

Tablet

SPRING 2024 | ADVOCATING FOR BRITISH COLU



More support for remote B.C. pharmacies

Rural health care needs our help. The Association makes eight recommendations to support remote communities. PAGE 12

Publication Number 40810576 | Published by the BC Pharmacy Association



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ON THE COVER

Prince Rupert pharmacist Aaron Sha recently met his political representative to advocate for remote and rural pharmacies.



Mike Huitema

Rural pharmacy may be your calling

I grew up in a small town in Alberta, a place with a population of no more than a few hundred people. It didn't even have a pharmacy, the closest one was a 30 minute drive away in a bigger community.

It was a mainly a community of farmers and everyone knew each other. Growing up there was memorable, we would spend all day outdoors, everyone would look forward to the annual rodeo, and everyone in the community felt like family.

I missed that feeling, and when I had my own kids, I realized that I wanted to give them the same opportunity I had growing up. I took the chance, and in 2020, took over the associate owner position at the Salmon Arm Shoppers Drug Mart location.

Salmon Arm is a bit bigger than Peers, Alberta, but it was also alike in many ways. The people looked out for each other and no one is a stranger. It was quaint, homey, and for me, the timing was right.

Living and working as a pharmacist in Salmon Arm has been rewarding. You get to know the doctors better, and it can often be easier to obtain the mutual respect of your health-care colleagues in rural settings. After all, our kids are often on the same soccer teams and we see each outside of work around town. Likewise, it's easier to follow up with patients in a community that's tight-knit. Even if your patient never comes back to the pharmacy after their visit, you'll learn about the outcomes of your work one way or another.

To your neighbours in a rural community, you're more than just their pharmacist. You're a trusted friend.

This year, supporting these rural pharmacies has become a focus of the Association. A significant portion of B.C.'s population lives outside the Lower Mainland, and we have heard from our members that additional financial supports for rural pharmacies and incentives for students to come to rural areas are needed in the profession. Later in this edition, you'll read about some of what the Association is proposing as potential solutions.

Later this month, the Association will also be hosting the first in-person conference since the pandemic. There will be a live awards gala, too.

What really stuck out to me was how many pharmacists were nominated this year. Our pharmacists are clearly doing things that are way above what would normally be expected from a pharmacy visit. As a small sneak peek, I can tell you we have selected seven winners, pharmacists who have demonstrated excellence in the areas of mentorship, innovation, patient care, collaboration and more.

See you at the conference in Vancouver on May 31, where we will congratulate our colleagues together. **T**

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The Tablet is published by the BCPhA. Views expressed herein do not necessarily reflect those of the Association. Contributed material is not guaranteed space and may be edited for brevity, clarity and content.

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Publication agreement #40810576



Geraldine Vance

Good news, bad news and a decade of change

So, what has changed?

As we mark four years since the pandemic was declared and 12 years since I started with the Association, I find myself thinking about the changes that have occurred. As the saying goes, I have some good news and some bad news.

It's generally thought best to get the bad news out of the way first. Twelve years ago, we saw the beginning of the worst relationship the profession had faced with government, likely ever. There's no need to go into the details of the government's decision to cancel the agreement with the Association and the then Canadian Association of Chain Drug Stores (now NPAC), but it sparked some very tough times for community pharmacy and government. For the next eight years the interactions were largely frosty and, aside from the work on the Reference Drug Program and Opioid Agonist Treatment training, there was no movement on fees or scope issues. I should note that the working relationship with the team in PharmaCare has always been strong and productive.

Those years were tough for all of us at the Association and for pharmacists and pharmacy owners. B.C. seemed to be slipping behind other provinces in prescribing, stagnation of fees, and the impact the federal generic pricing agreement had on pharmacy. This took a toll. I can assure you the Association made significant efforts over and over again to break the logjam.

But 2020 and the pandemic created the opportunity for pharmacists to show what a critical role they could play in responding to a crisis. The COVID-19 crisis enabled the Association to build new and productive relationships with government. It showed what a difference pharmacists can make to reduce health-care burdens. In the past four years the Long-Term Care and Assisted Living pharmacy program was reviewed, and a significant fee increase was negotiated. The COVID vaccination program brought many people to pharmacy for care, created revenue for pharmacies, and showed the access power the sector has. And last June, assessing and prescribing for minor ailments and contraception was launched.

What's key about the last four years is that we have built a network of support across many groups within government and have earned the respect of the Minister of Health and other ministers and MLAs. This is critical to moving forward.

I am aware there is unfinished business on dispensing and other fees. This continues to be a priority in our efforts. An increase is long overdue, and the Association understands why we must continue to push hard.

I also know that issues with third-party payors have been brewing for many years and came to a head with ECS's introduction of a transaction fee associated with adjudication. I also know that for many pharmacy owners, the increase in PPN's is very concerning. The BCPhA Board, the Association leadership team, and I understand how important these two issues are to members.

We are putting time and resources to explore the options. There isn't an overnight solution, but I can assure you that we hear your concerns and are responding. ■

The Tablet asks our contributors:

What in your opinion is the most needed support for rural pharmacies?



Catherine McCann

is the owner of Medicine Shoppe #169 in Comox.

"Pharmacists need to get reimbursed in

order to stay in business. There are days when I am barely breaking even because of all the cutbacks to private drug insurance reimbursement, in addition to B.C.'s dispensing fees not being increased for a decade. I'm just an independent business."



Janette Bowering

is the pharmacy manager of Save-on-Foods Pharmacy #2214 in Grand Forks.

"The demand for our

services keeps going up, but our numbers keep dwindling. How do you fight a battle when you have no soldiers left to fight with you and the only ones left feel 'spent'; and barely have the energy to keep up? I think that if the government believes that health care needs to be prioritized, they need to see that every branch of it plays a vital role to function at its best as a whole."



Atsushi Sato is the

pharmacy manager at London Drugs #61 in Gibsons.

"A comprehensive multidimensional

support structure is crucial for attracting and retaining pharmacists in rural areas. This encompasses competitive wages, financial assistance for establishing suitable living condition, and initiatives to alleviate isolation. Maintaining communication with local people outside of work is vital for their wellbeing."



BC Pharmacy Association makes five recommendations on medication incident reporting

The BC Pharmacy Association recently provided a submission to the College of Pharmacists of British Columbia on the implementation of mandatory medication incident reporting.

The College stated in a message to members in *The Tablet* in February that it aims to make significant progress to implement Mandatory Anonymous Medication Incident Reporting (MIR) in 2024. Previously, the College's board approved the idea in 2019.

The Association is making five recommendations to address concerns of maintaining anonymity, to ensure pharmacies have time to implement the new mandatory reporting, and that individual pharmacies should maintain some flexibility on how each pharmacy complies with the program.

MIR is expected require the anonymous logging and tracking of medication dispensing errors by pharmacy registrants, likely with the information sent to an independent third-party organization, followed by analysis performed on the data to identify trends and patterns.

