Pharmacy scope of practice and access to Opioid Agonist Therapies (OAT) in Canada after COVID-19

Sarah Lussier-Hoskyn, MA Economics BPHA, affiliated researcher CHPI
Brett Skinner, PhD, CEO CHPI, Editor CHP Journal

ABSTRACT: Under the regulations contained in the federal Controlled Drugs and Substances Act (CDSA), prescribing, selling, distributing and other related activities involving drugs like opioids are only allowed for designated health professions. On March 19, 2020, Health Canada issued an exemption, temporarily expanding pharmacists' scope of practice to include activities usually prohibited by the CDSA. The exemption was implemented partly to facilitate continuity of access to opioid agonist therapies (OAT) for people suffering from opioid use disorder (OUD) during the COVID-19 pandemic. This article discusses the implications of making the exemption permanent. We review the latest research and data on the health and economic costs associated with OUD, to clarify the magnitude of the problem and significance of expanding the scope of practice for pharmacists. We discuss the scope of practice issues for pharmacists related to improving patient access to OAT and offer policy recommendations.

SUBMITTED: October 7, 2021 | REVISED: November 11, 2021 | PUBLISHED: January 31, 2022

CONTRIBUTIONS: Lussier-Hoskyn conducted the scan of pharmacy scope of practice and co-authored the observations and policy recommendations. Skinner conducted supplementary research and co-authored the observations and policy recommendations.

DISCLOSURE: Research and Open Access for this paper was made possible by funding from Indivior Canada Ltd.

CITATION: Lussier-Hoskyn, Sarah; Skinner, Brett (2022). Pharmacy scope of practice and access to Opioid Agonist Therapies (OAT) in Canada after COVID-19. *Canadian Health Policy*, January 2022. ISSN 2562-9492 https://doi.org/10.54194/DIGR6414 www.canadianhealthpolicy.com.

POLICY ISSUE

This paper briefly reviews the scope of practice for pharmacists in Canada before and during the COVID-19 coronavirus pandemic and discusses related issues regarding patient access to pharmaceutical treatments for opioid use disorder (OUD).

OPIOID USE DISORDER (OUD)

Opioid use disorder involves nonmedical use of and addiction to illicit drugs like heroin and prescription drugs like oxycodone, hydrocodone, hydromorphone, fentanyl, carfentanil, codeine, morphine, tramadol, etc. OUD was previously classified as opioid abuse, opioid dependence or opioid addiction.[1] The American Psychiatric Association currently describes OUD as:

> *"a problematic pattern of opioid use leading to problems or distress, with at least two of the following occurring within a 12-month period:*
>
> - *Taking larger amounts or taking drugs over a longer period than intended.*
> - *Persistent desire or unsuccessful efforts to cut down or control opioid use.*
> - *Spending a great deal of time obtaining or using the opioid or recovering from its effects.*
> - *Craving, or a strong desire or urge to use opioids*

- *Problems fulfilling obligations at work, school or home.*
- *Continued opioid use despite having recurring social or interpersonal problems.*
- *Giving up or reducing activities because of opioid use.*
- *Using opioids in physically hazardous situations.*
- *Continued opioid use despite ongoing physical or psychological problem likely to have been caused or worsened by opioids.*
- *Tolerance (i.e., need for increased amounts or diminished effect with continued use of the same amount)*
- *Experiencing withdrawal (opioid withdrawal syndrome) or taking opioids (or a closely related substance) to relieve or avoid withdrawal symptoms."* [2]

In chronic users, abruptly stopping the use of opioids leads to severe symptoms, including generalized pain, chills, cramps, diarrhea, dilated pupils, restlessness, anxiety, nausea, vomiting, insomnia, and very intense cravings, creating significant motivation to continue using opioids to prevent withdrawal.[3]

HEALTH AND ECONOMIC BURDEN

OUD is associated with significant rates of mortality, hospitalization, and utilization of emergency medical services. OUD is also associated with mental illness, family dysfunction, crime, economic productivity loss, and social intervention costs.[4]

The health and social problems associated with OUD were worsened by an increase in opioid use correlated with the COVID-19 global pandemic, and by the public health policy response to the crisis.[5] Stay-at-home orders, physical distancing and general fear of the virus made it more difficult to access a regular prescriber, usually a physician, and disrupted the continuity of treatment for OUD patients.

Mortality

According to the Public Health Agency of Canada (PHAC), the outbreak of the COVID-19 pandemic in January 2020 was associated with an increase in opioid toxicity deaths (**CHART 1, TABLE 1**). In 2020, across Canada 6,265 opioid toxicity deaths occurred, up from 3,658 in 2019 representing a 71% increase year over year. By contrast, opioid toxicity deaths numbered 4,391 in 2018, representing a decline of -17% over the 12 months from 2018 to 2019.[6]

Hospitalizations

The impact of COVID-19 on opioid related hospitalizations is also apparent in the data reported by PHAC. In 2020, 5,215 opioid-related hospitalizations occurred across Canada (excluding Quebec), representing a 16% year over year increase from 4,514 hospitalizations in 2019. Again, this reverses the previous year over year decline of -11% from the 5,052 hospitalizations that occurred in 2018.[7]

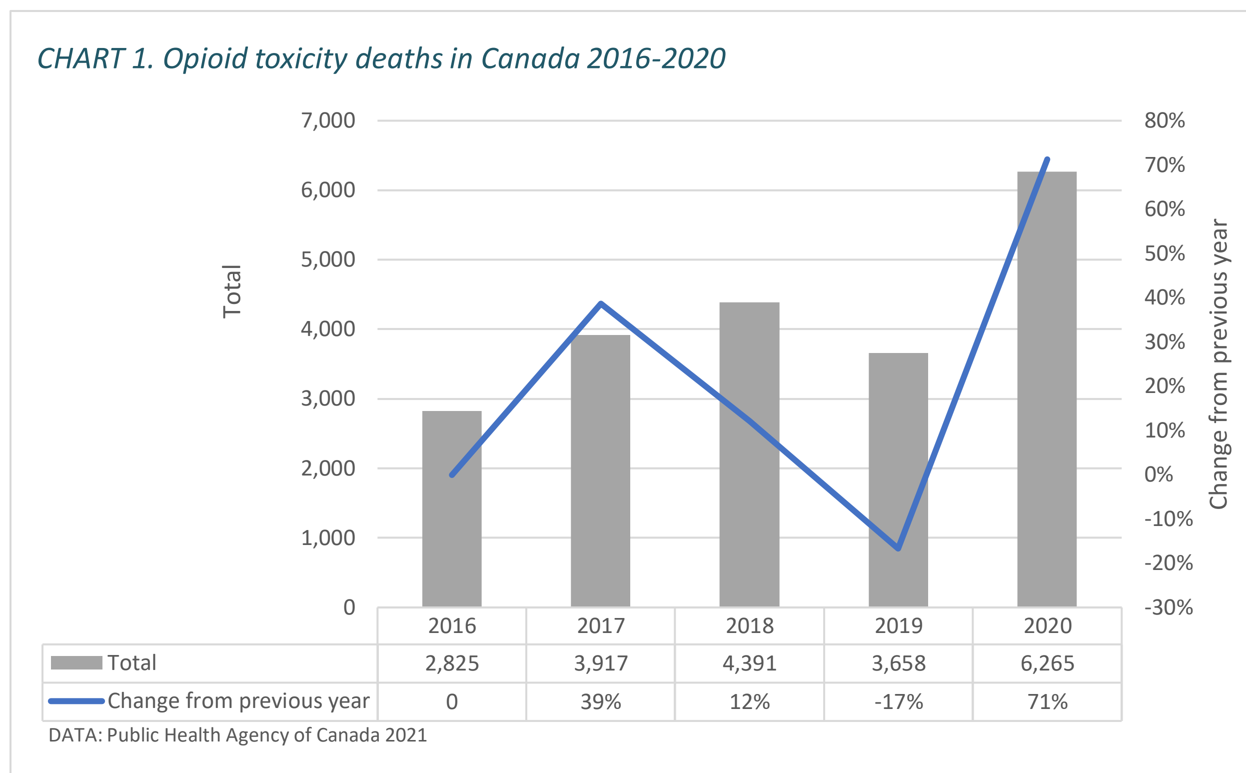
Emergency Medical Services

PHAC also reported 28,812 Emergency Medical Services (EMS) responses to suspected opioid-related overdoses based on available data from nine provinces and territories in 2020. Once again, the impact of COVID-19 can be seen. The year over year change was 36% from 2019 (21,138 responses) to 2020, compared to 3% from 2018 (20,488 responses) to 2019.[8]

