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alberta college of
pharmacists



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The next big step

Over the past eight to 10 years, the profession has been moving steadily towards the introduction of new legislation to govern our profession. Our efforts will culminate with the proclamation of the *Health Professions Act* for pharmacy, which we anticipate will take place in mid-2004. Then we will begin working in a new regulatory environment, one that will offer new opportunities for you to contribute to the health of Albertans.

As you know, we made our final presentation to the Health Professions Advisory Board in November 2003, promoting an expanded scope of practice for the profession. We offer special thanks to the members who actively participated in preparing the proposal and commend their consistent focus on meeting the health needs of Albertans.

As we go to press with this newsletter, we await a decision from the minister of Alberta Health and Wellness about our future role in the health system and anticipate further discussions with his department about the new legislation. We recognize that we are moving from a planning and development phase to one of implementation, and participation of all Alberta pharmacists.

2004 will be an exciting year! We look forward to working with you to broaden the scope of our practices to benefit the health of Albertans more fully and, in doing so, use your skills to a greater degree and increase your professional satisfaction.

On behalf of Council and the college's staff, we wish you good health and happiness in 2004!

Don Makowichuk
President

Greg Eberhart
Registrar



Check out the revamped website!

Thanks to the considered and considerable input from members, we've revamped the website to make information easier for you to find.

You told us that you want easier access to the drug schedules, the Triplicate Prescription Program drug list, prescriber lists, the college newsletter and your e-mail. When you go to the website, you'll see there are direct links to these items.

There are also some new sections, such as *Council At Work*, which includes information about emerging issues, college position statements, council agendas, plus a spot to ask your councillor a question.

In addition, some headings have changed and the registration and licensure information has been expanded.

On top of that, the search feature has been improved once again. Your searches can now include the content of all pdf documents on the site and all archived items.

You'll also notice that there is no longer a *Members Only* section. Items that have restricted access are distributed throughout the site; the system will prompt you for your username and password when you want access to those documents.

So check out the site at www.altapharm.org and let us know what you think!

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Councillors and our public members can be reached by e-mail via our website at www.altapharm.org under *About*, *Council*, or by using the search feature to locate them by name.

Staff Directory

All staff are available at (780) 990-0321 or 1-877-227-3838 or by fax at (780) 990-0328. Their e-mail addresses are available on our website at www.altapharm.org under *Contact Us*.

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Lynn Otteson

Latest news about expanded scope of practice...

On Thurs., Nov. 27, 2003, thanks to the significant and encouraging support and contributions from many pharmacists, Registrar Greg Eberhart made a final and powerful presentation to the Health Professions Advisory Board about an expanded scope of practice for the profession, particularly about pharmacist prescribing and administering drugs by injection. As this newsletter goes to print, the board is considering whether to recommend the expanded scope of practice to the minister of Alberta Health and Wellness for inclusion in new regulations.

The presentation to the board is the culmination of many years of discussions and consultation with members, other health care professionals, regional health authorities, and government officials. It focused on the needs of Albertans that have been repeatedly identified through provincial and federal health commissions. The identified needs include patient choice, accessibility to care, optimal use of health workforce, cost containment and appropriate drug use.

The college argued that pharmacists could have a positive impact on these issues if they were permitted to prescribe Schedule 1 drugs and if pharmacists, certified through a program approved by the college, were permitted to administer vaccines and other drugs by injection.

A number of pharmacy-related organizations spoke in support of the college's proposal, including the UofA's Faculty of Pharmacy and Pharmaceutical Sciences, the National Association of Pharmacy Regulatory Authorities and the Pharmaceutical Examining Board of Canada.

External stakeholders, including regional health authorities, the College of Physicians and Surgeons of Alberta, and the Alberta Association of Registered Nurses also made presentations to the board. While they all recognized pharmacists' knowledge and the potential value that could be recognized if the pharmacist role was expanded, some offered differing perspectives on regulatory limitations and implementation.

Once the board has made its recommendation to the minister, the minister will decide the extent to which the scope of practice for pharmacists will be expanded.

...which will affect new regulations for pharmacy

We continue to work with Alberta Health and Wellness to develop new regulations under the *Health Professions Act* and the *Pharmacy and Drug Act*. The regulations will recognize an expanded scope of practice for pharmacists, and are required prior to proclamation of the legislation for our profession.

Current discussions include a review of the comments from pharmacists and external stakeholders who participated during formal consultation throughout the summer and fall of 2003. We value this input as it helps us improve the clarity and accountability necessary within the regulations.

Our goal remains proclamation of the acts prior to July 1, 2004. Implementation will be directly affected by the actual date of proclamation.

...and the new regs lead to new standards

The college will introduce new standards of practice to accompany the new legislation.

The proposed standards will be based on the model competency-based standards developed by the National Association of Pharmacy Regulatory Authorities (NAPRA). They will be supplemented by draft standards for pharmacist prescribing and the administration of vaccines and other drugs by injection.

