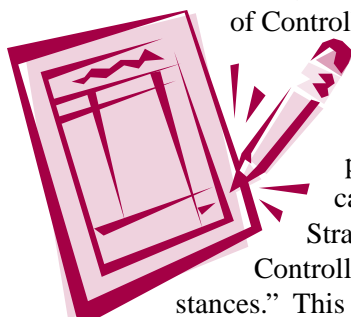




Change In Reporting For Controlled Drugs And Substances



Due to restructuring in Health Canada, the Office of Controlled Substances is now within a program called "Drug Strategy and Controlled Substances." This is one of five programs in the new Healthy Environments and Consumer Safety Branch. Some functions previously managed by regional offices are now being managed by the Office of Controlled Substances located in Ottawa.

Effective immediately, as required by the Regulations of the *Controlled Drugs and Substances Act*, the loss, theft and forgery of controlled drugs and substances should be reported

directly to the Compliance, Monitoring and Liaison Division of this office. Reporting forms are being revised to include the new forwarding address:

Compliance, Monitoring and Liaison Division
Office of Controlled Substances
Drug Strategy and Controlled Substances Program
Health Canada
Address Locator: 3502B
Ottawa, Ontario K1A 1B9
Tel: (613) 954-1541
Fax: (613) 957-0110

In addition, requests for local destruction of unusable controlled drugs and substances should also be directed to the Division mentioned above. A new policy addressing requests for authorization to destroy unusable controlled

drugs and substances is now being reviewed. Current policies remain in effect until a new directive is communicated this summer.

Any questions concerning reporting or other regulatory requirements for pharmacists can be directed to the Compliance, Monitoring and Liaison Division.

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Linda Lytle, Registrar

Your questions and comments about this Bulletin are welcome and may be forwarded to the Registrar.

Pharmacy Tobacco Sales Ban Update

The College continues to work on the implementation of its resolution that "a pharmacy license will not be issued for any new or existing pharmacy located in an establishment that sells tobacco products, effective 1 January 2002." In the winter of 2001, Council recommended to the Ministry of Health that it amend regulations to the *Tobacco Sales Act*.

Correspondence in May from the then Minister of Health, Corky Evans, indicated that efforts to draft workable restrictions on the sale of tobacco products in pharmacies have proven more difficult than expected because of the variety of circumstances in which pharmacies operate.

Now the Council's submission to change the bylaws is before the new government. Council has requested that Registrar Linda Lytle consult with the new Minister of Health concerning plans to address the submission.

Until legislative changes are made, the current regulations which permit pharmacy tobacco sales will continue to apply. Members will be kept informed of any progress in the implementation of the sales ban.

Table Of Contents

News Stories	1-4
In Brief	4
Drug Updates	5
Community Pharmacy Corner	5
Hospital Pharmacy Insights	6
Ethics in Practice	7
PhC.A.R.E. Program Update	7
PharmaNet	8
Resource Source	9
Plan to Attend	10
People News	10
Councillor Contact List	10



Pharmaceutical Outcomes Research: An Important Component Of Professional Practice

During our career, we have all been invited to participate in research activities. Beyond being a potential disruption to daily activities in our pharmacies, what significance does outcomes research hold?

More Outcomes Research Needed

Decision makers at all levels (hospitals, private insurance companies and government drug plans) are increasingly requesting evidence of drug effectiveness as well as detailed information about the cost implications of adopting new therapies. While the 'efficacy' of new drug products and therapies has been carefully assessed in randomized controlled trials (RCTs), there often exists little evidence of their 'real world' effectiveness. Effectiveness studies, one example of outcomes research, evaluate the impact of drug therapies when they are used by 'real world' patient groups that include seniors, women, children, or patients with comorbidities and/or compliance problems who are often excluded from RCTs. While outcomes research is essential to viability and innovation within our health care system, to-date there has been little pharmacist involvement in this area. If questions regarding drugs' effectiveness are being asked, it is imperative pharmacists having the drug expertise and most frequent contact with patients using drug therapies play a role in answering them.