Economic Cost

At a societal level the health-related economic costs associated with OUD are substantial. The most recent estimate of the economic cost of opioid use disorder was published by the Canadian Centre for Substance-Abuse and attributed CAN$3.5 billion in societal costs to OUD in 2014, counting related health care costs, lost productivity, and costs related to criminal justice.[9]

CHART 1. Opioid toxicity deaths in Canada 2016-2020



	2016	2017	2018	2019	2020
Total	2,825	3,917	4,391	3,658	6,265
Change from previous year	0	39%	12%	-17%	71%

DATA: Public Health Agency of Canada 2021

Other research from the United States suggests that this could be an underestimate of the costs associated with OUD. A recently published American study found that the overall estimated cost of opioid use disorder in the United States was US$1.02 trillion in 2017, with 85% of this burden from reduced quality of life from OUD and life lost to opioid overdose, while lost productivity was estimated at $100 billion, healthcare costs at $34.8 billion, and criminal justice costs at $14.8 billion. The estimate was based on data showing that there were 47,600 opioid overdose deaths and 2.13 million people with OUD in the United States in 2017.[10]

AVAILABLE TREATMENTS

Opioid Agonist Therapies (OAT)

OUD is treatable with orally administered opioid agonist therapies (OAT) like methadone, buprenorphine/naloxone, or buprenorphine, which work to prevent withdrawal and reduce cravings for opioid drugs for 24 to 36 hours without euphoric effects.[11] Buprenorphine is also available as an extended release injectable administered to the patient by a health professional once a month. The injection must be given to the patient subcutaneously because after injection it forms a solid mass that could be fatal if injected intravenously.[12]

Research has shown that these medications reduce overdose mortality for those with an opioid use disorder.[13, 14] There is also evidence that long-term treatment with opioid agonists for OUD improved health outcomes, versus a tapering approach, a detoxification model, and other short-term courses of therapy.[15] Injectable forms of OAT have a well-developed evidence base over many years supporting their use for people who have not responded to oral OAT options.[16]

TABLE 1. Opioid toxicity deaths by province, 2016 to 2020

	2016	2017	2018	2019	2020	2016-2020
Alberta						
Change In Total from previous year		24%	8%	-22%	85%	553%
Crude rate per 100,000 population	14	18	19	14	26	
Total	602	744	805	624	1,154	3,929
British Columbia						
Change In Total from previous year		60%	22%	-35%	72%	698%
Crude rate per 100,000 population	17	26	31	20	34	
Total	805	1,288	1,568	1,015	1,746	6,422
Manitoba						
Change In Total from previous year		20%	-12%	-33%	-65%	322%
Crude rate per 100,000 population	7	8	7	5	2	
Total	88	106	93	62	22	371
New Brunswick						
Change In Total from previous year		12%	-21%	17%	26%	432%
Crude rate per 100,000 population	5	5	4	5	6	
Total	34	38	30	35	44	181
Newfoundland and Labrador						
Change In Total from previous year		83%	-64%	50%	33%	483%
Crude rate per 100,000 population	3	6	2	4	5	
Total	18	33	12	18	24	105
Nova Scotia						
Change In Total from previous year		21%	-16%	6%	-12%	425%
Crude rate per 100,000 population	6	7	6	6	5	
Total	53	64	54	57	50	278
Ontario						
Change In Total from previous year		46%	17%	3%	60%	771%
Crude rate per 100,000 population	6	9	10	10	16	
Total	867	1,265	1,479	1,517	2,421	7,549
Prince Edward Island						
Change In Total from previous year		0%	60%	-38%	60%	520%
Crude rate per 100,000 population	3	3	5	3	5	
Total	5	5	8	5	8	31
Quebec						
Change In Total from previous year		9%	-26%	-3%	169%	481%
Crude rate per 100,000 population	3	3	3	2	6	
Total	258	281	209	203	547	1,498
Saskatchewan						
Change In Total from previous year		2%	48%	-7%	105%	684%
Crude rate per 100,000 population	7	7	11	10	20	
Total	83	85	126	117	240	651
Canada						
Change In Total from previous year		39%	12%	-17%	71%	645%
Crude rate per 100,000 population	8	11	12	10	17	
Total	2,825	3,917	4,391	3,658	6,265	21,056

SOURCE: Public Health Agency of Canada 2021

Opioid Antagonists

Naloxone is an opioid antagonist that rapidly reverses opioid overdose by blocking the effects of other opioids. Naloxone can quickly restore normal breathing to a person if their breathing has slowed or stopped because of an opioid overdose. Naloxone is not a treatment for opioid use disorder. However, the drug is vital for the prevention of overdose fatality.[17]

PHARMACY SCOPE OF PRACTICE

Controlled Drugs and Substances Act (CDSA)

Access to OAT is affected by federal regulations under the Controlled Drugs and Substances Act (CDSA). In Canada, the provincial governments have exclusive legislative jurisdiction for regulating the scope of practice for health professionals. The federal government does not directly regulate the scope of practice for health professions, but indirectly affects scope of practice by regulating activities involving narcotics like opioids, including opioid agonists through its administration of the CDSA.

The CDSA prohibits any activity involving controlled drugs and substances that is not specifically authorized in the regulations. For example, under the CDSA regulations, only designated professions or "practitioners" can prescribe controlled drugs and substances. Authorized practitioners include physicians, dentists and veterinarians. Nurse practitioners, midwives, and podiatrists are also authorized to prescribe controlled substances subject to the laws and regulations of the provinces or territories.

Regulations under the CDSA state that a pharmacist is authorized to sell or provide a controlled substance to a person if they have received a prescription or a written order from a practitioner. While the regulations do not permit pharmacists to prescribe, they do allow pharmacists to adjust the dosage and form in which the drug is prescribed; de-prescribe, reduce or stop a medication; and partially fill prescriptions by dispensing a quantity of a medication which is less than the total amount of the drug specified by a practitioner.[18, 19]

The CDSA allows the Minister of Health to exempt any person or class of persons or any controlled substance from the application of all or any provisions of the Act or the regulations if the exemption is deemed necessary for a medical or scientific purpose or is otherwise in the public interest.

COVID-19 Pandemic

Following the World Health Organization's declaration of a global pandemic in March 2020, the federal, provincial, and territorial governments recognized that regulatory restrictions on the scope of practice for pharmacists regarding prescribing and administering opioid agonists, were a potential barrier to accessing treatment for OUD patients. On March 19, 2020, Health Canada responded by issuing an exemption to the federal regulations to temporarily authorize an expanded scope of practice allowing pharmacists to:[20]

- Accept a verbal or faxed order from a prescriber for a controlled substance. The CDSA normally requires a written prescription order from a designated practitioner.
- Transfer a prescription for a narcotic or controlled drug to another pharmacist in the same province. The CDSA normally requires a new prescription when a patient switches pharmacies.
- Renew or extend a prescription for a controlled substance. The CDSA normally requires a new prescription from the original prescriber.
- Adapt prescription for controlled drug including dose, formulation, regimen. Normally pharmacists are not included among the designated health professionals authorized to adapt.

- Use pharmacy employees to deliver controlled substances to patients (at their homes or an alternate location). The CDSA normally prohibits non-pharmacists from delivering controlled drugs or substances on behalf of the pharmacy.

The CDSA exemption was initially set to expire October 2020 but was extended to September 2021, and then extended again to expire on September 30, 2026, or until such time as it is replaced by another exemption or revoked. The federal exemption is subject to provincial or territorial legislation and regulation regarding the scope of practice for pharmacists.