These draft standards will be distributed to members for consultation and feedback during 2004.

In addition, changes to our scope of practice will lead us to readdress the code of ethics, which you will also be asked to review.

If you have suggestions or concerns about what might be included in the new



Congratulations to our award winners!

Congratulations to the following award winners confirmed at the December 2003 council meeting.

- Kathy Turnbull, Grey Nuns Hospital, was named the M.J. Huston Pharmacist of the Year,
- Pharmacy On Call in Calgary, Doug Levy, owner/manager, was named the W.L. Boddy Pharmacy of the Year, and
- Rosemarie Biggs of Broadmoor Pharmacy in Sherwood Park was named the recipient of the Whitehall-Robins Bowl of Hygeia.

Watch for details about these award winners in a future newsletter!

standards, please contact Merv Blair, deputy registrar, at (780) 990-0321 or 1-877-227-3838 or Mervin.Blair@altapharm.org

Call for strong leaders: districts 3, 4 and 5!

Council is seeking nominations for councillors in District 3 (old RHA 10), District 4 (old RHAs 7, 11 and 12), and District 5 (old RHA 4). One position is open in each district.

If you are a member in these districts, you will receive a formal nomination package in January 2004.

The college needs strong leaders who support the values, vision and mission approved by members. They must be visionary and dedicated to leading our profession as we move into a new regulatory phase, and they should be recognized as individuals who demonstrate good leadership in their daily practice.

Council members focus extensively on the quality and scope of pharmacist practice. A primary responsibility will be to oversee the development of new regulations to the *Health Professions Act* and the *Pharmacy and Drug Act*, expected to be proclaimed in 2004. These new acts and their regulations will define pharmacist practice for years to come.

When considering an individual who would meet the criteria of a good leader, please review the roles and responsibilities of Council found on our website at www.altapharm.org.

Nominations must reach the college office by **Wed., Feb. 25, 2004**.



Call for resolutions

If you want to present a resolution to the annual general meeting in May 2004, you must submit your resolution to the college office by 4:30 p.m. on **Tues., March 30, 2004**.

Resolutions must be submitted to the registrar in writing, accompanied by the signatures of ten (10) voting members in good standing.

Implementing new privacy legislation

Pharmacists/pharmacies and the college are now challenged with the task of adopting policies and procedures to ensure compliance with new privacy legislation.

Pharmacists practising in community settings will be directly affected by these challenges, while pharmacists practising within regional health authorities need to be aware of privacy issues and comply with the obligations imposed on them under the applicable enactments.

However, it is unlikely that they will be overly involved in the development of the policies, procedures and systems that are necessary for compliance.

As of Jan. 1, 2004, pharmacist practice is influenced by three privacy enactments:

- the *Health Information Act* (Alberta) or HIA, effective April 25, 2001,
- the *Personal Information Protection Act* (Alberta) or PIPA, effective Jan. 1, 2004;
- the *Personal Information Protection and Electronic Documents Act* (Canada) or PIPEDA, effective Jan. 1, 2004 (except for cross-border flow of personal health information, which was effective Jan. 1, 2002).

HIA is provincial legislation that addresses the collection, use, and disclosure of personal health information for publicly funded health services, and for pharmacists and pharmacies, regardless of how they are funded. ACP has worked with RxA, Alberta Health and Wellness, and the Office of the Privacy Commissioner to provide you with information and tools to assist in complying with this legislation.

PIPA is new provincial legislation that was passed in early December 2003, and came into effect Jan. 1, 2004. It addresses the collection, use and disclosure of personal information in the private sector, including information collected, used and disclosed about employees. It also applies to the collection, use and disclosure of personal information by organizations like the college.

PIPEDA is federal legislation that applies to the collection, use and disclosure of personal information in the course of

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This feature summarizes real cases brought to the college's attention, including factors contributing to problems or complaints, and offers recommendations to prevent future incidents. It presents an opportunity to learn from the experiences of others and, where appropriate, incorporate relevant recommendations into our practices.

Education and prevention

Methadone: daily witnessed ingestion and carries

If you dispense methadone for treatment of opioid dependency, pay close attention to the requirements for daily witnessed ingestion, often abbreviated as DWI.

These prescriptions require you to dispense the milligram dose daily to the patient and directly observe the patient while he ingests the methadone drink. Be sure the entire dose is swallowed by the patient. Check that no drug remains in the cup and engage the patient in conversation after witnessing the ingestion, thus confirming that no part of the dose remains in the patient's mouth.

Carries are doses that the patient takes home to administer unsupervised. Prescriptions can be specifically written with the words "no carries," although DWI implies no carries. This means that you must not supply a dose to the patient that would be taken without your direct supervision, unless you have clarified with the prescriber whether carries are acceptable.