To read the full submission and list of recommendations, please visit bcpharmacy.ca/advocacy/submissions

The BCPhA's submission and its recommendations was filed to the College on Jan. 12, 2024. The Association made the following recommendations:

1. The College should enact bylaws to ensure that information collected into the Medication Incident Management system used by a pharmacy cannot lawfully be accessed and used by the College in any College proceeding arising from or related to the incident.
2. We recommend providing registrants with a timeframe of at least 18 months from the time that the standards are approved by the College Board. This will allow registrants to budget for, purchase and implement software/procedures, and socialize and train staff on the new standards.
3. We recommend that the College provide as much flexibility as possible when it comes to pharmacies selecting their platform for MIR to National Incident Data Repository for Community Pharmacies. Pharmacies should be permitted to use any of the existing commercial MIR platforms, as well as be permitted to develop their own reporting platforms as long as they meet the provincial requirements.
4. Pharmacies should have flexibility to choose how they conduct their Medication Safety Self-Assessments (MSSA). We recommend that the College set the minimum standards for what domains an MSSA must review, but let pharmacies determine how best to complete the assessment, whether that is through a commercial product (e.g. ISMP or Pharmapod) or an in-house developed process.
5. The College should also avoid being too prescriptive regarding the frequency of Continuous Quality Improvement (CQI) meetings and routine review of medication incidents. Most jurisdictions guidelines suggest annual or bi-annual CQI meetings and minimum quarterly review meetings. We also recommend the College develop guidance or toolkits to support pharmacies in meeting College expectations when conducting a CQI meeting and/or medication incident reviews, to ensure there is no gap between the College's expectations and registrants' understanding of their obligations. **T**

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Shayla Huber is a pharmacist and owner of Harmony Scripts Pharmacy in Courtenay. Her pharmacy is a specialized location that isn't open to the general public as a retail store, but rather focuses on providing substance use disorder treatment in collaboration with physicians, nurses and outreach workers.

Shayla Huber: a second chance for people with substance use disorder

Tell us about your background as a pharmacist.

I graduated from the University of Alberta in 2007 and spent a few years as a relief pharmacist before my first staff position. I must have worked in 50 to 60 different pharmacies throughout my career. One of my first staff positions was at a pharmacy in Campbell River, at a location dedicated to the methadone maintenance program. I found the work rewarding, and that was my introduction to working with substance use disorders.

Due to family I had to move a couple times since 2010, but by 2018 I found a position at wonderful pharmacy in Courtenay. I was pretty content there until the COVID-19 shutdowns of 2020.

Out of nowhere we started seeing prescriptions for safer supply, or prescribed pharmaceutical alternatives. At that time, safer-alternatives were still very new, and I felt that a regular community pharmacy wasn't the ideal place to serve safer supply patients. I felt I needed to be working in a dedicated pharmacy that specialized in substance use disorders, so I worked collaboratively with other health providers to create such a space. Somebody had to do it, and it felt that no one else was going to make it happen.

So I did.

What is different about Harmony Scripts Pharmacy?

I have no front store, I don't even have a cash register — instead I use third party billing. My pharmacy is on the lower floor of the Comox Valley Addictions Clinic, which is operated by Dr. Eva Hemmerich. Eva is the medical director of the Regulated Access to Drugs (RAD) program operated by AIDS Vancouver Island (AVI) Health & Community Services Society, and around here she's known as the "Queen of OAT". She is who everyone goes to for advice and she is a leader here.

My goal was to help get my patients stable to a point where they can get treatment when they are ready. I opened my pharmacy at the tail end of the pandemic, so instead of waiting for people to come into my tiny space, I decided to deliver 90 per cent of the work that came in. Even now, two years later, I only have two or three walk-in people.

Today, we mostly do daily dispensing, but we also do weekly blister packs, inhalers, and such. A typical day starts at 6:30 a.m. Between 6:30 and 8:30 one of my peer workers, Callum Roth or Natasha Clark, will shuttle patients to the pharmacy from the shelter up the street, a few at a time. Meanwhile, I'll be preparing deliveries for some of my patients who live in low-income residences. In addition to all of that, I handle all of the medications for AVI's RAD program, where some of their patients are on Fentora, a fentanyl buccal tablet witnessed daily; and/or fentanyl patches which are changed Monday, Wednesday and Fridays. AVI is Comox Valley's place to go for harm reduction services, I developed a relationship with them within just a couple months after opening. Together, we have created protocols for how to safely and responsibly manage the fentanyl program in our area.

Where does your passion for the field of addictions treatment come from?

I found my purpose in this profession.

We are all addicted to something, just because one hasn't lost their family, their job or their home, doesn't mean they are addiction-free. Everyone is one day, one tragedy or one error in judgement away from being an addict.

Half of the people I serve suffered from injuries and can never work again. These patients are engineers, business owners, mothers, fathers, regular folks who

legitimately were prescribed opioids. Unfortunately, they faced a combination of factors and became addicted. They need our help.

Some people outside of health care might make accusations that safe supply is a waste of money. But if we are completely honest, many of our patients are here because we health professionals in the past were led to believe that opioids were not addictive. If someone has never been chemically addicted to a substance that changes the brain, they cannot know the torment that an opioid addict goes through. At Harmony Scripts, we have a dedicated network: we are in constant contact with the RAD and outreach nurses, Dr. Hemmerich and several outreach doctors, and peer workers. Our job in this opioid crisis is to keep our patients alive and to encourage them to get treatment.

Safer-alternatives, in my opinion, are never to be a never-ending supply for people. This is the best we have, and it is helping give many people stability and relief from pain.

What does success look like in this field?

Last quarter, in Comox Valley we went down in our deaths from drug poisoning, and in much of B.C. that wasn't the case. It's a good feeling. The staff at the supportive housing residence have told me that their residents have stopped fighting as often,



L-R: Registered nurse Sandra Hervieux, pharmacist June Feucht, Shayla Huber and Dr. Eva Hemmerich pose for a photo outside Harmony Scripts. The four work together in the field of addictions treatment in the Comox Valley area.

or behaving negatively, ever since I started delivering there daily. Some of the patients I have been seeing, they're fully recovered now. They went into rehabilitation and I don't see them anymore, though I do get the occasional call updating me on their life. I cannot describe that feeling but I tear up thinking about it.

I like to tell new patients, if you can get to the point where you are on a once-a-month injection of Sublocade, eventually you'll never have to see my mug again. That's very satisfying to see happen. A loss of business like that is my idea of success. **T**

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Empower patients to prepare for wildfire smoke

Some people are more affected by wildfire smoke. People who should take extra care: people with chronic health conditions, people with lung infections, people who are pregnant, people over 65 years old, and young children.

BY PRABJIT BARN, PHD; AMY LUBIK, PHD; AND EMILY NEWHOUSE, MD, CM, MPH, FRCPC

FRASER HEALTH AUTHORITY

Wildfires are becoming more common and severe in B.C. and around the world. Fires near and far can blanket communities with smoke for a few hours to several weeks, exposing an increasing number of people each year. Wildfire smoke is a complex mixture of pollutants, including fine particles ($PM_{2.5}$) that are particularly damaging to health because they can travel deep into the respiratory tract and enter the blood stream, causing local and systemic inflammation and oxidative stress. The public can benefit from more information about effective actions to reduce exposure. Pharmacists and pharmacy technicians are a trusted source of medical information, and are well placed to empower patients to take action.

The health impacts of wildfire smoke

Studies consistently link wildfire smoke exposure to increased respiratory-related emergency department visits and hospitalizations in adults and children. Evidence from B.C. suggests a non-linear dose-response relationship between asthma-related physician visits and mean 24-hour outdoor $PM_{2.5}$ concentrations, with more visits occurring when concentrations are lower ($10\text{-}30\ \mu\text{g}/\text{m}^3$) versus higher ($\geq 100\ \mu\text{g}/\text{m}^3$). This is because i) more people are more frequently exposed to lower $PM_{2.5}$ concentrations and ii) $PM_{2.5}$ is a non-threshold pollutant, meaning effects are seen even at low concentrations. Research also links wildfire smoke exposure to increased risks of cardiovascular effects, and pregnancy and birth outcomes, such as gestational diabetes, low birth weight, and preterm birth. Emerging evidence suggests increased risk of diabetes-related complications, mental health impacts, and development of some cancers. People most vulnerable to health impacts from wildfire smoke include those with respiratory conditions, such as asthma and chronic obstructive pulmonary disease (COPD); cardiovascular and other chronic conditions, such as diabetes; babies and children; pregnant people; and older adults. Unhoused populations and outdoor workers may face higher smoke exposure.