To maintain consistency with Health Canada's temporary amendments to the CDSA, and to preserve continuity of care, most provinces and territories amended their regulations to expand the scope of practice for pharmacists regarding controlled drugs and substances, including OAT. In some provinces and territories, the exemption is in effect until the federal exemption is revoked or expires in September 2026. Ontario's exemption expires on April 7, 2022, nearly 4.5 years before the CDSA is set to expire.[21]

Current Scope of Practice by Province

We conducted an independent environmental scan of the scope of practice for pharmacists in Canada current to August 2021 (**APPENDIX 1-3**). The results were generally consistent with information published by CPhA up to that date. While this paper was in review, the Canadian Pharmacists Association published updated summaries of the current (or pending regulatory changes) scope of practice for pharmacists by province and territory as of November 2021 (**APPENDIX 4-6**).[22] We subsequently updated our data and merged the two scans (**TABLE 2**).

Overall Scope

There are notable differences between provinces and territories. Overall, Alberta stands out as the province with the least restrictive scope of practice for pharmacists. The most restrictive jurisdictions include the three territories (Northwest, Yukon, and Nunavut) and the provinces of British Columbia and Ontario.

Initiate Prescription

Alberta is the only province where pharmacists are authorized to routinely and independently initiate or adapt a prescription for any Schedule 1 drug. Saskatchewan, Manitoba, New Brunswick, and Nova Scotia allow pharmacists similar authority to prescribe but only in a collaborative practice setting. Nine of the 10 provinces give pharmacists the routine authority to initiate a prescription for smoking cessation products, and for products to treat minor ailments. British Columbia is the exception. All 10 provinces currently (or pending legislation) authorize pharmacists to initiate a prescription in an emergency, except for controlled drugs. Prescriptive authority is severely restricted in all three territories.

Adapt Prescription

Alberta and Nova Scotia are the only provinces to allow pharmacists to independently adapt prescriptions for Schedule 1 drugs. Five of the 10 provinces with the exceptions of British Columbia, Ontario, Quebec, Prince Edward Island, and Newfoundland and Labrador permit pharmacists to adapt Schedule 1 prescriptions only in a collaborative practice setting. Eight of the 10 provinces allow pharmacists to make therapeutic substitutions, with the exceptions of Manitoba and Ontario. All 10 provinces allow Schedule 1 adaptation authority in an emergency; and permit adaptation of the formulation, dose and regimen; and permit renewal or extension of a prescription for continuity of care.

Table 2. Pharmacy scope of practice summary as of November 2021

	BC	AB	SK	MB	ON	QC	NB	NS	PEI	NL
INITIATE PRESCRIPTION										
Schedule 1 (except CDSA) drugs independently		✓								
Schedule 1 (except CDSA) drugs in collaborative practice		✓	✓	✓			✓	✓	✓	✓
Schedule 1 drugs in emergency	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Drugs for smoking cessation/minor ailments		✓	✓	✓	✓	✓	✓	✓	✓	✓
ADAPT PRESCRIPTION										
Schedule 1 drugs independently		✓						✓		
Schedule 1 drugs in collaborative practice		✓	✓	✓			✓	✓		
Schedule 1 drugs in emergency	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Therapeutic substitution	✓	✓	✓			✓	✓	✓	✓	✓
Formulation, dose, regimen	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Renew/extend for continuity of care	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
INJECTION AUTHORITY										
Vaccines and drugs		✓	✓	✓		✓	✓	✓	✓	✓
Vaccines only	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
ORDER AND INTERPRET LAB TESTS										
Most tests		✓	✓	✓		✓	✓	✓		
Limited tests only									✓	
	BC	**AB**	**SK**	**MB**	**ON**	**QC**	**NB**	**NS**	**PEI**	**NL**
CDSA EXEMPTIONS IMPLEMENTED										
Accept fax order from prescriber for controlled drug	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Accept verbal order from prescriber for controlled drug	✓	✓	✓		✓	✓	✓	✓	✓	
Transfer prescription for controlled drug	✓	✓	✓		✓	✓	✓	✓	✓	✓
Renew/extend prescription for controlled drug		✓	✓		✓	✓	✓	✓	✓	✓
Adapt prescription for controlled drug				✓	✓	✓	✓	✓		
Deliver controlled drugs to patient location	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
	BC	**AB**	**SK**	**MB**	**ON**	**QC**	**NB**	**NS**	**PEI**	**NL**
NALOXONE PROVISION										
Unscheduled	✓	✓	✓	✓						
Available in pharmacy, injectable, publicly funded	✓	✓	✓		✓	✓		✓		
Available in pharmacy, nasal spray, publicly funded					✓	✓				
Available in pharmacy, for purchase	✓		✓	✓	✓		✓	✓	✓	✓

Injection Authority

Eight of 10 provinces authorize pharmacists to administer any drug or vaccine by injection. In British Columbia this authority is pending legislation. Ontario is the exception, and only permits pharmacists to administer vaccines by injection. Injection authority is permitted in the Yukon but is restricted in Northwest Territories and Nunavut.

Lab Tests

Seven of 10 provinces authorize pharmacists to order and interpret lab tests. The exceptions are British Columbia, Ontario, and Newfoundland and Labrador. Northwest, Yukon and Nunavut territories also restrict pharmacists from ordering lab tests.

CDSA Exemptions

As of November 2021, four of 10 provinces (Ontario, Quebec, New Brunswick, Nova Scotia) had fully implemented all provisions of the CDSA exemptions.[23] The remaining six provinces had partially implemented the CDSA exemptions. Northwest and Yukon territories partially implemented the CDSA, while Nunavut did not implement any of the CDSA exemptions.

Naloxone

Five of 10 provinces (Alberta, Ontario, Quebec, New Brunswick, and Nova Scotia) and two of three territories (Northwest and Yukon territories) currently (November 2021) allow/utilize pharmacies to offer publicly funded access to naloxone for all OUD patients. The other jurisdictions in Canada make naloxone available for free through pharmacies only under restricted eligibility conditions, or only have naloxone available for purchase at pharmacies.[24]

POST COVID-19 POLICY DISCUSSION

The CPhA and Ontario Pharmacists Association (OPA) have called on the federal and provincial governments to make the CDSA exemptions permanent, and to expand the scope of practice to include the administration of all injectable drugs.[25, 26] Researchers have also called for similar changes to the scope of practice for pharmacists.[27]

While the COVID-19 coronavirus pandemic is still far from over, it is worth considering now what the policy direction should be regarding the evolving scope of practice for pharmacists and opioids. The health and economic costs associated with untreated opioid use disorder are significant. Policies that facilitate patient access to opioid agonist treatments have potential to improve the quality of life for patients suffering opioid use disorder, which could produce significant societal benefits. Policies that increase the availability of opioid antagonists could reduce mortality from overdose.

Community-based pharmacies are well positioned to provide accessible localized services to OUD patients. There are more than 44,000 pharmacists in Canada, representing a substantial untapped healthcare workforce that could be enlisted to provide OUD services on a national scale (**TABLE 3**). However, federal and provincial regulations restricting the scope of practice for pharmacists create unnecessary barriers to access. Several remedial policies are discussed below.

Make the CDSA Exemptions Permanent

The federal, provincial, and territorial governments should permanently expand the scope of practice for pharmacists to include the temporary authorizations granted by the CDSA exemption. There is currently no evidence to suggest that there were any negative outcomes associated with the expanded scope of practice for pharmacists under the temporary exemptions of the CDSA, while there is some evidence that

TABLE 3. Supply of pharmacists by jurisdiction, provinces/territories with available data, 2020

Jurisdiction	Pharmacists
Ontario	**16,332**
Quebec	9,568
British Columbia	5,909
Alberta	5,575
Manitoba	1,662
Saskatchewan	1,650
Nova Scotia	1,391
New Brunswick	902
Newfoundland and Labrador	756
Prince Edward Island	207
Yukon	60
Northwest Territories	44
Nunavut	38
CANADA	44,094

Source: Canadian Institute for Health Information (2021). Pharmacists in Canada, 2020 — Data Tables.

the CDSA exemptions were associated with positive outcomes regarding access to opioid agonist therapies.