If your pharmacy is closed on a weekend or holiday, the DWI directions still apply and do not give you authorization to provide carries. In some instances, physicians have written a prescription for week days and a second prescription for weekends. If carries were provided by the pharmacy that had the week days prescription, the patient received a double dose by using the weekend prescription at another pharmacy.

Ensure that doses are not diverted or duplicated by checking with the **prescriber** before supplying carries.

Prescriptions requiring daily witnessed ingestion but permitting carries should specify the number of carries allowed. This usually appears abbreviated as DWI + 2 carries (weekend).

Caring for an opioid dependent patient requires collaboration among caregivers. Always check with the prescriber when directions are unclear or when the patient expresses needs that are not contemplated by the prescription's directions.

Attend the college's 2004 conference on May 28 and 29 in Calgary for more information about methadone programs, dispensing, and working with methadone patients. See page 12 for more details.

Implementing new privacy legislation

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commercial activity. It applies to all commercial activities, including those within Alberta, effective Jan. 1, 2004. While there are some questions about constitutional limits on this federal legislation and its relationship to PIPA, it clearly governs any collection, use or disclosure of information between provinces or across the Canadian border. PIPEDA has affected the cross-border flow of personal health information since Jan. 1, 2002.

Understanding the relationships between these enactments is very complex and, in many instances, answers to practical questions are not available. Therefore, ACP offers some simple recommendations to assist you in your journey to comply with the new requirements.

Pursue implementation methodically and, where necessary, seek guidance through the Office of the Information and Privacy Commissioner (www.oipc.ab.ca), a privacy consultant or your legal counsel. The college will continue to work with RxA to facilitate access to resources to enable your compliance. However, the nuances between pharmacy operations requires that each licensee address implementation at their own pharmacy. Licensees working within a larger corporate entity will likely benefit through common processes adopted by the corporation.

We recommend the following considerations when you begin implementation.

1. Familiarize yourself with the legislation. Copies of provincial legislation are available through the Queen's Printer Bookstore (www.qp.gov.ab.ca.) Several resources have been made available about PIPA on the provincial private sector privacy website at www.psp.gov.ab.ca. Industry Canada has provided information about PIPEDA for health sector organizations and providers at www.hc-sc.gc.ca/ohih-bsi/theme/priv/privinfo_e.html.
2. Immediately appoint someone within your organization to take responsibility for reviewing and leading an implementation and compliance strategy within your pharmacy. The issues are complex, and they are best

addressed through the focus of a single individual.

3. Review the types of personal information that are collected, used and disclosed in your pharmacy. What information do you collect? Who do you disclose it to? For what purposes do you disclose it?
4. Develop policies and procedures for your pharmacy that will ensure compliance with the legislation. This is the most challenging step, and it is here that the resources referenced above will prove valuable.
5. Review the security procedures within your pharmacy. How do you safeguard personal information that is stored and used within your pharmacy? Do you have the necessary agreements with affiliates, such as, software vendors or corporate head offices, that define the

information to which they may have access and for what purposes it can be used? Have you properly instructed your staff about their obligations in relation to the use, collection and disclosure of personal information?

ACP suggests a prompt, but methodical, approach to implementation and compliance. You should already be in compliance with the *Health Information Act*. If you are not, you should immediately take steps to comply.

Unless your practice or business involves the communication of information between provinces or across the Canadian border, your next focus should be the *Personal Information Protection Act*. If you comply with PIPA, you will have covered most of your obligations under PIPEDA. However, you will still need to

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Next step in the ban of CFC inhalers

As of Jan. 1, 2004, the production and importation of corticosteroid metered dose inhalers (MDIs) containing CFC is prohibited.

Please note that this prohibition is somewhat different from the ban on CFC-containing salbutamol inhalers in January 2003 when you were prohibited from selling CFC-containing salbutamol inhalers. If you have CFC-containing corticosteroid MDIs in stock, you may continue to sell them after Jan. 1, 2004.

This January 2004 milestone marks the next step in the federal strategy to eliminate the use of CFC inhalers. The last phase of the transition strategy will occur on Jan. 1, 2005 when the production and importation of all other CFC-containing MDIs will be prohibited.

Promoting Rational Drug Use

Trial prescriptions: a provincial community pharmacist intervention program

This article is the fourth and last in a series. Submitted by Harold Lopatka, program director, Alberta Drug Utilization Program (ADUP)

The trial prescription or Checkpoint program was the first drug use management initiative launched by the Alberta Drug Utilization Program (ADUP). Here's how it works. At the time a prescription is entered, pharmacists are prompted about potential trials through Alberta Blue Cross, then patient co-payment is calculated, pharmacist documentation including outcome information is captured on-line, and activity levels and outcomes are monitored on a regular basis. The program is an attractive alternative to physician sample programs.

