

**Ottawa-Carleton Pharmacists' Association**

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► Krista Kreling

Project Officer
Environmental Health and Protection Branch
Ottawa Public Health

Dear Ms. Kreling,

Further to the June 2009 meeting at which I spoke with Dr. Vera Etches, and Andrew Hendriks, I am forwarding a statement that OCPHA would like included in the upcoming report to Council. I have included a brief background to frame the request for retraction. Please contact me with the action taken by Council on this matter or if you have any questions regarding this statement.

Best regards,

Mark Kearney
Ottawa-Carleton Pharmacists' Association
August 14, 2009

Background

The April 4th, 2008 Report to the Community and Protective Services Committee contained the following statement:

"A recent study conducted by the Departmental Site Consultative Group indicated that 110-150% of syringes distributed by the Needle Exchange program are recovered through the City's integrated response system in any given month. Legitimate purchases from pharmacies ... represent a significant portion of the needles on the street."

This statement was repeated at the June 12, 2008 Report to the Community and Protective Services Committee and Council.

The Ottawa Carleton-Pharmacists' Association (OCPhA) received several complaints from its members regarding the negative portrayal of pharmacists in the media coverage related to these reports. OCPhA contacted the office of Diane Holmes, the office of Dr. David Salisbury, and Ottawa Public Health with its concerns in April 2008.

Subsequently, it was revealed that there was no official study to support this statement but rather a calculation that was used to estimate the number of syringes that were being collected through various sources. This calculation was suggested by the Departmental Site Consultative Group and adopted by Ottawa Public Health.

OCPhA received more complaints from its members following a community forum on *An Integrated Approach to Ottawa's Open Drug Use* in February 2009. A report by Dr. Lynne Leonard implied pharmacists' refusal to sell syringes to the public was contributing to the 13% HIV rate and 51% Hepatitis C rate among intravenous drug users in Ottawa. This conclusion was drawn based on retrospective interviews with 249 intravenous drug users over a seven day period.

OCPhA has heard from several of its members that the statements from the April 2008 and June 2008 reports to the Community and Protective Services Committee influenced their decisions to withhold the sale of needles to the public in the absence of a prescription.

Problem

Pharmacists in Ottawa are frustrated in that the City of Ottawa is inferring that the sale of syringes at pharmacies are contributing to the problem of discarded needles in the community while, at the same time, pharmacists are being accused of contributing to public health problems by refusing to sell syringes to the public. Neither of these messages appear to have any basis in credible science.

The result has been a negative portrayal of pharmacists to the public via the local media and to other health professionals via public health conferences and a subsequent detrimental impact on pharmacist's willingness to sell sterile syringes to the public.

Action Requested

Because of its negative interpretation in the media and influence on the willingness of pharmacists to sell needles to the public, OCPHA would like the City to formally retract the following portion of the statement from the April and June 2008 reports to the Community and Protective Services Committee the April and June 2008:

"Legitimate purchases from pharmacies ... represent a significant portion of the needles on the street."

and make it known that this statement was not obtained based on the findings of any formal study, as had been suggested in the media.

OCPHA is quite willing to work with the city on issues such as harm reduction programs for the betterment of public health. OCPHA suggests that the City seek its input on matters involving pharmacists in the future so as facilitate cooperation and to prevent comments on pharmacy practice being made to the public and media without the information necessary to validate them.