by OPA, DIRC is a recognized drug information service, providing evidence-based responses, advice and guidance on drug therapy-related queries directly from pharmacists (and indirectly from prescribers). Among the more common questions answered by the DIRC call centre pharmacists are those related to opioid conversion calculations. With the delisting of high-dose opioids from the Ontario Drug Benefit Formulary in January 2017, we anticipate that these and similar questions will increase as prescribers and pharmacists dialogue on dosing conversions and general opioid management. The Association would be pleased to discuss the possibility of offering prescribers direct access to the DIRC call centre in order to further support a collaborative and consultative process with Ontario’s pharmacists.

In addition to DIRC, OPA offers a robust professional development program for Ontario pharmacists, and has begun to explore options for interprofessional education, most notably between prescribers and pharmacists. Once again, the Association would welcome any opportunity to work with Dr. Williams and other health stakeholders, including law enforcement, to expand and promote joint education options focusing on appropriate prescribing, dispensing and monitoring.

We are pleased to see that the Ministry of Health and Long-Term Care (‘MOHLTC’ or the ‘Ministry’) envisions patient education as a critical component of the strategy. However, we would recommend that this education be expanded to include general public awareness and education with the intent of proactively addressing the needs and concerns of current and prospective opioid patients, as well as their families and caregivers. Between 1999 and 2012, OPA worked with the Ministry on the development and delivery of patient education seminars and group presentations about the importance of general medication safety, awareness and adherence. Entitled the Safe Meds for Seniors program, trained pharmacists would go into their communities to provide free information sessions, including a question and answer component, for seniors. Unfortunately, while the sessions were found to be successful in many communities across Ontario and among the MPPs who sponsored them, the program was terminated at the end of the 2011-12 fiscal year for budgetary reasons – this despite the low cost associated with the administration of the program. For the purposes of the Opioid Strategy, OPA proposes a reinvestment in this highly successful outreach program with a new, additional focus on opioid therapy and pain management.

Ontario’s pharmacists are well acquainted with the Narcotics Monitoring System (NMS). The Association is pleased with the intent to make NMS data more readily available to pharmacists and prescribers so that they can access real-time dispensing information relating to their patients. As the goal of the NMS was to monitor behaviours and inform prescribing and dispensing decisions, this increased data access will be welcome news to these health professionals.
Office of the Chief Executive Officer

On the matter of delisting high-strength opioids beginning January 1, 2017, Ontario pharmacists have expressed concern regarding the protocols to successfully transition patients to lower-strength formulations. The Association was disappointed to have been excluded from the expert advisory group that recommended this policy, as patients often rely on their pharmacists to explain changes in policy, and to help them navigate such changes as smoothly as possible. The Ontario Pharmacists Association has both in-house pharmacists as well as a high-functioning professional practice committee comprised of pharmacists from a cross-section of practice types (e.g., hospital, family health team, long-term care, and community). We believe that OPA could have contributed relevant insights to the drafting, development and implementation of this initiative.

Just as every patient is unique, so too is their ability to manage pain. As such, flexibility needs to be an inherent component of any transition process. We acknowledge that uncontrolled escalation of opioid dosing poses a risk to the safety and security of our communities; however, any initiative to decrease dosages must be done judiciously and with minimal discomfort to the patient. The Association suggests that inappropriate prescribing is at the heart of high-dose opioid overuse, and there is concern that this delisting strategy may, in fact, lead to a doubling of the quantities and dosages of half-strength versions of the same molecule. This, in turn, would put more opioid doses into public circulation and might facilitate their diversion. For these reasons, OPA would welcome the opportunity to work collaboratively with the Ministry, prescriber organizations and patient representatives to monitor and evaluate the transition strategy while working to provide clinicians and patients with the necessary tools and supports they need to achieve a seamless shift in therapy.