An evaluation conducted in 2002 showed that the intervention likely resulted in improved quality of care and participating seniors were highly satisfied. The program was cost neutral when pharmacy payments and the cost savings from discontinuations were compared.

The program's design was modified in October 2002 to make it easier for pharmacists to perform the intervention.

Software problems had caused pharmacists to decrease their participation. Since the changes were implemented, many pharmacists have not tried the modified program. Unfortunately, by the spring 2004, two major pharmacy software vendors will no longer support the program and it is projected that more than half of Alberta pharmacies will be unable to participate.

The program has operated for three years with Alberta pharmacists initiating 24,200 trials and discontinuing 4,100 trials. Pharmacist participation was highest in the 2001/02 fiscal year with 11,400 initiations and 2,100 discontinuations. The activity levels seen in 2001/02 were the highest for active programs in Canada. Activity levels in the past fiscal year dropped to 25 per cent of the levels observed in 2001/02.

The barriers to significant pharmacist participation and the impact from the withdrawal of support by two major software vendors are being examined by ADUP to determine program viability.

Membership e-mail usage continues to climb

As of the end of November 2003, 64.7 per cent of college members were signed onto the membership e-mail system! That's a five per cent increase since May 2003.

We asked members who haven't signed on why they haven't taken advantage of the opportunity to receive college communication electronically. It appears many of them plan to be part of the system, but don't have ready access to a computer at this time. We look forward to having them join their colleagues soon.

If you need help signing onto the system, please call Misti Denton at the college office at (780) 990-0321 or 1-877-227-3838 or contact her by e-mail at Misti.Denton@altapharm.org



Implementing new privacy legislation

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check that your policies and systems comply with PIPEDA.

If your practice or business includes the cross-border flow of personal information, you should already be in compliance with PIPEDA. If you are not, immediately take steps to comply.

ACP will increase its field presence in 2004 to help licensees enhance their practice environments. Compliance with privacy legislation is one of the priorities that will be addressed. The college's goals are to provide guidance and to facilitate access to the necessary resources that will help you comply with this new legislation.

Remember that these privacy enactments are not intended to impair the provision of health services to your patients. Generally speaking, they contain exceptions that allow you to collect, use and disclose personal information for the purpose of providing health services to your patients without obtaining patient consent, except in a limited range of circumstances. However, if you wish to collect, use or disclose personal information for secondary purposes, you will need consent.



Self-assessment workshops—a progress report

Thank you to the many pharmacists who participated in workshops to refine the self-assessment process that's currently under development. We truly appreciate your time!

Your feedback at and after the workshops will be used to further refine the self-assessment process.

The project consultant will present her report to the Competence Committee on Jan. 26, 2004. Then the committee will work out the procedures, such as, frequency of reporting, and what should be submitted and to whom.

The college will also work with the Office of Continuing Pharmacy Education to develop a comprehensive education

program and manual, similar to the one for the *RxCEL Learning Portfolio*, to help members understand and use the program.

The self-assessment tools and process will help you assess the competencies that are relevant to your practice, and identify your current and desired levels of proficiency.

Watch for more information in upcoming newsletters.

Learning portfolio tip

Did you know that you must complete a learning project record (LPR) for all non-accredited learning activities that you claim on your professional development log? You must do this even if...

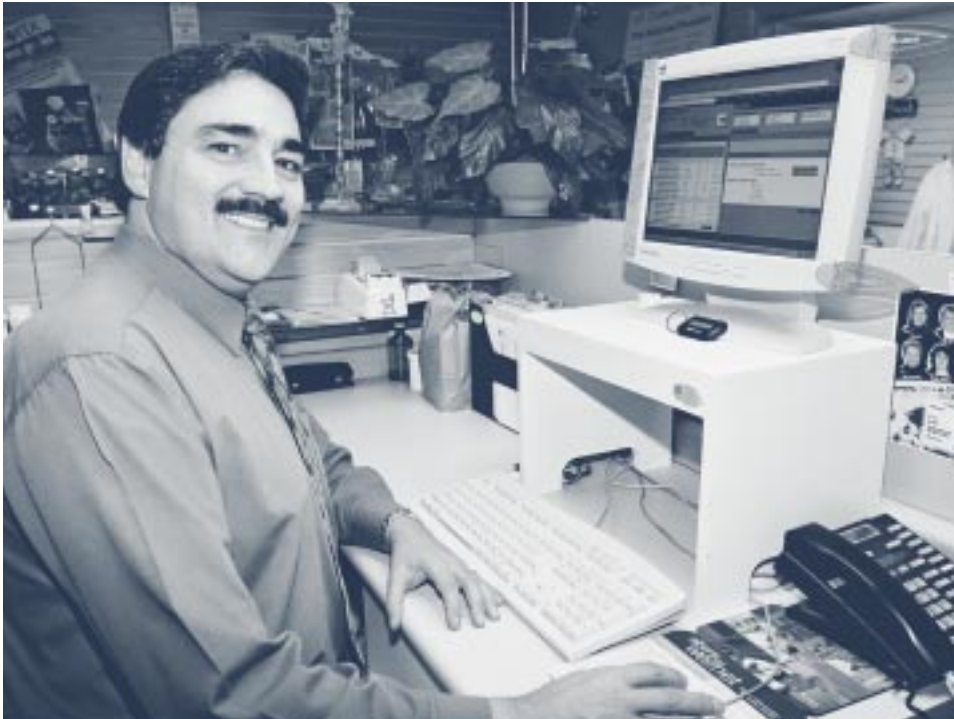
- you have more than the minimum 15 CEUs, and
- it's an accredited home study program, e.g. Pharmacist's Letter CE-in-the Letter or Office of Continuing Pharmacy Education's home study programs, but you didn't do the exam for it.