What can you do?

1. Help patients understand health risks and manage symptoms:
 - › Proactively educate patients that are at higher risk of health impacts from wildfire smoke.
 - › Recommend keeping rescue/reliever inhaler medication on hand before the smoke season, and emphasize the importance of adherence to controller inhalers, when applicable.
 - › Encourage patients to pay attention to how they feel during smoky periods and seek medical care as needed.
2. Inform patients about the Air Quality Health Index (AQHI), which provides online air quality ratings for communities. Checking the AQHI often during smoky periods can inform decisions about outdoor activities.
3. Talk to patients about being in clean and cool spaces:
 - › Let them know how they can create clean and cool air at home. They can use a combination of measures, including induct filters rated MERV 13 or higher in building ventilation systems, portable HEPA air cleaners, Do-It-Yourself air cleaners, and air conditioning. You can share BC Centre for Disease Control's series of factsheets that cover these topics and information from your local health authority, such as Fraser Health's wildfire smoke webpage.
 - › Have patients identify air-conditioned spaces in their community where they can spend time if their home is too smoky or hot. These spaces can include libraries, community centres, and faith-based centres.
 - › Let them know about BC Hydro's free air portable air conditioning program and that air cleaners and air conditioners may be claimed as medical expenses for tax purposes.
4. Inform patients about mental health resources:
 - › Bounce Back BC, a free skill-building program to help manage mild to moderate anxiety, stress and depression
 - › bc.211.ca, a free phone/texting service to help people learn about services and help near them.
 - › Suicide crisis help line, 1-800-SUICIDE
 - › KUU-US First Nation and Indigenous crisis line, 1-800-588-8717

Wildfire smoke will continue to impact our communities, but collectively we can help empower people, especially those most vulnerable, to better protect themselves each year. **FI**

Opportunities and Challenges Associated with the Launch of Nirmatrelvir/Ritonavir (Paxlovid) in British Columbia during the COVID-19 Pandemic

A Qualitative Study to Explore Community Pharmacists' Perspectives.

PURPOSE

To gain a deeper understanding of pharmacists' experiences, challenges, and attitudes associated with the nirmatrelvir/ritonavir (Paxlovid™) rollout during the COVID-19 pandemic.

METHODS

- **Participant recruitment:** Multiple methods for participant recruitment were undertaken to obtain a broad representation of pharmacists across BC.
- **Data collection:** Conducted an interview over the phone or Zoom video conferencing.
- **Data analysis:** Key themes were identified from interviews.

RESULTS

Baseline Characteristics

- Majority of participants were 30–39 years old (54%)
- Wide range of practice experience, ≤10 years (63%)
- Equal representation of men (51%) and women (49%)
- Predominantly staff pharmacists (49%)
- Majority from Vancouver Coastal (37%) and Fraser Health (35%)
- Most from chain pharmacies (49%)

Key Themes

- **Learning:** Pharmacists learned about the launch through the media or workplace. They engaged in independent learning during non-work hours, and primarily through online resources.
- **Experiences, support, and difficulties:** Findings revealed challenges and inefficiencies with nirmatrelvir/ritonavir (Paxlovid™) rollout, particularly around prescriber use of the Ministry prescription form, incomplete filling of the forms by prescribers, and difficulty reaching prescribers, resulting in delays in filling prescription. Additionally, the preprinted order form, BC Covid Assessment form, and Therapeutics E-team were found to be helpful.
- **Expanded scope of practice:** Participants were in favour of expanding scope of practice but had concerns on additional workload. Participants want to have a stronger voice in the decision making that goes into changes to the pharmacy profession.

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Acknowledgements

We sincerely thank all the participants for their invaluable contributions and the Ministry of Health for their funding support.

RECOMMENDATIONS

1. **Education/Training:** Provide online, concise, short education & allow work-related time for learning.
2. **Support:** Provide clinical/content expert hotlines and peer support, especially at the beginning.
3. **Efficiency:** Provide pharmacists independent prescribing authority.
4. **Guidelines:** Create easy to follow guidelines. Consider developing checklists or pre-printed order forms.
5. **Reimbursement:** Simplify billing and reimbursement processes.
6. **Communication:** Give early notice prior to launch so pharmacists can educate themselves & develop procedures.

Aaron Sha, associate owner of Shoppers Drug Mart #2256 in Prince Rupert, poses for a photo at Totem Park in the seaside community.



Eight recommendations to support rural practice

BY MICHAEL MUI
COMMUNICATIONS MANAGER, BCPHA

After more than 30 years, pharmacist Larry Johannessen is thinking about hanging up his white coat. At 69 years old, the former semi-truck driver, road paver, logger and pastor has had a full life. His children are grown, and one of them has even chosen to follow in his footsteps, obtaining a Doctor of Pharmacy degree in 2020.

Johannessen grew up in Port Alberni, a central-Vancouver Island city that's home to just under 20,000 residents. Over the course of his career, he owned and operated three of the 10 pharmacies in the community. Initially, he had the intention of passing the operation of his pharmacies to his pharmacist son, but of late, those plans are changing.

"The cost of living here in British Columbia is just too much. My son is the sole breadwinner in his family and he's looking south to the United States because there's better earning potential and the cost of housing is cheaper," Johannessen said. "He was operating one of my pharmacies, but he left last July and I had to close the store. If I can't find a replacement manager for another of my stores this year, it too will have to close."

Johannessen's story is similar to the stories of many British Columbian pharmacists who work in remote communities. Many say they have difficulties attracting and retaining staff, are working long hours at their own expense, and must constantly advertise a premium to attract the few pharmacists that are interested in working in remote communities. And quite often, even when a pharmacist can be convinced to work outside of the big city, many don't stay long.

[A lack of pharmacists in rural areas](#)

Janette Bowering, pharmacy manager at Save-on-Foods in Grand Forks, has seen her pharmacy downsize from three pharmacists to just one, all in the space of a few years. With only one pharmacist at her location, her company has had to reduce the number of hours her pharmacy is open for. The only way she receives any time off is when a relief pharmacist is flown in from out of town.

"Many pharmacists would rather work in an area closer to the city or where their family and friends are. It's hard to attract people to come out to Grand Forks, and even when there is

someone interested, our housing supply is limited and costs are not that much cheaper than they are in the city,” Bowering said.

In October 2023, the BC Pharmacy Association struck a Rural Pharmacy Working Group to identify critical challenges pharmacists in rural communities are facing, with the aim of identifying recommendations that could mitigate concerns.

The Association heard that challenges include, but are not limited to, workforce shortages, difficulty in recruiting and retaining pharmacists and staff, lack of locum and relief support, lack of digital infrastructure, shortage of housing, and no formal support system for new graduates or out-of-province pharmacists considering rural practice.

The reality is, according to data from the Canadian Institute of Health information, fewer pharmacists are choosing to work in rural areas compared to urban ones. Additionally, new grads are often turning to hospital instead of community pharmacy, or opting to serve in industry or education roles instead.

This lack of adequate staffing in rural communities has placed additional burden on those who continue to serve in these communities, and existing supports, such as B.C.’s Rural Incentive Program — which provides financial supports for a very small number of pharmacies that meet its criteria — are not going far enough.