The Ontario Pharmacists Association continues its ongoing dialogues with the Ministry on the provincial roll-out of the Fentanyl Patch for Patch (‘P4P’) Program, particularly related to the program’s implementation and associated challenges. Specifically, community pharmacists are now required to inspect returned patches for signs of tampering and/or counterfeiting, and when they are identified, pharmacists are asked to contact the prescriber and/or law enforcement. It is important to note that pharmacists have never been formally trained to detect the sometimes subtle differences between a real and counterfeit or altered patch. This task relies heavily on the application of professional judgement, and the consequences of not being correct in that judgment are significant. In applying these judgments, pharmacists are making a conscious decision to physically stand between the substances of abuse and users. When making such decisions, pharmacists render themselves among the most at-risk healthcare providers in dealing with this important social issue. The Association is actively monitoring members’ positive and negative experiences with the P4P and will work with the Ministry to identify and address any challenges as they arise – including the very important need to ensure the safety and security of pharmacy staff. Moving forward, OPA asks that drug-specific initiatives be introduced as matters of health policy rather than as legislation and regulation, which confers a more rigid set of directives to health providers.
Improving the treatment of pain
The Ontario Pharmacists Association is supportive of interprofessional approaches toward the management of chronic pain, including low back pain. We are encouraged by the Ministry’s planned investment in multi-disciplinary care teams and chronic pain networks with full integration of pharmacists from all practice settings. We are also pleased to be an active participant in the Provincial Opioid Education Working Group, as we believe that substantial progress can be made when decisions on pain management are supported with interprofessional education on the appropriate use of opioids.

Enhancing addiction supports and harm reduction
The Ontario Pharmacists Association has embraced the expansion of access to naloxone via the introduction of the Ontario Naloxone Program for Pharmacies (‘ONPP’) in June 2016. In fact, OPA actively collaborated with the Ministry on facilitating program uptake by pharmacists with the development of a free, online training and orientation module to introduce pharmacists to the ONPP and to prepare them for providing patients at risk of opioid overdose (and their caregivers) with a take-home naloxone kit.

While take-home naloxone kits currently utilize injectable forms of the drug, OPA is prepared to dialogue with the Ministry on a possible transition to the intranasal form of naloxone for distribution by community pharmacies. We applaud the provision of the intranasal version to Ontario’s first responders, but are concerned with the implications when these responders cannot provide help fast enough. The Association recognizes that there is a significantly increased cost associated with the transition to free intranasal naloxone through community pharmacies, but feels that the positive impact of increased kit uptake and utilization warrants the investment and will translate into many more lives saved than what would be seen with injectable naloxone.

The Association applauds the Ministry’s attention to at-risk inmates with the provision of take-home naloxone kits at the time of their release from provincial correctional institutions. Several pharmacies across the province already provide important support services for inmates, and OPA would like to explore additional consultative opportunities on general opioid management with both the Ministry of Community Safety and Correctional Services and the Ministry of Health and Long-Term Care.

The Ontario Pharmacists Association is also pleased to see a greater emphasis on facilitating access to buprenorphine (Suboxone®). As dispensers of both buprenorphine and its alternative, methadone, pharmacists are integral in any plan to expand access to this important therapy. Therefore, it should not be surprising that OPA was quite disappointed in the Association’s exclusion from the Methadone Treatment and Services Advisory Committee. As dispensers of buprenorphine and methadone, pharmacist have the greatest number of patient touchpoints relative to other providers; that connectivity needs to be appropriately leveraged. In addition, as nurse practitioners prepare to transition into their new role with prescriptive authority, which would include buprenorphine, it is critical that they work collaboratively with pharmacists and
have access to a robust source of drug information (such as OPA’s DIRC) should clinical questions arise.

**Conclusion**
The Ontario Pharmacists Association appreciates the opportunity to provide comments and recommendations to the Ministry of Health and Long-Term Care on its Opioid Strategy. Ontario’s pharmacists, as the gatekeepers of the province’s prescription drug supply, play an integral role in the implementation of this strategy, and for 50 years, OPA has served as their professional voice. Moving forward, OPA pledges its commitment to its members, the patients they support, the Ministry and all relevant stakeholders to assist in the successful implementation of this strategy.

Should you have any questions, please do not hesitate to contact me at your earliest convenience.

Yours truly,

Dennis A. Darby, P.Eng., CD.D.
Chief Executive Officer

**cc:** Dr. David Williams, Chief Medical Officer of Health, Ministry of Health and Long-Term Care
Suzanne McGurn, Executive Officer and ADM, Ministry of Health and Long-Term Care
Sean Simpson, Chair of the Board of Directors, Ontario Pharmacists Association
Allan Malek, SVP, Professional Affairs, Ontario Pharmacists Association
Anne Resnick, Interim Acting Registrar, Ontario College of Pharmacists