It's a good idea to fill in the LPR as soon as you complete the non-accredited learning activity and it's fresh in your mind. (You can find the LPR on our website at www.altapharm.org.)

Remember that you must have completed the LPR at the time you renew your licence because you will sign a professional declaration that confirms:

"I understand that the information contained in my application is subject to audit and that false or misleading statements concerning my continuing education experiences may be considered grounds for initiating a complaint of professional misconduct" and also that "the attached copy of my professional development log is a true and accurate record of those continuing education experiences."

Don't wait to hear whether your learning portfolio is going to be audited before you fill in the form!



Tom Keller, Healthcheck Pharmacy, Leduc

Alberta's EHR connects pharmacists

The Alberta electronic health record (EHR) was officially launched by Premier Ralph Klein and Gary Mar, minister of Health and Wellness, on Oct. 21, 2003. It is the first of its kind in Canada, ushering in a new era of patient care.

Since the public launch, the EHR has been actively deployed to communities across the province, and as of the first of December 2003, has already connected 2200 health care providers. Among them are an increasing number of enthusiastic pharmacists who view the EHR as an important tool for connecting to prescribing physicians and providing better patient care.

One such pharmacist is Tom Keller, owner of Healthcheck Pharmacy in Leduc. According to Tom, "The biggest advantage of the Alberta EHR is the time saving. Information is retrieved very quickly, whether it is drug information, allergy and intolerance information, prescriber information, patient or prescription information. It contains a lot of information which can be used in many ways to provide better patient care."

Through the EHR, pharmacists can electronically view and update patient drug records, drug interactions, patient allergies, and demographics. As pharmacies begin to upload dispensing data in the coming months, the EHR will become a vastly more comprehensive tool for all health care providers in their drive to improve patient care and safety.

Some benefits to having access to the EHR in your pharmacy include:

- access to more accurate patient information from across the province while you're with the patient;
- on-line reference and clinical support tools, e.g., standard medication dosages and interactions;
- a summary of possible allergies, intolerances and interactions;
- the ability to record new allergies or intolerances;
- reduction in dispensing errors;
- detection of duplicate prescriptions;
- time saved clarifying prescriptions; and,
- access to more complete and accurate patient contact information.

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Did you know...



Did you know that, throughout 2003, college staff spent 1,477.75 hours or 197 working days planning and executing events designed to get your input on an issue or to convey important information?

ACP held focus groups, forums, workshops across the province, in addition to a brainstorming session in Calgary, as a means of meeting with you, getting your ideas, and hearing your concerns. Included in the 1,477.75 hours are time to plan and arrange for, communicate about, and confirm your attendance at these sessions. Presentation time and follow-up are also included. (The usual communication activities, such as answering your telephone questions, updating the website, sending e-mails, responding to e-mails, preparing the newsletter, etc., are not part of this figure.)

Although this is an enormous time commitment, the value of your input to college activities is immeasurable.

Thanks to everyone who participated!

Pharmacy licensing definitions

- A **renovation** is any change in a pharmacy that affects the overall size, the dispensing area size, and/or the dispensing counter size.
- A **relocation** is the move of a pharmacy from one location to another within the same city or town. This includes moving a pharmacy within the same shopping mall or moving a pharmacy in a store to another location within the same store.
- A **new pharmacy** is a pharmacy opened at a location where a pharmacy facility does not currently exist.

Attention pharmacy managers and proprietors! Do you know when to contact ACP?



If there is a **change of ownership** at your pharmacy, you must give the college 30 days notice prior to the

effective date of the change. Insufficient notice to the college could mean you will not be able to adjudicate Alberta Blue Cross claims or order products from drug suppliers!

Are you planning a **change of licensee or pharmacy name?**

Please complete the application forms for these purposes found on our website in the *Registration and Licensure* section.

And if you're planning a **change in your pharmacy's hours of operation**, i.e., moving to a lock and leave operation, or **closing temporarily**, we need written notification 30 days prior to the change.