In spring 2024, these findings along with eight recommendations were presented to the B.C. Ministry of Health. The recommendations include:

1. Establishing clear criteria for defining a rural community pharmacy in B.C.
2. Including rural pharmacists in provincial health-care planning
3. Developing incentive programs to attract pharmacists to long-term rural pharmacy positions
4. Incentivize new grads to practice in rural pharmacy through a student loan forgiveness program and a rural bursary undergraduate program
5. Developing a rural locum funding program
6. Modernize the existing Rural Incentive Program to support all rural areas
7. Developing funding to support rural pharmacists’ professional development
8. Allowing increased use of virtual telepharmacy services in rural areas

“
...taking on the program is going to result in substantial debt. Why would you consider such a program when you can go into a trade or work at the mill?”

– Ilianna Doornbos,
pharmacy student

”

Rural pharmacies face similar challenges across B.C.

Aaron Sha, associate owner at Shoppers Drug Mart #2256 in Prince Rupert, moved from the Lower Mainland to the northern B.C. community nearly two years ago when the opportunity for an associate owner position came up.

Since then, however, he has been unable to attract new pharmacists despite offering wages significantly higher than what would be considered the norm in larger cities.

The only reason he’s able to staff his pharmacy at all is because his wife is also a pharmacist, and the couple have split their schedules to ensure there’s someone at the pharmacy seven days a week.

“We almost never see each other. When she is at home, I am at work. Once a month, I’ll book a relief pharmacist to come in so we can have a weekend together,” Sha said.

“But even that has a significant cost. I have to pay for their flight, their accommodation, and offer much more than what a regular pharmacist would earn per hour.”

Johannessen, Bowering and Sha all recently met with their provincial Members of the Legislative Assembly, politicians who represent their communities, to discuss how government may better support pharmacies in rural areas.

All three agreed that the challenges associated with operating a pharmacy in rural B.C. have grown since the pandemic, for the same reasons as those identified by the Association.

“Lack of pharmacists has definitely impacted service levels. During flu season, we had to ask patients to wait for minor ailments assessments, sometimes in excess of 30 minutes, and many patients left without being seen,” Sha said.

Students’ perspectives on rural B.C.

Despite the difficulties many pharmacies have in attracting new graduates interested in working in B.C.’s remote and rural areas, some students are bucking the trend.

Ilianna Doornbos, a third year PharmD student at UBC, moved from Prince George to Vancouver for school. One of the barriers she sees to encouraging rural residents to take up professions such as pharmacy is the current lack of student loan forgiveness programs for pharmacists.

The current federal Canada Student Loan forgiveness program only provides eligibility for nurses and medical doctors serving in under-served rural or remote communities. That may change soon — with pharmacists being slated for

Students of the University of B.C.'s Faculty of Pharmaceutical Sciences participated in a rural pharmacy panel in March to hear from pharmacists practicing in rural areas.



inclusion in the Canada Student Loan program as part of the 2024 federal budget. B.C. also has a student loan forgiveness program, but that program also excludes pharmacists. Doornbos is hoping similar changes will be made to the provincial forgiveness program.

“For students in rural and remote areas, when they think of doing a program like pharmacy, medicine or dentistry, often many of us are told how that program is expensive or competitive because it’s based in Vancouver, and that taking on the program is going to result in substantial debt. Why would you consider such a program when you can go into a trade or work at the mill?” Doornbos said.

“Our tuition is almost as expensive as med school. I had to rely on student loans and was thankfully eligible for a line of credit to pay for the rest of the program. Even so, I had to ask my mom to be a cosigner.”

Doornbos believes incentivizing students who were raised in remote areas of B.C. to become pharmacists will help with the shortage of pharmacists in rural and remote areas. As someone from northern B.C., she has always intended to return to her home region upon graduation.

“Being from rural B.C., I can confidently say that when health-care professionals move to communities like Prince George or Smithers that once they move, they settle down and they start to fall in love with the area,” she said.

“We have a shortage of pharmacists across B.C., regardless of whether you’re in an urban or rural area, but the rural, remote and isolated areas in B.C. are hurting even more than in Vancouver.”

For students, at least, the appeal of rural practice appears to

be growing. In February, students at the University of B.C.’s Faculty of Pharmaceutical Sciences approached the BCPhA to host a rural pharmacy panel, inviting pharmacists who practice in rural communities to share their experiences.

Karyssa Boyle, a second year pharmacy student and a BCPhA student ambassador, said they chose the topic because students have limited exposure to rural pharmacy within the existing PharmD program, and the aim was to help provide some insights to those students who may be interested in pursuing a career in rural B.C. in their future.

“Rural communities in B.C. have reduced access to health care and face a variety of health inequities. With our expanding scope of practice and current skill set, pharmacists are well equipped to make a difference in underserved communities as frontline health care providers,” Boyle said.

“We believe our profession can bridge the health-care gap in our province and encourage students to practice where their clinical skills can have a profound impact.”

Working in rural communities has its rewards

Catherine McCann, owner of Medicine Shoppe #169 in Comox, was one of a few pharmacists invited to speak to UBC students at the rural pharmacy panel. She recalled her first experience as a pharmacist in a small town, it was her first job after graduation.

For her, she believes one challenge new graduates must overcome when working in a rural community is building confidence.

“My first experience out of university, I was thrown in a small, small town practice. The owner handed me the keys and



Left: Larry Johannessen, owner of Medicine Shoppe #253, speaks with MLA Josie Osborne, Minister of Energy and Mines for B.C., about the importance of rural pharmacies to communities like Port Alberni.

Below: Janette Bowering, pharmacy manager at Save-on-Foods Pharmacy #2214, speaks with MLA Roly Russell about the types of supports pharmacies like hers could benefit from.



went on vacation. Talk about being thrown on the deep end, right?" McCann said.

"You might experience some failures but this is how you learn. What I hoped the students would take away is that rural communities have a ton of rewards. I live in a beautiful community. I have really good relationships with all of my patients. You get to build a community here and you get to do some pretty good work here as a clinician.

"Despite all of the challenges there are some beautiful things you can do in a rural community."

Atsushi Sato, pharmacy manager at London Drugs in Gibsons, was another pharmacist who was invited to speak at the students' rural panel. After graduating from pharmacy school in Japan, he became certified to practice as a pharmacist in Canada. Since then, he's spent the last 16 years practicing in Gibsons.

There have been many changes in recent years in the staffing situation and workload of pharmacists, he said, including how competitors started paying high wages to attract pharmacists to keep their pharmacy operations running.

"Wages are definitely one of the biggest factors but there are not many pharmacists who choose to settle here for the long term," Sato said.

As a newly licenced international graduate with no ties to B.C.'s urban areas, the decision to practice outside of the city was an easy one.

"I work a lot of overtime but also have control to maintain a good work-life balance," Sato said, adding that he likes the family-friendly lifestyle that a semi-rural area affords, a factor

that is echoed almost universally by his colleagues who also work outside of the city.

None of the pharmacists and pharmacies featured in this article currently qualify for rural subsidies from the provincial government, as all the pharmacies do not meet the criteria of being the only pharmacy in their communities, with the next closest pharmacy at least 25 kilometres away or requiring a ferry ride to reach, along with having a relatively low script count.

"I think the most important piece is that definition of what is rural," said McCann. "If they looked at where I practiced right now, they'd say I'm not rural because there are a good number of pharmacies in the Comox Valley area. But that doesn't change the challenges I face like getting a locum, getting supplies, all of that kind of stuff because I'm far away from a major centre."

For Johannessen, the pharmacist in Port Alberni, he's hoping that one day the situation would improve again to a point when he will be able to hire enough staff to consider retirement. He'd like to retire soon, but then his patients would have nowhere to go.