A recent study compared the timeliness of patient access to OAT during the COVID-19 pandemic, in 14 US states and 3 Canadian provinces (Alberta, British Columbia, and Ontario) with the highest rates of opioid overdose deaths. The US jurisdictions tended to restrict distribution and administration of OAT to a limited number of authorized clinical settings, whereas the Canadian jurisdictions adopted an open access approach, and reduced regulatory restrictions on the scope of practice for pharmacists in response to the overdose epidemic. Delays in access were found to be less likely in Canada.[28]

Initiate Prescriptions for OAT

There are sound reasons for regulating and restricting the authority to initiate a prescription for opioids, given the potential for serious harm, and the documented problems with the diversion of the supply of prescription opioid products from medical to non-medical use.[29] To reduce opportunities for diversion, governments should adopt and maintain containment strategies that limit the authority to prescribe opioids for pain management.

However, this should not apply to opioid agonist therapies, which have great potential to reduce the harms associated with opioid use disorder. It is counterproductive to prohibit pharmacists from initiating a prescription for opioid agonist therapies when a physician is unavailable. Federal, provincial and territorial governments should further expand pharmacists' scope of practice to include the authority to initiate a prescription for opioid agonist therapy, perhaps with a requirement to inform the patient's physician prescriber within a reasonable timeframe.

There is precedent at the provincial level for including additional health professions under regulations authorizing prescribing authority for OAT. British Columbia recently expanded the scope of practice to allow Registered Nurses (RNs) and Registered Psychiatric Nurses (RPNs) to prescribe some opioid agonist treatments (OAT) to treat substance use conditions.[30]

Administer Drugs by Injection

Provincial/Territorial governments should also lift restrictions on pharmacists administering drugs by injection. A recent survey of access to injectable forms of opioid agonist therapy in British Columbia,

Alberta and Ontario concluded that there is an urgent need to scale up injectable forms of OAT using diverse service delivery models that respond to local contexts and client needs.[31] Pharmacists offer health care services in local settings and are therefore well positioned to meet the needs of patients requiring injectable forms of OAT. Experience with pilot projects in the United Kingdom's National Health Service show that permitting pharmacists to administer injectable OAT is feasible.[32]

There is also a consensus among the provinces regarding pharmacists' general authority to administer non-controlled drugs by injection. Nine of the 10 provinces permit pharmacists injection authority for all drugs and vaccines, except for controlled drugs. Ontario is currently the only province to prohibit general injection authority. However, the province allows pharmacists the authority to inject COVID-19 vaccines during the pandemic. Expanding the scope of practice to include the authority to administer injectable forms of OAT is a sensible next step but it should be conditional on certified training in subcutaneous injection.

Order Lab Tests

From a patient health perspective, there appears to be no justification for restricting pharmacists from having the authority to order and interpret lab tests. Currently, seven of 10 provinces permit pharmacists to order and interpret lab tests, the exceptions are British Columbia, Ontario, and Newfoundland and Labrador. However, British Columbia, Ontario, Newfoundland and Labrador, allow pharmacists to conduct COVID-19 testing during the pandemic. This should be expanded. Authority to order lab work could be limited to specified relevant markers in blood and urine analyses.

Naloxone Access

Timely access and administration are key factors for the effectiveness of opioid antagonists like naloxone. Pharmacies are well placed in the community as local distribution points and could improve the time to access naloxone when needed. Federal, provincial, and territorial governments should provide publicly funded access to naloxone for all OUD patients utilizing pharmacies as part of the distribution system.

CONCLUSION

OUD is a significant health and social problem in Canada, associated with high rates of mortality, hospitalization, and utilization of emergency medical services, and associated economic costs. OUD is treatable with opioid agonist therapies, which research has shown reduce overdose mortality for those with an opioid use disorder. Federal, provincial, and territorial regulatory restrictions on the scope of practice for pharmacists regarding prescribing and administering opioid agonists, are a barrier to accessing treatment for OUD patients. The CDSA exemptions issued by Health Canada temporarily alleviated some of the barriers to access created by scope of practice restrictions. This paper discussed several policy options for improving access to OAT, focused on expanding the scope of practice for pharmacists by making the CDSA exemptions permanent, and establishing authority to initiate prescriptions for OAT, administer injectable forms of OAT, and order OUD-related lab tests. This paper also discussed the importance of improving access to opioid antagonists. Public funding and distribution through pharmacies could be a solution.

APPENDIX 1. SCANNED SOURCES: AUGUST 2021

Canada-wide or provincial compiled summaries

https://www.canadianhealthpolicy.com/products/modernizing-canadian-pharmacists----scope-of-practice-for-controlled-drugs-and-substances.html
https://www.canada.ca/en/health-canada/services/health-concerns/controlled-substances-precursor-chemicals/policy-regulations/policy-documents/prescription_management_pharmacists_controlled_substances.html
https://www.canada.ca/en/health-canada/services/health-concerns/controlled-substances-precursor-chemicals/policy-regulations/policy-documents/section-56-1-class-exemption-patients-pharmacists-practitioners-controlled-substances-covid-19-pandemic.html
https://www.cfpnet.ca/bank/document_en/150-2020-cfp-covid-19-chart-july-31.pdf
https://www.pharmacists.ca/cpha-ca/assets/File/cpha-on-the-issues/Naloxone_Scan.pdf
https://www.pharmacists.ca/cpha-ca/function/utilities/pdf-server.cfm?lang=en&thefile=/education-practice-resources/WebinarSlideDeck/2020/VT-SlideDeck-Pharmacists-as-opioid-stewards.pdf
https://cfpnet.ca/bank/document_en/204-2021-may-covid-19-chart-to-view-english.pdf
https://cfpnet.ca/bank/document_en/191-2020-cfp-services-chart.pdf
https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5659246/

Alberta

https://abpharmacy.ca/faq?shs_term_node_tid_depth=277
https://abpharmacy.ca/sites/default/files/ODTGuidelines.pdf
https://abpharmacy.ca/faq?shs_term_node_tid_depth=191
https://abpharmacy.ca/tpp-alberta
https://cpsa.ca/tpp-alberta/
https://www.qp.alberta.ca/documents/Regs/2006_129.pdf
https://abpharmacy.ca/benzodiazepines-other-targeted-substances
https://abpharmacy.ca/faq-category/narcotics-controlled-substances
https://abpharmacy.ca/sites/default/files/StandardsofPractice.pdf

British Columbia

https://www.bcpharmacists.org/medication-management-adapting-prescription
https://library.bcpharmacists.org/6_Resources/6-2_PPP/MOH-News_Release-2008HSERV0120-001939.pdf
https://library.bcpharmacists.org/6_Resources/6-2_PPP/1017-PPP58_OrientationGuide.pdf
https://www2.gov.bc.ca/gov/content/health/practitioner-professional-resources/pharmacare/prescribers/reference-drug-program/reference-drug-program-list-of-full-and-partial-benefits
https://www.bcpharmacists.org/news/bc%E2%80%99s-covid-19-response-%E2%80%93-temporary-authorizations-controlled-drugs-and-substances
https://www.bcpharmacists.org/covid19#Prescription_Refill
https://www.bcpharmacists.org/news/bc%E2%80%99s-covid-19-response-temporary-authorizations-delivery-opioid-agonist-treatment-non
https://www.bcpharmacists.org/covid19#Continuity_Care
https://www.bcpharmacists.org/covid19#OAT_wo_Authorization
https://www.bcpharmacists.org/news/take-home-naloxone-kits-now-available-community-pharmacies
https://www.bcpharmacists.org/opioid-agonist-treatment
https://library.bcpharmacists.org/6_Resources/6-2_PPP/1048-PPP66_Policy_Guide_BMT.pdf
https://library.bcpharmacists.org/6_Resources/6-2_PPP/1029-PPP66_Policy_Guide_MMT.pdf
https://towardtheheart.com/site-finder
https://www.bcpharmacists.org/ioat
https://library.bcpharmacists.org/6_Resources/6-2_PPP/MOH-News_Release-2008HSERV0120-001939.pdf
https://www.bcpharmacists.org/certification-drug-administration-injection-and-intranasal-route

