

PROGRAM INNOVATION

Providing extended-release buprenorphine injections in a community pharmacy setting

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The need to inject extended-release buprenorphine (Sublocade) outside of physician offices came to light during the Covid pandemic. Many healthcare providers, including those with patients who used substances, stopped physical visits and went virtual. This quickly became a barrier to treatment and deepened the growing opioid crisis in Ontario.

Pharmacists play a central role treating opioid use disorder (OUD). Pharmacotherapy is considered the most effective treatment for OUD, as opioid agonist treatment (OAT) saves lives, reducing mortality risk significantly. We wanted to support our patients with a practical approach to OAT by providing buprenorphine injections at our pharmacy (virtually affiliated with a medical addiction service), thus bringing patients closer to their addiction physicians. The collaboration enabled us to start working on the legal requirements to satisfy the pharmacist scope of practice to inject buprenorphine at the pharmacy. The medical directive authorized a pharmacist as the implementer at the pharmacy location and outlined the conditions to be met prior to administering the injection. We also created an informed patient consent form and injection documentation log template.

In 2021, we dispensed eight buprenorphine prescriptions and administered eight injections. In 2022, we dispensed 140 prescriptions with 136 injections administered by the pharmacists at our pharmacy. The substantial increase between 2021 and 2022 put our pharmacy on the map as depot buprenorphine providers, not only in Toronto but in the Greater Toronto Area. In 2022 I became an injection buprenorphine day trainer for other healthcare providers and since then I have trained some pharmacists, and published an article

discussing the perspectives on the management of OUD in Ontario.

My patients appreciate that they can get their buprenorphine injections at a pharmacy instead of having to go through daily observed doses of buprenorphine /naloxone tablets, or methadone. Currently we regularly receive referrals from various addiction clinics and hospitals to continue to administer buprenorphine to their patients in a community setting.

I hope this can inspire other pharmacists who would be interested in providing this service for their patients. For more information please email: staff@dundaswestpharmacy.ca as I am eager to share with other pharmacy providers and pharmacists.

FACES IN THE FIELD

Katie Dunham MN NP-PHC

NP Lead, Stonehenge Therapeutic Community, Guelph
Nurse Educator, META:PHI



As the newly hired Nurse Practitioner Lead for Stonehenge Therapeutic Community's Rapid Access Addiction Medicine (RAAM) clinic, I have been amazed by their passion, diversity of programming, and dedication to the people they serve. Stonehenge is probably best known for their live-in or residential services, but this is just one small component of care. They recognize that there are many steps in a person's substance use journey, and work hard to meet each person where they are.

Let's say that a patient using substances ends up in hospital, which we all know can be a stigmatizing and traumatic experience. In the hospital this patient would meet a Stonehenge peer support worker who would help with patient advocacy and connection to community resources. Right from their hospital bed, that patient can virtually access the Digital Front Door Rapid RAAM clinic. Upon leaving the hospital, they can go to one of the multiple RAAM clinic locations for in-person care, a travelling van, or they can continue virtual care. Along the way they will have access to peer support, counselling, and/or medical services in the fully Nurse Practitioner-led clinics. This includes a full range of treatments and harm reduction supports, from safer supply to opioid agonist treatment, from anti-craving medication to benzodiazepine tapers. If the person chooses detox, Stonehenge partners with the local hospital to provide nurse practitioner services in their withdrawal management unit. They can go to this facility, or complete withdrawal at home with our Community Withdrawal Support Services. If they then go on to the residential or live-in services, they can continue onto the aftercare and alumni programs. Along the way, the Stonehenge team is working to meet their personal needs with, for example, court services, family services, housing services, and so much more.

With this one example, it is easy to see the winding journey of any one person. But instead of having to access a different organization at each step, their process has been eased. One organization. A network of care providers. Supports that work together, ensuring smooth transitions and ease of information sharing. All while providing multiple services, and many ways of accessing them.

While no system is perfect, it feels idyllic to have so many aspects of care under one roof. I am gratified to be part of a team that works so hard for their community.

EVENTS

RAAM Monthly Videoconferences:

Provider	April 4	8 am
Counsellors	April 14	9 am
Addictions NP	April 26	12 pm

Webinar

April 12, 7- 8:30 pm

Hospital Harm Reduction: Shifting Paradigms

Jean Paul Michael, Dr. Kit Fairgrieve

Register [HERE](#)

PERSPECTIVES

Community Pharmacist Outreach

Danny Liu RPh, BSc.PhM

Pharmacist

Prime Care Pharmacy, Guelph



I am a clinical pharmacist specializing in outreach to vulnerable populations including those with substance use disorders. In the fall of 2019, the Guelph Community Health Center started a small pilot to support SUAP (Substance Use Addiction Program) prior to federal government approval for a Safer Supply Program. The initiative provides pharmacy-grade opioids to select clients. A traditional pharmacy model requires the client to come into the store where they are provided observed doses and carries of opioids. I provide outreach

support, delivering these services outside of the pharmacy to people 'where they're at'.

In our community pharmacy I work with five other clinical pharmacists who manage the day-to-day operations, freeing me up to do this important work. I have been doing addiction work for over 10 years, but my passion for this work was ignited when my stepson struggled with addiction and unfortunately passed away due to fentanyl poisoning. It is important for me to understand why people use drugs, and appreciate their lives, challenges, barriers, and the stigma they face everyday. Those who are homeless have the greatest burden of challenges.

On a typical day, my driver and I see about 60 patients at a variety of locations: including emergency shelters, subsidized housing complexes, motels, roadside campsites, and mission services. I meet the clients where they are because their personal lives and struggles with substance use result in many barriers to accessing traditional pharmacy medication delivery. These clients are very appreciative, as provision of safer opioids enables them to focus on their lives without added distraction or risk. I also try to listen and connect people as their needs become apparent – by purchasing groceries, transporting to appointments, etc. – and assist with a kind handover to outreach organizations. I have seen many people find hope and move toward a brighter future.

My work, although challenging, is gratifying; there is an opportunity to build relationships through the daily touch points in this outreach work. The hope is through daily contact people in need might benefit from routine visits, forge relationships, decrease substance use, reduce emergency room visits, and make stronger connections with their clinicians with fewer missed appointments. The bulk of my time is spent ensuring that daily medications are not missed, but I always have time when clients want to talk.

Let me share a story: I was providing care to a man in his late-60s who was lucky to move from a shelter to permanent housing. He was looking forward to reuniting with his dog Rebel after almost a year. He soon discovered that Rebel had cancer and had little time left to live. Rebel's owner was distraught and at high risk of relapse. I tried what I could to help - I liaised with a local photographer to provide memories of Rebel and was able to secure free cremation after Rebel passed away. These simple acts of kindness eased the man's grief and helped to avert a relapse.

Meeting people where they are at and helping them to meet their needs and stay safe are a big part of what I do. But the big wins come from supporting clients to live a better life, reduce their substance use, and eventually transition to OAT. Recently we started providing long-acting buprenorphine injections in the pharmacy and plan to provide this 'in the field' as soon as we can.

IN THE NEWS

[USA Makes Buprenorphine More Accessible](#) (New York Times)

[Animal Tranquilizer Xylazine New Threat](#) (CTV News Windsor)

[Ontario to End Services for Uninsured People](#) (CTV News Toronto)

[PETITION – Ending of Physician and Hospital Services for Uninsured Persons](#)

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