"My first and foremost concern is my patients. We need people who are willing to be pharmacy managers. Not just pharmacy managers, but also pharmacists, pharmacy technicians and pharmacy assistants. If we could get them to come, that would be super," he said.

"It was only 10 or 15 years ago when we actually had staff." **T**

Building Cultural Safety and Providing CARE for First Nations Clients in Pharmacy Practice

BY PATRICIA CHANG, PHARMD STUDENT &
TIANA TILLI, BSCH, PHARMD, RPH, ACPR

Stereotyping and racism towards First Nations Peoples are long-standing and systemic across British Columbia's health care system. The *In Plain Sight* report from 2020 found that only 27 per cent of Indigenous individuals felt their needs were taken seriously when accessing health care in B.C. Pharmacy is not immune to these issues, as highlighted in the spotlight feature at the end of this article. First Nations Peoples in B.C. continue to share heartbreaking examples of culturally unsafe care and barriers to accessing medications when seeking pharmacy services. Despite Plan W covering eligible over-the-counter (OTC) medications, with a pharmacist recommendation or prescription, a survey from November 2023 showed that 74 per cent of Indigenous clients were made to pay out-of-pocket by community pharmacies.

While on the surface this may appear to be a medication coverage issue, it's often deeply rooted in discrimination and related to how the issue is addressed by the pharmacy team. Unsafe interactions create and uphold barriers of mistrust between First Nations Peoples and the health care system. Pharmacists inherently hold a position of power as the health care expert compared to clients seeking care. We must consider the privilege this imparts and learn how to build and maintain trust with First Nations Peoples. Trust is the foundation of authentic pharmacist-client relationships and is instrumental in reconciliation.

While cultural safety has not historically been included in pharmacy curricula, resources are now available to help pharmacists on their learning journeys. The University of British Columbia's Faculty of Pharmaceutical Sciences have developed two courses, with the First Nations Health Authority (FNHA) and with guidance and teachings from a First Nations advisory group and a pharmacy advisory group, on *Building Cultural Safety and Humility for First Nations Clients into Pharmacy Practice*. The FNHA has also developed a *B.C. Cultural Safety and Humility Standard* documentary. The College of Pharmacists of British Columbia has released an *Indigenous Cultural Safety, Humility and Anti-Racism Standard of Practice* to emphasize that cultural safety and humility are vital for the provision of fair and equitable health services where individuals feel safe and respected. Core concepts and principles include: (1) self-reflective practice, (2) building knowledge through education, (3) anti-racist practices, (4) creating safe health care experiences, (5) person-led care, and (6) strengths-based and trauma-informed practice.

Each pharmacist must take responsibility for educating themselves on anti-racist approaches and providing the level of care that First Nations clients deserve. While learning, unlearning, and re-learning take time, in this article are some small steps derived from the two courses mentioned above that you can implement in your practice.

Cultivating Relationships

A foundation of trust between a client and their pharmacist can promote open dialogue around client preferences, authentic collaboration, and promote clients as decision-makers in their health and wellness journeys. To help with cultivating relationships built on trust, pharmacists can adopt the “CARE” framework (being Considerate, Aware, Respectful, and Empowering) when engaging with clients.

Considerate: We can communicate and provide better care when we understand clients. Here are some tips to consider:

- › Listen and learn from them and take time to do your own learning about local communities. Acknowledge the land you're on (native-land.ca).
- › Read local First Nations' websites to learn about their history and traditions.
- › Participate where appropriate by attending public cultural events and workshops or by supporting local Indigenous artists and businesses.
- › Create a welcoming pharmacy environment by displaying biographies of pharmacy team members.

Aware: Being informed about personal and intergenerational trauma inflicted on First Nations Peoples can help to prevent triggering a trauma-response and in having compassion if this occurs (e.g., a client's reaction seems intense). Here are some tips to consider:

- › Consider trauma and violence experienced without the client having to disclose their personal history. For example, consider the forced and coerced sterilization of Indigenous individuals in Canada before engaging about birth control.
- › Always offer private counselling areas to clients to prevent others from overhearing conversations and to emphasize clients' safety and control.

Respectful: Treat the whole person rather than strictly a prevailing ailment. Approach with dignity and reciprocity. Here are some tips to consider:

- › Place value on Indigenous ways of knowing as well as Traditional Wellness if that's the client's choice.
- › Be mindful that each client is unique and each community is diverse.
- › If you make a mistake, acknowledge it, offer a genuine and specific apology, and take actions to prevent it in the future.
- › Avoid stigmatizing phrases including “powwow”, “spirit animal”, and “savage”.
- › Do not profile clients, including stereotyping individuals as “drug-seeking” or “drinkers”. When clinically relevant, first ask “do you take recreational drugs” then follow-up with “how often?” only if the first response is affirmative.



Artwork by Evelyn Alec

Empowering: Provide clients with the information needed to make informed decisions and be their own wellness champion. Explain health conditions and benefits of taking medications in a way where clients know what is happening, feel equipped on the steps to take, and know their options. Ensure consistent communication on upcoming pharmacy closures, holidays, and staff shortages.

Providing Case-Specific CARE

In addition to employing the CARE framework to cultivate relationships, pharmacists should proactively help reduce barriers to clients accessing medications. Otherwise, clients may leave without the medication and information they need for their wellness and may be less likely to attempt to access health care in the future. Providing good CARE means knowing how to navigate coverage issues and helping people access eligible covered products and services.



Artwork by Evelyn Alec

Pharmacist OTC Recommendations:

Eligible OTC medications have 100 per cent of eligible costs covered by Plan W without a prescription following a pharmacist's recommendation and documentation of a First Nations client's need using the Plan W OTC Recommendation Form. If a client shares with you that their coverage includes OTC items, listen without judgement and accept this information. Approach with curiosity and take the time to investigate coverage options rather than responding with doubt. An article entitled *Ensuring First Nations Plan W Clients Receive Coverage For OTC Medications* from the February 2024 issue of *The Tablet* describes additional ways to improve access. This includes stocking specific brands of OTC products and placing signs next to common items eligible for coverage through Plan W. Another way to improve access is to proactively set up your pharmacy dispensing system to bill Plan W OTCs and ensure all pharmacy team members are familiar with the processes.

Special Authority:

Sometimes a medication may not be a regular benefit through Plan W, but coverage can be accessed via Special Authority for that specific medication or a similar alternative. For example, while liraglutide is listed as a non-benefit on the PharmaCare Formulary, semaglutide is eligible for coverage through Special Authority for blood glucose lowering effects. Pharmacists can increase access by proactively determining therapeutic alternatives and presenting them for clients to choose from if desired. This includes explaining the reasoning behind recommending the alternatives and how they align with the client's goals and prescriber's initial prescription. When a pharmacy client would like to pursue coverage through Special Authority, pharmacists can be proactive by prefilling the Special Authority request form or eForm and providing it to the client and/or prescriber. Pharmacists may also submit Special Authority requests for clients in certain situations, such as when prescribing for minor ailments or contraception and adapting a prescription.

Remember, any dollar amount owing when processing a prescription or OTC medication for a client with Plan W coverage should prompt further action to assess coverage options if the client would prefer a fully covered product.

Learning, Unlearning and Relearning

The journey towards creating a culturally safe and accessible health care system for First Nations Peoples begins with each of us. The two courses within *Building Cultural Safety and Humility for First Nations Clients into Pharmacy Practice* contain a combination of Canadian history, pharmacy-specific practical examples, and activities for pharmacists at varying places in their learning journeys. Each course takes approximately two hours, can be completed in multiple sittings, and is available at no cost.