Manitoba

https://cphm.ca/wp-content/uploads/Resource-Library/Opioid-Agonist-Therapy/OAT-Guidelines-MB-Pharmacists.pdf
https://cphm.ca/friday-five/friday-five-june-25-2021/
https://cphm.ca/wp-content/uploads/Resource-Library/M3P/M3P-Q-and-A.pdf
https://cpsm.mb.ca/assets/Practice%20Directions/manitoba-prescribing-practices-program-m3p.pdf
https://cphm.ca/covid-19-resources-for-pharmacists/
https://cphm.ca/wp-content/uploads/Resource-Library/Expanded-Scope/Injections-Info-Sheet.pdf
https://cphm.ca/wp-content/uploads/Resource-Library/Expanded-Scope/EPPh-Info-Sheet-2021.pdf
https://cphm.ca/wp-content/uploads/Resource-Library/Expanded-Scope/Smoking-Cessation-Info-Sheet.pdf
https://cphm.ca/wp-content/uploads/Resource-Library/Expanded-Scope/EPPh-Info-Sheet-2021.pdf
https://cphm.ca/wp-content/uploads/Resource-Library/Legislation/Drugs-available-under-Schedule-3-revised-December-2016.pdf
https://cphm.ca/wp-content/uploads/Resource-Library/Expanded-Scope/Self-Limiting-Conditions-Info-Sheet.pdf
https://cphm.ca/wp-content/uploads/Resource-Library/Expanded-Scope/Test-Ordering-Info-Sheet.pdf
https://cphm.ca/wp-content/uploads/Resource-Library/Guidelines/Guide-to-Pharmacy-Practice-Final.pdf

New Brunswick

https://nbcp.in1touch.org/document/2038/Methadone%20Practice%20Directive%20Revised%20March%202015%20EN.pdf
https://nbcp.in1touch.org/document/2182/Collaborative%20practice%20sample%20agreement%20individual%20Nov%2018%202008.pdf
https://www.pharmacists.ca/pharmacy-in-canada/scope-of-practice-canada/

Newfoundland & Labrador

https://nlpb.ca/media/NLPB-FAQ-on-Health-Canada-Exemption-July2021rev.pdf
https://www.gov.nl.ca/hcs/prescription/hcp-tamperresistantdrugpad/
https://nlpb.ca/media/OAMT-Guidance-Document-Aug2020rev.pdf
https://nlpb.ca/media/SOPP-Prescribing-by-Pharmacists-Mar2021.pdf
https://nlpb.ca/media/SOPP-Administration-of-Drug-Therapy-by-Inhalation-or-Injection-Mar2021.pdf
https://nlpb.ca/media/SOPP-OAMT-May2018.pdf

Nova Scotia

https://www.nspharmacists.ca/wp-content/uploads/2021/06/Notice_CDSAExtension.pdf
https://www.nspharmacists.ca/wp-content/uploads/2016/05/SOP_PrescribingDrugs.pdf
https://www.nspharmacists.ca/wp-content/uploads/2020/08/EmergencyProtocol_Prescribing-Narcotics-Controlled-and-Targeted-Drugs.pdf
https://www.nspharmacists.ca/wp-content/uploads/2015/10/SOP_Testing.pdf
https://www.nspharmacists.ca/wp-content/uploads/2016/05/SOP_PrescribingDrugs.pdf
https://novascotia.ca/just/regulations/regs/pharmextprac.htm
https://www.nspharmacists.ca/wp-content/uploads/2021/06/Notice_CDSAExtension.pdf
https://www.nspharmacists.ca/wp-content/uploads/2020/09/Notice_UpdatePracticePrescriptions.pdf
https://www.nspharmacists.ca/wp-content/uploads/2016/05/SOP_PrescribingDrugs.pdf
https://novascotia.ca/just/regulations/regs/pharmextprac.htm
https://assets.ctfassets.net/rz9m1rynx8pv/4wcB9zTPLwSnAtKJNuUcd5/38143d7dcea2a61e09549207d2322588/Nova_Scotia_Prescription_Monitoring_Program_2020.pdf
https://www.nspharmacists.ca/wp-content/uploads/2017/07/SOP_OpioidAgonistMaintenanceTreatmentServices.pdf
http://www.nsnaloxone.com/where-to-get-one.html
https://www.nspharmacists.ca/wp-content/uploads/2017/07/SOP_OpioidAgonistMaintenanceTreatmentServices.pdf

Ontario

https://www.ocpinfo.com/regulations-standards/practice-policies-guidelines/prescribing-controlled-substances-coronavirus-covid-19-pandemic/
https://www.ocpinfo.com/wp-content/uploads/2019/05/Prescription-Regulation-Summary-Chart-Summary-of-Laws.pdf
https://www.ocpinfo.com/regulations-standards/practice-policies-guidelines/opioid-policy/
https://www.ocpinfo.com/regulations-standards/practice-policies-guidelines/adapting-renewing-prescriptions/
https://www.ocpinfo.com/practice-education/expanded-scope-of-practice/

Prince Edward Island

https://pepharmacists.ca/wp-content/uploads/2020/09/Practice-Directives-Prescribing-Drugs-Approved-September-2020.pdf
https://www.princeedwardisland.ca/sites/default/files/legislation/r10-1-07-regulated_health_professions_act_pharmacist_and_pharmacy_technician_regulations_0.pdf
https://www.princeedwardisland.ca/sites/default/files/legislation/r10-1-07-regulated_health_professions_act_pharmacist_and_pharmacy_technician_regulations_0.pdf
https://pepharmacists.ca/wp-content/uploads/2020/09/Administration-of-Drugs-Sept-2020-DRAFT.pdf
https://www.princeedwardisland.ca/sites/default/files/legislation/r10-1-07-regulated_health_professions_act_pharmacist_and_pharmacy_technician_regulations_0.pdf
https://pepharmacists.ca/wp-content/uploads/2020/09/Methadone-Maintenance-Treatment-Services-Standards-of-Practice-for-Community-Pharmacists-In-PEI-Final-Approved-November-2015.pdf
https://pepharmacists.ca/wp-content/uploads/2020/09/Policy-Pharmacy-Professionals-Dispensing-Naloxone-Approved-September-2016.pdf

Quebec

https://www.opq.org/wp-content/uploads/2021/03/Resume_PL31_OPQ_VF.pdf
https://www.opq.org/nouvelles/activites-professionnelles-en-lien-avec-les-substances-designees-prolongation-de-lexemption-federale/
https://www.opq.org/wp-content/uploads/2020/08/2020_03_23_substances_designees.pdf
https://www.opq.org/nouvelles/trousses-de-medicaments-durgence-en-rpa-et-ri/
http://www.cmq.org/publications-pdf/p-1-2020-03-20-fr-le-traitement-du-trouble-lie-a-l-utilisation-d-opioides-tuo.pdf?t=1628718971750

Saskatchewan

https://saskpharm.ca/document/7645/SCOPe_20210708.pdf
https://scp.in1touch.org/document/3656/REF_Prescription_Review_Program_20160715.pdf
https://saskpharm.ca/document/3655/REF_Prescription_Regs_Sum_20170127.pdf
https://scp.in1touch.org/document/3584/Bylaws_Regulatory_20170825.pdf#page=58
https://www.saskpharm.ca/document/5894/COVID_Community_Practice_Changes_20200330.pdf
https://saskpharm.ca/document/6112/FAQs_Prescriptive_Authority_Pharmacists.pdf
https://saskpharm.ca/document/5884/REF_Prescription_Regs_Sum_COVID.pdf
https://www.saskpharm.ca/document/5871/REF_OAT_Standards.pdf
https://www.saskatchewan.ca/residents/health/accessing-health-care-services/mental-health-and-addictions-support-services/alcohol-and-drug-support/opioids/take-home-naloxone-program-sites

APPENDIX 2. Pharmacy general scope of practice permitted as of August 14, 2021, excluding CDSA exemptions and OAT