In August 2000, through a grant from the David Collins Dawson Fund, the UBC Collaboration for Outcomes Research and Evaluation (CORE UBC) was established. This initiative will conduct research allowing patients, health care practitioners, educators and policy makers to maximize the benefits (clinical, economic and quality-of-life) and minimize the risks of drug therapy. An immediate goal of CORE UBC includes the formation of the Collaborative Pharmacist Research Network (C-PRN), a group of pharmacist practitioners interested in participating in outcomes research. The Network will provide the infrastructure necessary for BC to become a leader in pharmaceutical outcomes research.

Benefits of Participating in Research

In addition to being personally and professionally rewarding, research activities form a substantial component of our professional portfolio within the Framework of Professional Practice. As an individual and as a profession, our active involvement in pharmaceutical outcomes research enables us to 'Contribute to the Effectiveness of the Health Care System' (Role 5). Increasing public demand for effective and individualized drug therapy will fuel the need for effectiveness data to improve their quality of life. In addition, speculation that Health Canada may implement mandatory post-marketing surveillance of new drug products requires keen practitioners to anticipate these changes and be advantageously situated for such changes to the system.

CORE UBC is currently working on several projects including a comprehensive evaluation of BC's emergency contraceptive program, and in October will initiate a study evaluating the effectiveness of bupropion as a smoking cessation aid. To gather strategic advice on developing the C-PRN, a formal discussion group meeting was held in June attracting representatives from major independent and chain pharmacies, the College of Pharmacists, and the BCPhA. For more information about CORE UBC and/or to apply to become one of the official research sites for the bupropion study, please contact Dr. Elan Paluck at the Faculty of Pharmaceutical Sciences, Tel: 822-4139, E-mail: paluck@interchange.ubc.ca.



Get Involved In Bupropion Effectiveness Study

Originally developed as an anti-depressant, bupropion (Zyban[®]) has been prescribed as a smoking cessation agent in BC since 1998. While its efficacy has been studied through clinical trials, little is known about its 'real-world' effectiveness. CORE UBC (Collaboration for Outcomes Research and Evaluation), funded by the David Collins Dawson Fund, is a group of pharmacy researchers devoted to effectiveness research in BC. Beginning 1 October 2001, over 400 patients who are beginning treatment with bupropion will be recruited into the study.

For more information about this study, or to apply to become one of the study's research sites, contact Dr. Elan Paluck, Tel: (604) 822-4139, E-mail: paluck@interchange.ubc.ca.

College Elections

Nominations for College Councillors were held in Districts 1, 3, 5 and 7. District 3 received two nominations and an election was held 31 May. Effective 3 November, Caren Anne Heughan will be the new Councillor for District 3, with incumbent Bill Creighton continuing on Council until then.

No nominations were received in the other three districts. A call for nominations has been reissued in each of these districts.



Discipline Hearing Conducted

On 31 May 2001 a panel of the Discipline Committee inquired into the conduct of Elaine Kathleen Fidyk, Diploma 2798, pursuant to Section 54(2) of the *Pharmacists, Pharmacy Operations and Drug Scheduling Act*.

Ms. Fidyk was convicted under the Criminal Code of defrauding Health Canada from 1996 to 1998 and the British Columbia Ministry of Health from 1998 to 2000. She was sentenced to imprisonment for a term of 20 months, and required to make restitution to the BC Ministry of Finance in the amount of \$13,594.82 and to First Canadian Health Management Corporation Inc. in the amount of \$253,879.97. The fraudulent billing practices included submitting prescriptions for payment that were never dispensed, altering valid prescriptions to obtain reimbursement, and receiving reimbursement for unauthorized or unsubstantiated prescriptions in respect of false billings made on behalf of Ms. Fidyk and her husband.

The Discipline Committee found this conduct to be in contravention of Section 54 of the Act in that Ms. Fidyk used fraud or misrepresentation to obtain



payment or reimbursement for a drug and had been convicted of an offence that is related to the practice of pharmacy.

In determining penalty, the Committee considered that Ms. Fidyk pleaded guilty to all charges and made restitution as ordered by the courts. Ms. Fidyk submitted that she no longer intends to practice pharmacy. Nonetheless, this conduct was undertaken for personal gain, and those actions led to convictions constituting unprofessional conduct.