For additional information, please contact Linda Hagen by telephone at (780) 990-0321 or 1-877-227-3838 or by e-mail at Linda.Hagen@altapharm.org.

Alberta EHR connects pharmacists- *continued from page 7*

ACP and RxA continue to work with Alberta Health and Wellness and Alberta Wellnet to accommodate pharmacist access to laboratory values.

All Alberta health regions, one-third of physicians' offices, and one-half of all pharmacies are expected to be on-line with electronic health records by spring 2004.

The security and privacy of health information in the EHR system follows the highest on-line security standards in the world. The system monitors for attempted unauthorized activity around the clock.

The EHR, as well as implementation support and training, is available free-of-charge by contacting the EHR deployment team at 1-866-756-2647 (in Edmonton call [780] 412-9970) or through e-mail at Health.EhrDeployment@gov.ab.ca. The deployment team will help you through the process of activating the EHR in your pharmacy. You can also get more information, view a demo, or register online by visiting the deployment website at www.AlbertaWellnet.org/EHR/Register.



Canadian Internet pharmacy certification now available

The National Association of Pharmacy Regulatory Authorities (NAPRA) has announced the launch of the Canadian Verified Internet Pharmacy Practice Sites (VIPPS) program.

This certification program for pharmacies with on-line services helps patients to choose Canadian Internet pharmacies that have demonstrated compliance with rigorous professional standards and safe pharmacy practices.

Consumers can access the VIPPS website via www.napra.ca to search for certified, on-line pharmacies and to report suspicious on-line operations that

may or may not be legitimate pharmacies. A link to the VIPPS site can also be found on our website at www.altapharm.org.

VIPPS-certified pharmacies must successfully complete an on-site inspection and demonstrate compliance with 27 rigorous criteria that include:

- assurances that pharmacists are practicing in accordance with recognized Canadian standards and laws, and the regulations and standards in force in the patients' jurisdiction;
- patient safety safeguards;
- meaningful consultation with patients;
- notification of delivery delays;
- processes to inform patients of drug recalls; and,
- information on the disposal of expired or unused medications.

Adapted for use in Canada, the program was first introduced by the US National Association of Boards of Pharmacy in 1999. The Canadian adaptation is supported by NAPRA's member pharmacy licensing bodies, the Canadian Association of Chain Drug Stores, and the Canadian Pharmacists Association as a reliable and easy means for Canadian consumers to identify on-line pharmacies that are legally operating and that meet the VIPPS criteria.

To learn more about the VIPPS program or the VIPPS certification process, contact Barbara Wells at (613) 569-9658 ext 224 or at bwells@napra.ca

TPP correction

We erred when we said in the November/December 2003 issue of **acp news** that sufentanyl was removed from the Triplicate Prescription Program.

Sufentanyl remains in the program. We should have said that oxymorphone was removed.

Sorry for any confusion our error has caused!

acp xPress

(faxed since Sept. 30, 2003)

Oct. 7 to Nov. 28

- Notices and reminders sent for pharmacist prescribing forums in Calgary, Edmonton, Lethbridge, Red Deer, Grande Prairie, Ft. McMurray, Lethbridge, and
- Notices and reminders sent for the governance review forums in Edmonton, Lethbridge, Calgary and Grande Prairie.

Oct. 14

- Pharmacist prescribing information phone line is open

Oct. 17

- Workshops for self-assessment tool for use in competency profile

Oct. 21

- UofA's Faculty of Pharmacy and Pharmaceutical Sciences is looking for facilitators for the Health Team Development Course

Oct. 30

- Reminder of workshops for self-assessment tool

acp news

(issued on the college website since Oct. 2, 2003)

Awards:

Oct. 16

- Nominate a colleague for award recognition

Oct. 27

- Reminder: Pharmacy of the Year Award nomination deadline Oct. 31

External:

Oct. 21

- The UofA's Faculty of Pharmacy and Pharmaceutical Sciences is looking for facilitators for the Health Team Development Course.

Nov. 24

- Canadian Internet pharmacy certification now available
- (NAPRA) announces the launch of the Canadian Verified Internet Pharmacy Practice Sites (VIPPS) program.

Meetings:

Oct. 8 to Nov. 28

- Notices and reminders sent for pharmacist prescribing forums in Calgary, Edmonton, Lethbridge, Red Deer, Grande Prairie, Ft. McMurray, Lethbridge, and

- Notices and reminders sent for governance review forums in Edmonton, Lethbridge, Calgary and Grande Prairie.