	INITIATE PRESCRIPTION	RENEW PRESCRIPTION	ADAPT PRESCRIPTION	SUBSTITUTE PRESCRIPTION	ADMINISTER
BC	Pending regulatory changes; limited prescribing authority if in collaborative practice; minor ailments and emergency; prescribing and dispensing are mutually exclusive	Routine prescriptions (stable chronic conditions); max 6 months; excludes psychiatric conditions (unless collaborative or multidisciplinary practice); up to the end of the original prescription time period	Dosage or formulation (exception: cancer; cardiovascular disease; asthma; seizures; or psychiatric conditions; unless part of collaborative practice or long-term care or hospital setting); must be original prescription (ie does not include transferred prescriptions; previously adapted prescriptions; or emergency refills)	Limited to Ministry of Health's Reference Drug Program (currently: ACEis; ARBs; CCBs; H2 Blockers; NSAIDs; statins; PPIs); must be in same therapeutic class; does not apply for controlled substances or chemotherapy agents	Limited to vaccines; injection >=5 yrs old; intranasal >=2 yrs old
AB	Limited prescribing authority if prescriber is unavailable and there is an immediate need; any Schedule 1 drug including vaccines and blood products	Any schedule 1 drug or a blood product	Any schedule 1 drug or a blood product; dosage; formulation; or regimen	Any schedule 1 drug or a blood product	Subcutaneous or intramuscular injections; no injection younger than 5
SK	Any drug if Level 2 prescriber authority (need collaborative practice agreement); following diagnosis of practitioner; approved minor ailments only (if Level 1 prescriber authority); vaccines; emergency situation (a previous prescription has been made by a practitioner and dispensed by pharmacist)	Level 1 prescribing authority; same or lesser quantity last dispensed; max 100 days supply at previous frequency and dose regimen prescribed by physician or nurse practitioner; continuing prescription if patient is just out of the hospital; or is admitted to a hospital or other facility; and practitioner has not issued one	Level 1 prescribing (no need for collaborative practice agreement); dosage form; but not quantity unless collaborative practice agreement	If practicing under a Collaborative practice environment (Level 2 prescribing authority); can substitute any drug following diagnosis of practitioner	Age five years and over (down from nine) for vaccines orally; topically; inhalation; and advanced method
MB	Extended Practice Pharmacists can prescribe and manage patient med therapy within a scope of specialty practice (eg diabetes); medical devices; smoking cessation drugs; minor ailments; emergency	If unable to contact prescriber; only once; previously filled at same pharmacy; quantity same or less than original prescription; no benzodiazepine unless for convulsive disorder	Dosage strength; interval and/or Formulation	Only in hospital pharmacy	Age five years and over for injections; drugs and vaccines
ON	Smoking cessation drugs; emergency	Same or smaller quantity; up to one year; must have original prescription or verbal confirmation or medical record from dispensing pharmacy	Form and dose only; must have original prescription or verbal confirmation or medical record from dispensing pharmacy		Vaccines; age 5 yrs and older; Pending: schedule 1 injection; schedule 2 inhalation
QC	Flu; herpes/zoster treatments; minor ailments only if previously prescribed; smoking cessation; vaccines; STDs; maternal health (incl contraceptives); travel prophylaxis; antibiotic/antiviral prophylaxis; nausea;	Same or smaller quantity; up to one year; must have original prescription or verbal confirmation or medical record from dispensing pharmacy	Form; strength; dose; length; frequency; etc No more than initial total quantity; (incl Deprescribe)	Shortage or discontinuation; safety risk & prescriber unavailable; medicine not listed or available	Vaccines and others; to demonstrate or in urgent circumstance (any route of administration)

	allergic dermatitis; PPIs; urgent inhaler; emergency				
NB	Minor ailments; emergency; continuing therapy without a prescription for previously diagnosed condition; Full prescribing authority in a collaborative practice setting with an individual or group of physicians	Renew and continue	Alter dose; formulation or regimen	Therapeutic substitution allowed	Oral; topical or inhaled administration; IM/SC injections if conducted training; pharmacy technicians under supervision of pharmacist; after patient assessment; injection: children 2 yrs or older
NS	Minor and common ailments and for conditions where a diagnosis is not required; can prescribe for ongoing management of patient based on collaborative management plan; Vaccines; Emergency	Up to a max 180 days (incl previous pharmacy refills) (can exceed in an emergency)	Dose; formulation; regimen; and duration of therapy	Previously prescribed therapy; same duration of therapy as original drug prescribed or therapeutically equivalent if acute duration; to maintain/ enhance the effectiveness of the patient's drug therapy and/or improve adherence and will support the patient's best interest with respect to financial; formulary; or payer considerations	Vaccines; pharmacy technicians can do the technical administering of injections; drug therapy children 2 yrs + (injections)
PEI	Minor ailments; emergency	Repeat prescription for continued care (if previous prescription exists by prescriber); Cannot exceed refill amount of original prescription	Dose; regimen; formulation or duration of therapy	Allowed; limited to same period as original drug prescription duration (not beyond one year from original prescription)	Special authorization to administer orally or by injection drug or vaccine; Intranasally or by injection a vaccine
NL	Minor ailments; emergency	Extending prescription: not to exceed previous prescription filled; or 90 days supply	Brand; dose; duration; formulation; or regimen	Can substitute	Can administer inhalations or injections; >= 2 yrs inhalation; >=5 yrs injection; intramuscularly or subcutaneously; meds and vaccines

APPENDIX 3. Pharmacy scope of practice for opioid agonist therapy (OAT) and Naloxone pharmacy accessibility as of August 14, 2021

	OAT SCOPE OF PRACTICE	NALOXONE PHARMACY ACCESSIBILITY
BC	pharmacists and pharmacy technicians can dispense buprenorphine/naloxone; methadone; or slow-release morphine; as well as injectable hydromorphone; pharmacist does not have authority to switch from daily dispense to take-home doses (for buprenorphine/ naloxone); can only accept on original controlled prescription program form (with current exemptions); must provide counseling to patient (on withdrawals risk; how to take; etc); co-ingestion w alcohol or benzodiazepines (mood-altering drugs) contra-indicated; contact prescriber witness dose for methadone unless prescribed as a "take-home dose"; for buprenorphine/ naloxone only if prescribed "daily witnessed dose"	provincially-funded naloxone free take-home kits available at thousands of pharmacies across the province any pharmacy can become registered and obtain one; first-nations health authority also includes naloxone nasal spray as benefit
AB	pharmacists can dispense methadone & buprenorphine-naloxone; only pharmacists authorized to witness dose; prescription must be on a triplicate prescription form (except for buprenorphine-naloxone & benzodiazepines); take-home doses must be authorized by the prescriber (max 14 days for methadone); professional cognitive services for medication-assisted treatment for opioid dependence	provincially-funded naloxone (subject to dispensing fee) over 2000 sites for free; with training (pharmacists must be trained if they offer it)
SK	pharmacists can dispense methadone & suboxone-naloxone; managed care/counseling incl witnessed doses; must be licensed by SCPP to release oat medication; take-home doses limits for methadone and buprenorphine (short-durations)	provincially-funded naloxone with training available at select pharmacies (17) naloxone available for purchase at most pharmacies
MB	pharmacists can dispense (and witness) methadone and suboxone for both oat and analgesia (methadone)	naloxone available at restricted sites only
ON	pharmacists can dispense & educate patients on methadone and buprenorphine/ naloxone for opioid use disorder; must notify the college if dispense methadone	education & dispensing for provincially-funded injectable & intranasal naloxone
QC	pharmacists can dispense buprenorphine/naloxone; methadone; and slow-release morphine; same rules as apply to controlled drugs; cannot switch to take-home doses but can refuse to send take-home doses and impose witnessed doses instead	free naloxone kits in all pharmacies & some community centres; for 14 yrs+ can order within 24-48 hours
NB	pharmacists can dispense methadone; must notify the college of pharmacists	available for purchase ($40-50 injectable; $150-190 inhaled); only 4 sites offer free take-home kits
NS	pharmacists can dispense and administer methadone or buprenorphine/naloxone; must stock a naloxone kit; must notify NS college of pharmacists if order or dispense; can authorize discontinuation or change from take-home dose to witnessed dose	dispensing and education for provincially-funded naloxone; free kits available in almost all pharmacies
PEI	pharmacists can dispense methadone or suboxone with special authorization; includes counseling on use of the a drug; prescriptions for methadone must be written on methadone maintenance prescription fax form (not required for buprenorphine/naloxone); take-home doses limited to 6; witnessed doses until prescriber authorizes take-home doses (pharmacist should witness last one before first take-home dose)	available for purchase at pharmacies without a prescription
NL	pharmacists can dispense agonists (methadone; buprenorphine/naloxone; slow-release morphine); must be authorized and have naloxone kit	education and naloxone kits available for sale (or provincially-funded take-home naloxone program provides free kits)

