

# Expanding Access to Injectable Opioid Agonist Treatment

## Pharmacist Perspective on Narcotics Handling, Hydromorphone, and iOAT

### Overview

As the Province develops new service models for providing injectable opioid agonist treatment (iOAT) with hydromorphone, pharmacy and supplier advocates and the Ministry of Health have identified regulatory and legal challenges that services models must reflect, as hydromorphone is a narcotic and subject to specific regulations. This document describes the current state of dispensing narcotics from community pharmacies and health authority facilities and highlights the regulatory concerns and challenges facing all health professionals in the development of a sustainable, workable service delivery model for iOAT.

### Current Restrictions

#### Supply

The supply of narcotics in Canada is limited to current demand. Health Canada regulations discourage stockpiles of narcotics at any stage of the supply chain. Import and/or manufacturing are on an as-needed basis and are not anticipatory. Increasing usage of any single narcotic (e.g., hydromorphone) through a widely implemented iOAT program would create demand that could not be met by existing supply for several months.

#### Storage

Narcotics dispensed by community pharmacies must be kept in a time-delayed safe. Stringent inventory controls are mandated by Health Canada (single tablets accounted for, compounding ingredients by weight or volume). Pharmacies are limited in the amounts of narcotics they can keep onsite due to the requirements for secure storage. Health authority pharmacies are also subject to specific security requirements.

#### Witnessed/Supervised Injection

The responsible health professional supervising patient self-injection (usually a nurse but may also be a community pharmacist) will be required to spend 5 to 30 minutes with each patient prior to injection for assessment, instruction, consent, and administration. After self-injection, each patient must be supervised for up to an additional 20 minutes to monitor for adverse effects or overdose. Patients may require these services up to 3 times per day, resulting in a pharmacist's time investment of up to 90 minutes per day per patient. Pharmacists can refer to the [BC College of Pharmacists' Professional Practice Policy 67](#) for further guidance.

#### Contingencies

Pharmacies will be required to have sufficient naloxone and oxygen onsite to treat overdoses, as well as staff trained in their use available when witnessed or supervised injection occurs.

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## Delivery

Health Canada issued a policy statement to clarify the requirements for the transportation of controlled substances, including narcotics.

Pharmacists can “provide controlled substances to a person from whom the pharmacist has received a written prescription signed and dated by a practitioner. This includes the pharmacist transporting the controlled substances to the person. The controlled substances should be packaged in the pharmacy and dispensed with appropriate labelling. All other applicable regulatory requirements must also be met.”

“A practitioner [physician or nurse practitioner] can provide a controlled substance to a person who is under their professional treatment if the medication is required for the condition being treated. This includes the practitioner transporting the controlled substance to the patient. There are specific record keeping requirements for practitioners who do this. All other applicable regulatory requirements must also be met.”

“A hospital employee who is authorized by the person in charge of the hospital can provide a controlled substance to a person pursuant to a prescription (or hospital written order) if the person is under treatment of the hospital as an in/out patient. This includes the hospital employee transporting the medication to an out-patient of the hospital.”

In rural and remote areas, a Health Canada exemption is in place for registered nurses to deliver narcotics.

## Supply Transfers

Narcotics may not be transferred between community pharmacies, or between a community pharmacy and a health authority facility. This includes transfer of patient doses prepared in advance or in bulk at a sterile production facility. Exceptions exist for the transfer of narcotics for emergency use, and for those Health Canada has approved as licensed dealers. Within a health authority, narcotics may be transferred from one facility to another to meet demand.

## Compounding

Single-use syringes for iOAT must be prepared at the time of dispense (which is the most expensive option) or compounded in a sterile production facility. Few sterile production facilities currently exist outside of hospitals in British Columbia. Building additional sterile production facilities requires significant investment.

## Tracking and Disposal of Unused Drugs

Any narcotic that is not used by the patient for whom it was prescribed must be disposed of in a regulated and documented manner. Wastage that occurs during preparation or administration must be documented appropriately.