Oct. 17

- Self assessment tool workshop invitation

Oct. 29

- Reminder for self assessment tool workshop

Operations:

Oct. 8

- Prescribing information line opens for calls

Oct. 14

- Reminder re prescribing phone line

Practice Issues:

Oct. 16

- Podiatrists prescribing benzodiazepines

Oct. 20

- PDA consultation process under way

Dec. 3

- Latest news about expanded scope of practice

Dec. 4

- December council meeting

Drug Information:

Oct. 20

- Safety information: lamivudine (3TC[®]), abacavir (Ziagen[®]) and tenofovir (Viread[™])

Oct. 23

- Safety information: Serzone-5HT2[®] (nefazodone HCl)

Nov. 12

- Nefazodone withdrawal

Nov. 14

- Safety information: Zenapax (daclizumab)

Nov. 17

- Safety information: Ventolin[®] Diskus[®], Serevent[®] Diskus[®], Flovent[®] Diskus[®]
- Safety information: Stamen and Bell Magic Bullet

Nov. 18

- Safety information: dispensing clozapine

Nov. 28 and Dec. 3

- Lakota Topical Pain Reliever

Dec. 3

- Next step in ban of CFC inhalers

Health Canada advisories

After the last edition of the newsletter went to print, Health Canada placed the following advisories on its website. You can obtain a copy by using the links below or by calling Misti Denton at the college office at (780) 990-0321 or 1-877-227-3838, or contacting her by e-mail at Misti.Denton@altapharm.org.

Some of the following links will take you to the Health Canada website, others will take you to the Health Canada information on the National Association of Pharmacy Regulatory Authorities website.

- Safety information: lamivudine (3TC[®]), abacavir (Ziagen[®]) and tenofovir (Viread[™])
www.napra.ca/pdfs/advisories/3TC.pdf
- Safety information: Serzone-5HT₂[®] (nefazodone HCl)
Information for health professionals:
www.napra.ca/pdfs/advisories/nefazodone.pdf
Information for consumers:
www.hc-sc.gc.ca/english/protection/warnings/2003/2003_83.htm
- Safety information: Zenapax (daclizumab)
[www.hc-sc.gc.ca/hpfb-dgpsa/tpd-dpt/zenapax_\(daclizumab\)_nth_e.html](http://www.hc-sc.gc.ca/hpfb-dgpsa/tpd-dpt/zenapax_(daclizumab)_nth_e.html)
- Safety information: Ventolin[®] Diskus[®], Serevent[®] Diskus[®], Flovent[®] Diskus[®]
Advisory for professionals:
www.hc-sc.gc.ca/hpfb-dgpsa/tpd-dpt/diskus_hpc_e.html
Advisory for consumers:
www.hc-sc.gc.ca/hpfb-dgpsa/tpd-dpt/diskus_pa_e.html
- Safety information: Stamen and Bell Magicc Bullet
www.hc-sc.gc.ca/english/protection/warnings/2003/2003_84.htm
- Safety information: dispensing clozapine
www.napra.ca/pdfs/advisories/clozapine-e-nov142003.pdf

Podiatrists prescribing benzodiazepines

Health Canada has reinstated the rights of Alberta podiatrists to purchase, prescribe and administer benzodiazepines to the extent that was permitted under Alberta legislation prior to the enactment of the *Benzodiazepines and Other Targeted Substances Regulations* under the *Controlled Drugs and Substances Act* (CDSA).

Only podiatrists included on the list provided by the Alberta Podiatry Association (APA) are eligible to prescribe benzodiazepines. The list is available on our website.

This change is an interim measure to deal with the loss of the rights that the podiatrists had prior to the CDSA and regulations coming into force.

Questions about whether a particular podiatrist can prescribe benzodiazepines should be direct to the APA at (780) 453-5883.

Did you know...?



You can forward your membership e-mail!

If you're concerned about the time it takes to check more than one e-mail mail box, you can streamline your efforts by forwarding the membership e-mail to another account.

Simply sign onto the membership e-mail system, choose *Options* in the left-hand menu, then choose *General* where you can enter the forwarding information. Remember to scroll down to the bottom of the page and click on *Update Preferences* so the system will initiate the forwarding.



Crystal meth: a growing community problem

The use of methamphetamine or crystal meth is quickly

moving beyond a law enforcement issue and becoming a community problem. Law enforcement agencies, provincial governments and community workers are dismayed by the impact of crystal meth.

According to Sgt. Ian Sanderson, drug awareness coordinator for RCMP K Division, crystal meth can take over a community because of its highly addictive properties and the ease with which it can be synthesized in labs, making it a major concern.

The popularity of this drug in Alberta is increasing. In 1998, the Alberta RCMP opened only 13 files related to trafficking in methamphetamine. In 2002, the number jumped to 164.

Methamphetamine is a highly addictive drug. As with cocaine, individuals can become addicted after only one use.

In addition, there are environmental dangers from its manufacture. Chemicals and toxic waste dumped in fields and down toilets and sinks spread dangerous contaminants into the air, soil and water.

For every pound of crystal meth produced, five to six pounds of waste chemicals result.