APPENDIX 4. Canadian Pharmacists Association: Implementation of the temporary expansion of the scope of practice for controlled drugs as of November 2021

COVID-19 AND CONTROLLED DRUGS AND SUBSTANCES

During the COVID-19 pandemic, Health Canada issued temporary exemptions for prescriptions of controlled substances, which permit pharmacists to extend, transfer and accept verbal orders, and permit pharmacy employees to deliver prescriptions. Health Canada also published an interpretive guide to clarify its interpretation of the prescribing-related activities pharmacists are permitted to conduct under the CDSA and its regulations. As pharmacists' scope of practice is established at the provincial/territorial level, the table below illustrates how the exemptions and Health Canada interpretations have been implemented across Canada.

	BC	AB	SK	MB	ON	QC	NB	NS	PE	NL	YT	NT	NU
Accept verbal orders	✓	✓	✓	L [1]	✓	✓	✓	✓	✓	X	✓	✓	X
Accept orders by fax	✓	✓ [2]	✓	✓	✓ [2]	✓ [2]	✓ [2]	✓	✓ [2]	✓ [2]	X	X	X
Transfer Rx to another pharmacist	✓	✓	✓	X	✓	✓	✓	✓	✓	✓	✓	✓ [3]	X
Extend/renew Rx	X	✓ [4]	✓	X	✓ [5,6]	✓	✓	✓ [4]	✓	✓	✓	✓	X
Change drug formulation, dose and regimen, etc.[7]	X	X	X	✓	✓ [5]	✓	✓	✓	X	X	X	X	X
Deliver Rx	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	X	✓	X

L Limited

1. Verbal orders may only be accepted by pharmacists for residents of a personal care home.
2. Pharmacists can always accept faxed orders for medications under the CDSA.
3. Only if there is a shortage of the prescribed substance at the transferring pharmacy.
4. Some limitations in place with regard to indications for treatment.
5. Prior to adapting or renewing, pharmacists are expected to collaborate with the prescriber. If collaboration is not possible, pharmacists may proceed with the adaptation or renewal for continuity of care and notify the prescriber within a reasonable period of time.
6. Ontario pharmacists may refill a prescription for a benzodiazepine or other targeted substance if more than one year has elapsed since the date it was written.
7. Pharmacists may not increase the dose of prescribed controlled substances independently, except in Quebec.

CPhA does not guarantee the accuracy of the information contained above.
Please consult the provincial regulations and practice guidance available through the provincial regulatory authorities.

Revised November 2021

Source: republished with permission of the Canadian Pharmacists Association.

APPENDIX 5. Canadian Pharmacists Association: Scope of practice excluding exemptions from the CDSA as of November 2021

PHARMACISTS' SCOPE OF PRACTICE IN CANADA

✓ Implemented in jurisdiction P Pending legislation, regulation or policy for implementation X Not implemented

		BC	AB	SK	MB	ON	QC	NB	NS	PE	NL	YT	NWT	NU
Prescriptive Authority (Schedule 1 Drugs)[1]	Independently, for any Schedule 1 drug	X	✓[5]	X	X	X	X	X	X	X	X	X	X	X
	In a collaborative practice setting/agreement	X	✓[5]	✓[5]	✓[5]	X	X	✓	✓	X	X	X	X	X
Initiate[2]	For minor ailments/conditions	X	✓	✓	✓[5]	P	✓	✓	✓	✓[5]	✓	X	X	X
	For smoking/tobacco cessation	X	✓	✓	✓[5]	✓	✓	✓	✓	✓[5]	✓	X	X	X
	In an emergency	✓[7]	✓	✓[7]	✓[8]	✓	✓	✓	✓	✓	✓[7]	X	X	X
Adapt[3]/ Manage	Independently, for any Schedule 1 drug[4]	X	✓[5]	X	X	X	X	X	✓	X	X	X	X	X
	Independently, in a collaborative practice[4]	X	✓[5]	✓[5]	✓[5]	X	X	✓	✓	X	X	X	X	X
	Make therapeutic substitution	✓	✓	✓[9]	X	X	✓[10]	✓	✓	✓	✓	✓	X	X
	Change drug dosage, formulation, regimen, etc.	✓	✓	✓[9]	✓	✓	✓	✓	✓	✓	✓	✓	X	X
	Renew/extend prescription for continuity of care	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	X
Injection Authority (SC or IM)[1,5]	Any drug or vaccine	P	✓	✓	✓	X[11]	✓	✓	✓	✓	✓	✓	X	X
	Vaccines[6]	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	X	X
	Influenza vaccine	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	X	X
Labs	Order and interpret lab tests	X	✓	P[12]	✓[13]	X	✓	P	P[12]	✓[14]	X	X	X	X
Techs	Regulated pharmacy technicians	✓	✓	✓	✓[15]	✓	X	✓	✓	✓	✓	X	X	X

1. Scope of activities, regulations, training requirements and/or limitations differ between jurisdictions. Please refer to the pharmacy regulatory authorities for details.
2. Initiate new prescription drug therapy, not including drugs covered under the *Controlled Drugs and Substances Act*.
3. Alter another prescriber's original/existing/current prescription for drug therapy.
4. Pharmacists independently manage Schedule 1 drug therapy under their own authority, unrestricted by existing/initial prescription(s), drug type, condition, etc.
5. Applies only to pharmacists with additional training, certification and/or authorisation through their regulatory authority.
6. Authority to inject may not be inclusive of all vaccines in this category. Please refer to the jurisdictional regulations.
7. Applies only to existing prescriptions, i.e., to provide continuity of care.
8. Pursuant to a Ministerial Order during a public health emergency.
9. Applies only to pharmacists working under collaborative practice agreements.
10. Only in the case of a drug shortage.
11. For education/demonstration purposes only.
12. Pending health system regulations for pharmacist requisitions to labs.
13. Authority is limited to ordering lab tests.
14. Authority limited to ordering blood tests. No authority to interpret tests.
15. Pharmacy technician registration available through the regulatory authority (no official licensing).

Revised November 2021

Source: republished with permission of the Canadian Pharmacists Association.

APPENDIX 6. Canadian Pharmacists Association: Publicly funded access to naloxone in pharmacies

Summary table of access to naloxone across Canada

SUMMARY TABLE OF ACCESS TO NALOXONE THROUGH PHARMACIES ACROSS CANADA	Publicly funded take-home naloxone (THN) kits available through pharmacies		Naloxone available for purchase at pharmacies	Naloxone unscheduled
	Injectable naloxone	Narcan nasal spray available through THN program		
British Columbia	✓	X	✓	✓
Alberta	✓	X	X [1]	✓
Saskatchewan	✓	X	✓	✓
Manitoba	X	X	✓	✓
Ontario	✓	✓	✓	X
Quebec	✓	✓	X [1]	X
New Brunswick	X	X	✓	X
Nova Scotia	✓	X	✓	X
Prince Edward Island	X	X	✓	X
Newfoundland and Labrador	X	X	✓	X
Northwest Territories	✓	✓	✓	X
Yukon	✓	X	✓	X
Nunavut	X	X	—	X

✓ Available X Not available in the province or territory — Insufficient information available

1. Naloxone available for free through publicly-funded THN program.

DISCLAIMER: The information presented in this environmental scan was derived from a number of sources. To the best of our knowledge, the information is accurate and reliable as of the date of publication.

Learn more at pharmacists.ca/naloxone

Updated: November 2021

Source: republished with permission of the Canadian Pharmacists Association.