We hope these courses, and the experts from the courses covered within this article, help to strengthen your relationships with the First Nations clients who are entrusting you with their health care. **■**

Building Cultural Safety and Humility for First Nations Clients into Pharmacy Practice — Education for Pharmacy Team Members Now Available:



Scan me!

A First Nations advisory group member, from the St'at'imc Nation, shared a bit on their experience accessing pharmacy services and how they hope pharmacists can improve access to medications and culturally safe care:

“

It can be challenging in areas where there are extended wait times to get a doctor's appointment. When the community member brings in a prescription that needs Special Authority for coverage, commonly the pharmacist says their prescription is not covered/denied and they will need to go back to the doctor to get the Special Authority request submitted. Most often this results in immediate frustration due to the wait to get a doctor's appointment and since booking appointments has become challenging.

It would help if the pharmacist is able to adapt the prescription to one that is covered without Special Authority (if available) or connect with the doctor to support the Special Authority request. Also, it's important for the pharmacist to respectfully inform the client of the cost of the prescription and ask if they have cost concerns and not assume they would not or could not pay.

Another concern is resolving an issue that results when a pharmacist makes a mistake. The pharmacist needs to take accountability and provide a proper apology. A lot of harm can be addressed and resolved with a simple but sincere apology with acknowledgement of accountability and measures that would be taken to prevent this type of mistake to ensure client safety.

Some collaboration with community health support teams would help for community member awareness on the over-the-counter medications covered under Plan W. It doesn't need to be a review of the huge list but more of a support on how the community members go through the process to get those medications. It's appreciated when pharmacy teams speak with clarity and transparency, taking into consideration the audience like Elders or those who have challenges asking for support.

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Meet the student leaders of Phi Lambda Sigma!



Rimsha Faisal

📷 @rimsha_faisal99

Rimsha, a selfless, caring, and determined leader, demonstrates outstanding leadership in pharmacy clubs and research. Eager to enhance her skills, she actively pursues learning opportunities like LEAP and PLS Leader Academy courses. As PLS's VP of Events, Rimsha led numerous initiatives, including the inaugural PLS Pharmacy Student Leadership Conference, advocating for student confidence, well-being, and resilience. In her role as CAPSI's Mental Health Clinic Lead, she organized a paint night, providing students a relaxing opportunity to destress and connect. Passionate about pharmacy research, Rimsha focuses on vancomycin therapeutic drug monitoring in pediatrics. Her dedication to advancing pharmacy and advocating for mental health is evident. Rimsha's future goals include furthering her leadership journey in pharmacy and championing mental health initiatives, embodying a strong, smart, and kind leader dedicated to pushing the pharmacy profession forward.



Harman Waring

📷 @theharmanw

Harman exemplifies her leadership skills through her many involvements on campus and in the community. She is passionate about advocating for her peers and destigmatizing mental health. As co-chair of the Mental Health Task Force, she strives to work with students and faculty to create resources and implement initiatives that support the well-being of students, such as de-stressing events and pet therapy. She also advocates for the pharmacy profession through her initiatives. Primarily, as chair of the CAPSI Advocacy Committee, she coordinates various student-led outreach initiatives that promote health and wellbeing within the community, educate the public about the roles of a pharmacist, and encourage her peers to develop their leadership and clinical skills. As the co-student representative of CSHP Advocacy, she serves as the student voice as the committee continues to advocate for expanding the pharmacist role. Her other involvements and research focus primarily on geriatric care, women's health, and the readability of patient education materials. She hopes to utilize these opportunities to continue to grow as a leader and as a future health professional.



Iliana Doornbos

📷 @iliannabaraya

In order for her to be a strong leader in the future, Ilianna has sought out various opportunities here in the program to help develop her leadership skills. She is currently PLS Epsilon Nu's AVP Events Coordinator and Kappa Psi Delta Mu's Co-Regent. Ilianna is passionate about advocating for the profession of pharmacy, especially in northern B.C., and she is a mentor to high school and undergraduate students in the UBC Diversifying Health and Human Service Professions Education (D'HoPE) Program in Vancouver. After participating in the summer program as a student pharmacist panelist, Iliana hopes to have this program in Prince George this summer to encourage individuals from rural/underrepresented communities in northern B.C. to pursue a career in pharmacy. With the leadership experience she is gaining, she strives to be a clinical pharmacist back in her hometown and hopes to be a faculty member in a future UBC PharmD Cohort in northern B.C.

Nominations for the Student Leadership Spotlight will re-open early September 2024. The link will be shared on the UBC Pharmacy Facebook Hub as well as via email if you are a PLS member. For more information regarding PLS, please contact ubc.philambdasigma@gmail.com




Sanjit Bains

 @sanjit_bains

Sanjit is an empathetic student leader who is passionate about driving innovative, positive impact in each opportunity she takes. In her BCPhA Student Ambassadors role, she has planned Speed Networking Nights, Women in Leadership, and Industry Residency events to improve student awareness of various pharmacy career paths. As Kappa Psi's VP of Philanthropy, she has led Elementary School Outreach to teach medication safety and student fundraisers to support non-profit organizations. As a member of the Mental Health Task Force and as the Pharmacy Undergraduate Society's Graduating Class Representative, Sanjit organizes creative new initiatives to give back to her peers as well. Passionate about patient advocacy and interprofessional collaboration, Sanjit has contributed to researching medical cannabis resources for Fraser Health's chronic pain clinic, epigenetic impacts of chronic stress on Parkinson's Disease, improvement of caregivers' experiences with MAiD, and faculty-led pharmacist facilitator training. Through all her efforts, Sanjit aspires to help others and use her collaborative, growth mindset to be a solution-oriented future health care professional.



Sarah Kim

 @sarahn.k

As a resilient, caring, determined leader, Sarah inspires everyone around her. As Phi Lambda Sigma's President, she organized the inaugural leadership conference for students that builds resilience, confidence, and well-being. As a co-chair of the Mental Health Task Force, she upheld student wellbeing by initiating destressing activities in collaboration with local stores and organizations. As the Kappa Psi's fundraising coordinator, she raised funds to aid earthquake relief efforts for Türkiye and Syria. As VP Academic of the Pharmacy Undergraduate Society, she voices student concerns at Student Pipeline meetings with faculty. Her contribution to research improves the quality of care for patients; her research areas include T2DM, cancer, therapeutic interchange protocols, student wellbeing, and antibiotic stewardship. Sarah's compassion, adaptability, and time management benefit her peers, as she consistently leads and dedicates herself to improving the pharmacy community.



Isabella Durante

 @kappapsi_deltamu

Isabella is proud to be starting her second year as the co-regent of the Delta Mu Chapter of Kappa Psi by planning the Northwest Province Winter Assembly, an annual, international conference for Kappa Psi members. She is also working as the Student Lead at the Pharmacists Clinic, doing her best to coordinate all the student outreach events on campus. Her true passion is for learning, and with every new role and challenge that she takes on, she learns something different. Isabella hopes that her current leadership endeavours will lead to a future of innovative work in primary and tertiary outpatient care. 

Featured leaders are solely selected by UBC PLS and the BCPhA Student Ambassadors following self or peer nomination. BCPhA is not involved in selecting candidates featured in our Leadership Spotlights but has generously agreed to sponsor this initiative to recognize and reward student leaders for their outstanding contributions to the pharmacy community.

MLAs visit pharmacies

During Pharmacy Appreciation Month, the Association invited Members of the Legislative Assembly (MLA) of British Columbia to visit community pharmacies within their electoral districts to meet their local pharmacy teams.

