

Walking the Talk: Actions to Resolve Canada's Opioid Crisis

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It is critical that leaders not only say the right things but also, more importantly, do the right things—that they “walk the talk”—especially when addressing difficult problems such as the current opioid crisis. The number of overdoses and deaths attributed to opioid abuse and misuse in Canada is a national public health emergency. The Canadian Society of Hospital Pharmacists (CSHP) is a signatory to the Joint Statement of Action to Address the Opioid Crisis, which lists specific commitments made by governments, associations, and other decision-makers. In this presidential commentary, I'd like to provide an update on CSHP's progress toward fulfilling our commitments under the Joint Statement of Action.

One of CSHP's commitments was to survey its members to identify their needs for tools and resources concerning controlled substances. The results of this survey, which was conducted in late 2017, are being used to guide the development of practice tools and education programs for opioid stewardship (survey report available through <https://www.cshp.ca/opioid-crisis>).

In February 2019, CSHP released *Controlled Drugs and Substances in Hospitals and Healthcare Facilities: Guidelines on Secure Management and Diversion Prevention*, an open-access resource that is freely available to both practitioners and the public (through <https://www.cshp.ca/guidelines>). These guidelines offer direction to Canadian healthcare facilities on developing a system to prevent, detect, and respond to the diversion of controlled substances, and on continuously improving such a system once it has been established. The guideline development group included CSHP members and representatives of other signatories to the Joint Statement of Action, including medical and nursing associations, Health Canada, HealthCareCAN, and the Institute for Safe Medication Practices Canada. Input was also sought from the general public. The final result of this broad collaboration is a set of guidelines suitable for implementation in healthcare institutions across Canada. Discussion about and action on drug diversion in healthcare are changing from a culture of “blame and shame” to a sense of shared responsibility, universal reporting, and systems

improvement. Both CSHP (through its guidelines) and this Journal (through articles elsewhere in this issue) are offering leadership in the area of drug diversion.

To support pharmacists caring for patients who are at risk of opioid-related problems, CSHP developed a Canadian Medication Optimization Briefing entitled “Safe Transitions of Care for Patients Taking Opioids” (available to members through <https://www.cshp.ca/canadian-medication-optimization-briefing-0>). CSHP maintains an online library of educational and practice-related resources on opioid use (see <https://www.cshp.ca/opioid-use>), is contributing feedback on revisions to Health Canada's *Abuse and Diversion of Controlled Substances: A Guide for Health Professionals* (current version available at <http://publications.gc.ca/site/eng/289299/publication.html>), and is submitting recommendations for an update to *First Do No Harm: Responding to Canada's Prescription Drug Crisis Strategy* (current version available at www.ccdus.ca/Eng/topics/Prescription-Drugs/Pages/default.aspx).

Our members should be proud of the Society's work toward fulfilling its commitments under the Joint Statement of Action. Now is not the time for complacency. Rather, it is time for us to use the new guidelines and other resources to “walk the talk” in our own practices, to support both patients and colleagues who are (or are at risk of) abusing and misusing opioids and other controlled substances.



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