REFERENCES

1. US Center for Disease Control (CDC). Assessing and Addressing Opioid Use Disorder (OUD). https://www.cdc.gov/drugoverdose/training/oud/accessible/index.html
2. American Psychiatric Association (2021). Opioid Use Disorder. https://www.psychiatry.org/patients-families/addiction/opioid-use-disorder
3. American Psychiatric Association (2021). Opioid Use Disorder. https://www.psychiatry.org/patients-families/addiction/opioid-use-disorder
4. Special Advisory Committee on the Epidemic of Opioid Overdoses. Opioid and Stimulant-related Harms in Canada. Ottawa: Public Health Agency of Canada; September 2021. https://health-infobase.canada.ca/substance-related-harms/opioids-stimulants
5. Special Advisory Committee on the Epidemic of Opioid Overdoses. Opioid- and Stimulant-related Harms in Canada. Ottawa: Public Health Agency of Canada; June 2021. https://health-infobase.canada.ca/substance-related-harms/opioids-stimulants Date modified: 2021-06-23
6. Special Advisory Committee on the Epidemic of Opioid Overdoses. Opioid- and Stimulant-related Harms in Canada. Ottawa: Public Health Agency of Canada; June 2021. https://health-infobase.canada.ca/substance-related-harms/opioids-stimulants Date modified: 2021-06-23
7. Special Advisory Committee on the Epidemic of Opioid Overdoses. Opioid- and Stimulant-related Harms in Canada. Ottawa: Public Health Agency of Canada; June 2021. https://health-infobase.canada.ca/substance-related-harms/opioids-stimulants Date modified: 2021-06-23
8. Special Advisory Committee on the Epidemic of Opioid Overdoses. Opioid- and Stimulant-related Harms in Canada. Ottawa: Public Health Agency of Canada; June 2021. https://health-infobase.canada.ca/substance-related-harms/opioids-stimulants Date modified: 2021-06-23
9. Canadian Centre for Substance-Abuse (CCSA) (2018). Canadian Substance Use Costs and Harms 2007–2014. https://www.ccsa.ca/sites/default/files/2019-04/CSUCH-Canadian-Substance-Use-Costs-Harms-Report-2018-en.pdf
10. Curtis Florence, Feijun Luo, Ketra Rice, The economic burden of opioid use disorder and fatal opioid overdose in the United States, 2017, Drug and Alcohol Dependence, Volume 218, 2021, 108350, ISSN 0376-8716, https://doi.org/10.1016/j.drugalcdep.2020.108350.
11. Centre for Addiction and Mental Health (CAMH). https://www.camh.ca/-/media/files/oat-info-for-clients.pdf
12. SUBLOCADE Monograph.
13. Wakeman SE, Larochelle MR, Ameli O, et al. Comparative Effectiveness of Different Treatment Pathways for Opioid Use Disorder. JAMA Netw Open. 2020;3(2):e1920622. doi:10.1001/jamanetworkopen.2019.20622
14. Pearce L A, Min J E, Piske M, Zhou H, Homayra F, Slaunwhite A et al. Opioid agonist treatment and risk of mortality during opioid overdose public health emergency: population based retrospective cohort study BMJ 2020; 368 :m772 doi:10.1136/bmj.m772
15. Pain Management and the Opioid Epidemic: Balancing Societal and Individual Benefits and Risks of Prescription Opioid Use. Chapter 4: Trends in Opioid Use, Harms, and Treatment. https://www.ncbi.nlm.nih.gov/books/NBK458661/#_sec_000164_
16. Ontario Agency for Health Protection and Promotion (Public Health Ontario), Leece P, Tenenbaum M. Evidence Brief: Effectiveness of supervised injectable opioid agonist treatment (siOAT) for opioid use disorder. Toronto, ON: Queen's Printer for Ontario; 2017. https://www.publichealthontario.ca/-/media/documents/E/2017/eb-effectiveness-sioat.pdf?la=en
17. NIDA. Naloxone DrugFacts. National Institute on Drug Abuse website. https://www.drugabuse.gov/publications/drugfacts/naloxone. June 1, 2021 Accessed October 21, 2021.
18. Health Canada (2020). Subsection 56(1) class exemption for patients, practitioners and pharmacists prescribing and providing controlled substances in Canada. https://www.canada.ca/en/health-canada/services/health-concerns/controlled-

substances-precursor-chemicals/policy-regulations/policy-documents/section-56-1-class-exemption-patients-pharmacists-practitioners-controlled-substances-covid-19-pandemic.html

19. Health Canada (October 22, 2021). Prescription management by pharmacists with controlled substances under the Controlled Drugs and Substances Act and its regulations. https://www.canada.ca/en/health-canada/services/health-concerns/controlled-substances-precursor-chemicals/policy-regulations/policy-documents/prescription_management_pharmacists_controlled_substances.html
20. Health Canada (2020). Subsection 56(1) class exemption for patients, practitioners and pharmacists prescribing and providing controlled substances in Canada. https://www.canada.ca/en/health-canada/services/health-concerns/controlled-substances-precursor-chemicals/policy-regulations/policy-documents/section-56-1-class-exemption-patients-pharmacists-practitioners-controlled-substances-covid-19-pandemic.html
21. Ontario College of Pharmacists (September 10, 2021). COVID-19: Information for Pharmacy Professionals. https://www.ocpinfo.com/regulations-standards/novel-coronavirus-covid-19-professionals/
22. Canadian Pharmacists Association (CPhA). https://www.pharmacists.ca/cpha-ca/assets/File/pharmacy-in-canada/ScopeofPracticeJan2021.pdf
23. Canadian Pharmacists Association (CPhA). https://www.pharmacists.ca/cpha-ca/assets/File/cpha-on-the-issues/CovidCDSA.pdf
24. Canadian Pharmacists Association (CPhA) (August 20, 2019). Summary chart of access to naloxone across Canada. https://www.pharmacists.ca/cpha-ca/assets/File/cpha-on-the-issues/Naloxone_Scan.pdf
25. Canadian Pharmacists Association (CPhA). August 20, 2021. Media release. https://www.pharmacists.ca/news-events/news/canadian-pharmacists-launch-2021-federal-election-priorities/
26. Ontario Pharmacists Association (OPA). OPA's Submission on OCP Scope of Practice Consultation. https://opatoday.com/2019-10-25-opa-submission-on-ocp-scope-of-practice-consultation_final/
27. Rosenberg-Yunger et al (2021). Modernizing Canadian Pharmacists' Scope of Practice for Controlled Drugs and Substances: Learnings from the COVID-19 Pandemic. Zahava R.S. Rosenberg-Yunger, Lisa D. Bishop, Shelita Dattani. Canadian Health Policy, June 2021. https://www.canadianhealthpolicy.com/products/modernizing-canadian-pharmacists----scope-of-practice-for-controlled-drugs-and-substances.html.
28. Joudrey PJ, Adams ZM, Bach P, et al. Methadone Access for Opioid Use Disorder During the COVID-19 Pandemic Within the United States and Canada. *JAMA Netw Open*. 2021;4(7):e2118223. Published 2021 Jul 1. doi:10.1001/jamanetworkopen.2021.18223
29. Canadian Agency for Drugs and Technologies in Health. (2012) Opioid management practices for the prevention of drug diversion and misuse: a review of the clinical evidence and guidelines. Ottawa: CADTH. Rapid response review.
30. British Columbia Government (2020). Ministry of Mental Health and Addictions. New public health order to help slow B.C.'s overdose crisis. News Release. Victoria. Wednesday, September 16, 2020 9:00 AM.
31. Eydt, Erin et al (2021). Service delivery models for injectable opioid agonist treatment in Canada: 2 sequential environmental scans. Canadian Medical Association Journal, Jan 2021, 9 (1) E115-E124; DOI: 10.9778/cmajo.20200021.
32. Eliza Slawther (08 Jul 2019). Pharmacy pilots 'game changing' buprenorphine injection. Chemist and Druggist. https://www.chemistanddruggist.co.uk/CD005980/Pharmacy-pilots-game-changing-buprenorphine-injection