As part of these tours, the BCPhA regularly brings up issues to the attention of MLAs. This year, the Association has focused our requests on improving financial supports to rural pharmacies, and for pharmacists to be able to prescribe for chronic conditions.

In rural pharmacies, the Association is seeking to increase the eligibility of subsidies for rural pharmacies, incentivize pharmacy graduates to practice rural pharmacy by developing a student loan forgiveness program and a rural bursary undergraduate program, in addition to requesting public funding for a pharmacy rural locum program to support pharmacists in their efforts to attract locums and subsidize locums for temporary absences.

Additionally, the Association is asking government to enable pharmacists to assess and prescribe for chronic conditions, such as diabetes, high cholesterol, COPD, high blood pressure and other conditions. Enabling the assessment and prescribing of their conditions would further reduce the burden on other health providers, while continuing to maintain a high standard of care. **T**

1. West Kootenays: MLA Katrine Conroy (right), Minister of Finance, visits Columbia River Pharmacy in Castlegar.
2. Chilliwack-Kent: MLA Kelli Paddon (second from right), Parliamentary Secretary for Gender Equity, visits Save-on-Foods Pharmacy #952 in Chilliwack.
3. Richmond-Queensborough: MLA Aman Singh (left), Parliamentary Secretary for Environment, receives a measles vaccine at London Drugs #52 in Richmond.
4. Mid Island-Pacific Rim: MLA Josie Osborne (left), Minister of Energy and Mines, visits Medicine Shoppe #253 in Port Alberni.
5. Surrey-Whalley: MLA Bruce Ralston (left), Minister of Forests, visits Shoppers Drug Mart #2141 in Surrey.
6. Boundary-Similkameen: MLA Roly Russell (left), Parliamentary Secretary for Rural Development, visits Pharmasave #106 in Grand Forks.
7. Abbotsford-Mission: MLA Pam Alexis (right), Minister of Agriculture and Food, visits Heritage Park Pharmacy in Mission.
8. Langley East: MLA Megan Dykeman (third from right), Parliamentary Secretary for Community Development and Non-Profits, visits Save-on-Foods Pharmacy #984 in Langley.
9. Richmond South Centre: MLA Henry Yao (fourth from right) visits MJ's Pharmacy in Richmond.
10. Vernon-Monashee: MLA Harwinder Sandhu (right), Parliamentary Secretary for Seniors' Services, visits Nolan's Pharmacy in Vernon.
11. Surrey-Newton: MLA Harry Bains (centre right), Minister of Labour, visits Naz's Pharmacy #2 in Surrey.







Jodi Cunningham, owner of Medicine Shoppe #395, partnered with Interior Health to offer her pharmacy as a drug-checking site for the region.

Vernon business serves as Interior Health's first pharmacy drug checking site

BY MICHAEL MUI
COMMUNICATIONS MANAGER, BCPHA

“DRUG ALERT.” The message is in bold red. Samples of down were found in the Cranbrook area that contain benzodiazepine and high concentrations of fentanyl, potentially putting individuals who have access to this product at risk of fatal overdose.

The message continues.

“...reports of people requiring overdose response after using this substance. This is a much higher than average fentanyl concentration and very likely to produce overdose symptoms.”

Underneath the warning is a photo of a sample of the drug on a metal surface. Aside from a slight hue of pink, the drug could easily be mistaken as a pebble.

For the last decade, B.C.'s opioid crisis has been among the top priorities for health care in the province. And while thousands of community pharmacists across B.C. already participate in the delivery of opioid agonist treatment services, a few have found opportunities to go beyond, including Jodi Cunningham, who partnered with Interior Health in late 2023 to operate a publicly funded drug checking service in her Vernon, B.C., pharmacy.

Cunningham, owner of Medicine Shoppe #395, said that this service allows individuals who use substances to visit her pharmacy at any time during store hours to have their drug examined. Typically, the drug can be assessed in minutes to determine the main components, followed by a discussion of known risks or the potential for increased overdose risk based on the substances identified.

“With every sample that we receive, we would communicate to the patient what it is and what’s in it. Our machine matches it to a library of known spectra for known components, and we would tell the patient what it detected,” she said.

If the drug checking technician determines there is potential for substantial risk, they contact the drug checking lead to determine if an alert needs to be issued. There is the opportunity to send complex samples away for a higher level of confirmatory testing if results are inconclusive.

B.C.-wide, there have already several alerts issued in the first two months of 2024. A brief glance at the alerts show the various warnings: drugs sold as ketamine containing no ketamine, but benzodiazepines instead; drugs sold as methamphetamine containing no methamphetamine, but ketamine instead; undiluted fentanyl being sold as “down”, a term for heroin; a liquid sold as gamma hydroxybutyrate containing aniline instead; the list goes on.

Despite these alerts, during the previous year, there were 42,172 overdose/poisoning calls reported by the BC Emergency Health Services across the province. These incidents ended in 2,511 deaths. Drug alerts are posted at towardtheheart.com/alerts.

“We’re losing patients regularly and it’s heartbreaking,” Cunningham said. “The reasons behind substance use are complex and vary by individual. As pharmacists, how can we help make drug use as safe as possible and reduce harms while still helping connect people to health services and potentially give them a chance to improve their overall health?”

Cunningham’s pharmacy has been providing the service in June 2023. So far, the pharmacy has checked 217 samples as of the end of January this year.

Cunningham’s store makes up just one of seven sites — and the only pharmacy — throughout the Interior Health region that provide drug checks. Other drug checking locations can be found at drugchecking.ca. The others are located throughout the region, in Cranbrook, Grand Forks, Nelson, Kamloops, Penticton and Kelowna, and are generally run by community outreach societies. In addition to walking-in to the pharmacy with a drug sample, individuals can also drop off their samples at several collection sites around Vernon. Individuals don’t even have to provide their names, just a sample of the product, and in return, they’ll receive an identification number for the sample

so they can follow up with the results, Cunningham said.

Cunningham said she has, for the last five years, had a close relationship with Interior Health’s Vernon mental health and substance use support office, particularly as the pharmacy became involved with opioid agonist treatment delivery services for residents in supportive housing and shelters. In 2023, Cunningham was asked to participate as a drug checking site, and readily said yes.

“It was a no brainer,” she said. “I personally believe that those of us who can do more should do more. Throughout B.C., we’re seeing the effects of the toxic drug crisis. In Vernon, we see a huge problem in the vulnerable and marginalized population here being able to access care. We need to provide more services.”

For individuals coming into the pharmacy, a drug checking technician is available five days a week. The visitor will be taken into a consultation area, where the technician will discuss with them the type of drug they believe they have, the expected effects, before the sample is placed in a Fourier-transform infrared spectrometer for testing.

“Around that time, we have a good opportunity to connect with that person and discuss other harm reduction measures, education around substance use, education around resources, available treatment services and support services. It’s an opportunity to try to connect them to further supports in the community if they are needed,” Cunningham said.

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Jessica Bridgeman, manager of the harm reduction program with Interior Health, said a pharmacy was an ideal location for a drug checking site. It's open and welcome to anyone in the public, and the idea was that this openness could possibly reduce the fear of stigma for individuals users who wish to have their substances checked.

Drug checking in B.C. had its start as a service provided at various music festivals around the province, she said. Starting in 2018, Interior Health began partnering with groups in the community to provide permanent drug checking locations with the aim of helping drug users make more informed decisions about substance use.

"Pharmacies are a good place for it. It's a neutral space. You can go to a pharmacy that's not where your usual pharmacist is and be anonymous. They have long opening hours, have storefronts and are just really accessible," said Antoine Marcheterre, drug checking lead with Interior Health.