A troubling trend is the growing number of labs in homes, apartments, hotels, vehicles and warehouses. Labs have been found in day care centres in the US and even in trailers attached to transport trucks. The health of children, or anyone in the vicinity, is at risk when exposed to the chemicals used to make meth. Labs are often discovered after a fire or explosion.

The college is working with Alberta's Solicitor General and police officials to determine how our profession can support the law enforcement efforts and inhibit the growth of this clandestine industry. Watch for more information as these discussions continue.

You will find enclosed a brochure on methamphetamine. Please post it in your pharmacy to raise your employees' awareness of the issue.

In addition, plan to attend ACP's 2004 conference session on street drugs on May 28, 2004. For details see page 12.

Facts about crystal meth

- methamphetamine—a powerful addictive stimulant that dramatically affects many areas of the central nervous system
- side effects—paranoia, schizophrenia, permanent brain damage, hallucinations, violent acts
- dangers of meth labs—use of poisonous and explosive chemicals, creates hazardous waste by-products that are usually carelessly discarded, resulting in contamination of communities
- recipes are easily accessible, including on the Internet
- methamphetamine is manufactured from relatively common household products (see brochure enclosed in this newsletter for details)



Lakota Topical Pain Reliever

A college member has informed us that some boxes of Lakota Topical Pain Reliever have Lakota New Joint Care Roll-on inside.

The box indicates that the pain reliever contains capsaicin, however the list of ingredients on the bottle does not include capsaicin.

If you have this product in your current inventory, please check to ensure that the product label on the container matches the box. Please contact the manufacturer at 1-877-514-3132, or visit its website at www.lakotaherbs.com

Watch for NPNs

Health Canada's Natural Health Products Branch will soon review all natural health products sold in Canada.

You should begin to see natural product numbers or NPNs on natural health products in January 2004. Companies who market the products should be applying for NPNs to replace existing DINs or for use on products which to date have not carried a number.

In addition, Health Canada suggests that you request NPNs from suppliers in an effort to buy and sell only quality products.

Pharmacist role in HIV/AIDS

Are you aware that fewer than one in five persons* has access to basic HIV prevention programs world-wide?

Recognizing the severity of this issue, the Commonwealth Pharmaceutical Association (CPA) encourages all pharmacists to become more proactive in using proven prevention programs to increase community access to reliable information.

To this end, at its August 2003 meeting in Jamaica, the CPA developed a formal statement about the role of the pharmacist in preventing and managing HIV/AIDS.

CPA officially launched the statement on World AIDS Day on Dec. 1, 2003. It outlines opportunities for action and implementation strategies that pharmacists can use in preventing and managing the disease.

Don Makowichuk, the college's president, was a delegate to the August conference. He notes that CPA encourages all pharmacists to use more than one approach when implementing strategies, to acknowledge cultural and social sensitivities, and to promote equitable access to all medicines, information and services.

You can find the CPA statement, along with its suggestions for action, at http://www.commonwealthpharmacy.org/universal/ocho_rios_statement.pdf

*Commonwealth Pharmaceutical Association, Global HIV Prevention Working Group, Report on Access to HIV Prevention, May 2003

...from the faculty

On Nov. 12, 2003, the University Academic Planning Committee approved the new pharmacy curriculum, commending the faculty for this landmark achievement as it gave its approval.

The faculty is now ready to move towards implementation in September 2004.

Getting to this stage has been a long and arduous journey that began almost a decade ago with five volunteers who were committed to the process. In the past three years the initiative was spear-headed by Dr. Mo Jamali, with Sheila Kelcher as the lead.

The faculty was ultimately successful in gaining approval due to its persistent efforts and the active participation of academic and non-academic staff, students, practitioners and many other university and non-university supporters.

The faculty still faces the enormous challenge of successful implementation. What an exciting challenge that is!



Did you know that a security feature in the membership e-mail system will automatically log you off after 20 minutes if you haven't opened or sent any messages?

If you are composing a long e-mail, or get interrupted while preparing a message, save it in your *Draft Folder* at intervals. In addition to actually saving your document, this action will cause you to interact with the server, thus giving you an additional 20 minutes of access.

To save a draft, simply click on the *Save as Draft* button and a copy will be saved in the folder until you are ready to post it. ↩



makingconnections: where pharmacy fits in the health care puzzle

Be sure to mark
May 28 - 29, 2004
on your calendar and plan to attend the college's conference and annual general meeting!

Join your colleagues for great learning opportunities and times for socializing!

Here's a sampling of the topics to be discussed:

- street drugs and substance abuse
- paediatric dosing
- your role in preconception care for diabetics
- working with methadone patients and programs
- your role in a pandemic
- connecting and working with physicians
- privacy legislation
- new regulations for the profession

You'll also have an opportunity to meet the Calgary zoo's animals and keepers on Fri., May 28, and recognize award winning colleagues, and contribute to the college's annual general meeting on the 29th.

A packed agenda with the potential for 7 CEUs! See you there!