"And the truth of it is, most of the population will visit a pharmacy at some point, for their prescriptions or for other purchases. It's a convenient place."

Marcheterre and Bridgeman said community pharmacies in the Interior Health region that would be interested to get more involved with drug checking efforts can express their interest in distributing fentanyl test strips as one more tool in their harm-reduction kit. In B.C., 877 community pharmacies already distribute naloxone kits.



Above: a Fourier-transform infrared spectroscopy machine used to check substances at Medicine Shoppe #395. Inset: Pharmacy owner Jodi Cunningham and drug checking technician Danielle Scott pose for a photo inside the pharmacy.

"If a pharmacy was ever interested in becoming a fully fledged drug-checking site, with a technician and instrument and all that, it would be good if they were already involved in some form of harm reduction activity," Marcheterre said. "Fentanyl test strips would be a good first step in that direction."

Those pharmacies that are interested in distributing fentanyl test strips can apply by completing a form on the Interior Health website. The process of handing out the kits is similar to distributing COVID-19 test kits. Pharmacists who distribute the kits are asked to, if possible, instruct the patient how to use the kit, or provide them information on how the patient can access the instructions themselves.

For the fentanyl test strip order form, a brief course on how to use the strips and other resources, please visit: interiorhealth.ca/information-for/community-partners/harm-reduction#resources-for-drug-checking-sites

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BC Pharmacy Association 2024

in-person conference at the
Hyatt Regency Vancouver

May 31, 2024

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CONCURRENT SESSIONS

2:30-3:30pm **Medications for Weight Loss**

SPEAKER: Dr. Chen Shen, PharmD, BSc. Pharm,
BSc. Biochem, BA. Psych

2:30-3:30pm **Respiratory Syncytial Virus (RSV)**

Vaccination: A new pathway to protect
infants and older adults

SPEAKER: Dr. Colleen Dy, OBGYN

3:35-4:35pm **Pharmacy Cyber Security**

SPEAKER: George Bozain, Managing Partner
and Head of Strategic Agency Management
(Canada) Coalition, Inc.

3:35-4:35pm **mRNA Vaccines: Decoding the Future of
Immunizations**

SPEAKERS: Anna Blakney and Linda Gutenberg

KEYNOTE SPEAKERS



Dr. Kaitlyn
Watson, B.
Pharmacy
(Hons), PhD
Founder, CEO,
Disaster Pharmacy
Solutions

Dispensing Preparedness: How has the
pandemic shifted the way patients see
community pharmacists?



Allison Bodnar,
B.A., LL.B
CEO, Pharmacy
Association of
Nova Scotia

Pharmacy Clinics: Nova Scotia is
experimenting with the idea of primary
care clinics in pharmacies where patients
can seek free appointments for services
such as minor ailments.



Mitch Moneo
Assistant
Deputy Minister,
Pharmaceutical,
Laboratory and
Blood Services
Division

Ministry Update: Each year, the head of
the Ministry of Health's Pharmaceutical
Laboratory and Blood Services provides an
update to pharmacists on its latest work.



Lucas Wilson
Provincial Lead for
Partnerships and
Networks,
Trans Care BC

Gender-Affirming Patient Care: An
introductory training for those new to
learning about gender diversity.



All pharmacies should carry naloxone kits. You could help save a life.

BY KYLEE POWER, BSC(PHARM)
BOARD MEMBER, BCPHA

It was over in a few minutes. When I woke that day I never thought I would find myself crouched on a sidewalk in downtown Vancouver, providing breaths through a one-way face mask into the mouth of an unconscious stranger whose face was blue.

Visiting Vancouver from my hometown of Nanaimo for an event, my husband, sister, brother-in-law and I were in an unfamiliar area looking for a place to grab lunch. As we were walking, we saw a man standing with a group of others collapse. At first, in the commotion, I didn't know what was going on. I didn't know how I could help. When I heard someone shout for "Narcan", I immediately knew what that meant. Someone was experiencing a possible overdose. They were in danger. As a pharmacist, I knew how to help.

In British Columbia, hundreds of community pharmacies participate in the Take Home Naloxone program, including the seven pharmacies owned and operated by my group, The Central Drugs Stores Ltd. As a member of this program, I was familiar with naloxone, commonly called Narcan® — one of its brand names. I knew what it was for, how to use it, and I felt prepared for what came next.

It was Jan. 28, 2024. It was supposed to be a fun trip to Vancouver. I never would have thought that, on this

particular day, our decision to be part of the Take Home Naloxone program — and to receive the training that came with it — would help save a life.

I immediately dialed 911. I said "ambulance" to the voice on the other end and handed the phone to my husband to provide our location. My attention was on the person in front of me. I told those gathered around that I am a pharmacist and asked if we could help.

While some of his group scattered, those who remained with him had managed to administer a first dose of naloxone but due to physical limitations, they were unable to reposition him, check his airway, or provide breaths. Upon turning him over, we found him completely blue, unresponsive to stimulus, and not breathing. But he had a pulse. There was hope.

With the training I had completed through the Toward the Heart program, and with the guidance of the emergency services operator, we used the supplies in a naloxone kit to respond. Inside, in addition to the naloxone, the kit contains a one-way valve mask. With that device I began providing respirations while another prepared the second and ultimately third of naloxone for me to administer. Everything we needed to safely respond came from a

naloxone kit that a bystander had on them, the same kind that we give out at the pharmacy.

I cannot begin to describe the relief I felt when suddenly, he took a deep gasp, and colour began returning to his face. Paramedics soon arrived on the scene and assumed command. They confirmed he had a pulse, provided oxygen, and told us they would take over from there.

This incident left a lasting impression on me. It became real to me that every naloxone kit that leaves our store has the potential to save someone's life. There's a chance that the same kit that was used on this person came from a community pharmacy like mine. I am thankful that I recognized it as any one of the kits I have at my own store and felt confident using the supplies inside.

There are approximately 1,500 community pharmacies in B.C., but fewer than 900 of them currently participate in the Take Home Naloxone program. That means there are potentially 600 pharmacies in B.C. where someone might visit, hoping that they could pick up a naloxone kit, but are turned away because the pharmacy doesn't stock them. While community pharmacies make up the majority of the over 1300 registered Take Home Naloxone distribution sites, we can still do better.

For my business partners and myself, the decision to register our stores in the program was simple. We didn't want anyone seeking a kit to be turned away empty handed. We wanted to help.

There is no fee for distributing naloxone kits, and I know that this can be a barrier for some pharmacy owners, but I urge you to please consider the impact your participation could make on someone's life. **T**

To register to be a Take Home Naloxone site, visit towardtheheart.com/naloxone.

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Modernizing the Association's Bylaws

In 2023, the BCPhA Leadership team retained external legal counsel to undertake a complete review of the Association's bylaws. This project was planned prior to the pandemic but was deferred until 2023. Changes to the *BC Societies Act* and governance requirements over recent years meant it was time to modernize the Association's bylaws to comply with legislative amendments and current best practices in association governance.

At its January 2024 meeting, the Board of Directors approved the new bylaws and passed a motion to recommend that the modernized bylaws be brought forward to the membership for review, prior to being presented for approval at this year's Annual General Meeting, planned for May 31, 2024.

In February and in May, all members were invited to webinars to learn more about the bylaw modernization process and to ask questions.

For those who missed it, a recording is available at bcpharmacy.ca/town-halls

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CGM, Continuous Glucose Monitoring.
1 Dexcom G7 CGM System User Guide, 2023. 2 Puhr S, et al. *J Diabetes Sci Technol*. 2020;14(1):83-86.

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