In light of the fact that Ms. Fidyk has made full restitution of the monies obtained fraudulently, and fulfilled the sentence imposed by the courts, a fine was not assessed. The Panel found the lack of integrity and honesty shown by Ms. Fidyk to reflect badly on the profession of pharmacy as a whole, and her actions to be a serious contravention of the public trust. The penalty indicates the seriousness with which the Panel views her actions.

The penalty assessed was:

1. Ms. Fidyk's registration will be cancelled.
2. Ms. Fidyk will be responsible for the costs and disbursements of these proceedings.



New Pharmacy Practice Centre Lab

The Faculty of Pharmaceutical Sciences and UBC are pleased to announce that construction has begun on the renovation of the Pharmacy Practice Centre Laboratory.

The new laboratory will provide a unique and modern learning environment for a variety of pharmacy advocates including students learning about pharmacy practice, researchers collecting information from their experiments, and industry making presentations to students.

The facility will feature a sample community pharmacy, expanded treatment modules, a larger and better-equipped problem-based learning area and a teaching/learning centre for small group workshops.

The Pharmacy Practice Centre will be completed in September 2001, with an opening celebration to be held in October with faculty, students, alumni, industry and friends of pharmacy.



In Brief

**► Importance of Providing Date Prescription Written**

British Columbia prescriptions need to include the date upon which the prescription was written. In certain circumstances, pharmacists may need to remind physicians that this information is required in order to assess the appropriateness of the prescription in terms of the patient's PharmaNet patient record.

Although a pharmacist can frequently obtain the date directly from the patient, it is not always possible to do so (e.g. when only an agent is present). Knowing the prescribing date is particularly important for certain categories of medications where patients may delay obtaining the drug for various reasons, and the delay could have a negative impact on the continuing need of the drug. The prescribing date is also useful when the pharmacist is assessing the timing of drugs with similar indications and effects.

By including the prescribing date on original written prescriptions, neither prescribers nor the pharmacists will be required to spend needless time on telephone contacts to obtain the necessary information.

► BC Francophone Federation Request

The BC Francophone Federation, funded by Health Canada, requests pharmacists' assistance in identifying professionals in BC's health sector who can provide services in French. The objective is to establish an inclusive directory of French speaking health service providers. Anyone wanting to complete an information questionnaire for the Federation about available health service providers can contact Jocelyne Dodier, Tel: (604) 732-1420, 1-888-730-3322, Fax: (604) 732-3236, E-Mail: ffcb@ffcb.bc.ca. Please indicate your name, address and most convenient method for receiving the questionnaire (fax, e-mail, post).

► BC's ECP Program Profiled

The National Post's and Canadian Pharmacists Association's informative 6-page insert, "Today's Pharmacist", ran 24 May. BC's Emergency Contraceptive Pill Program and amended provincial regulations were profiled in the article "More Choice for Women."

Successful 2001 Residency Program

The Directors and coordinators of the British Columbia Hospital Pharmacy Practice Residency Programs, the Faculty of Pharmaceutical Sciences, and the College of Pharmacists congratulate the following individuals on their successful completion of the Residency Program in 2001:

BC Children's Hospital

Gloria Tsang

Lions Gate Hospital

Mark Fok

Lisa Wanbon

Simon Fraser Health Region

Jing-Yi Ng

Sean Spina

Surrey Memorial Hospital

Amneet Aulakh

St. Paul's Hospital

Curtis Harder

Lisa Lui

Nicol Tschol

Richard Wanbon

Pao Yi Chu

Vancouver Hospital and Health Sciences Centre

Shakeel Bandali

Denise Carr

Nancy Cherry

Erica Greanya

For more information about the Hospital Pharmacy Practice Residency or to download an application package, please see www.ubcpharmacy.org/residency. The application deadline for the early start residency is 26 October, 2001. The application deadline for the June 2002 start residency is 16 November, 2001.



Drug Updates



- ◆ The May/June 2001 *Bulletin* reminded pharmacists that **chlorhexidine** is a Schedule I drug requiring a prescription. To clarify, chlorhexidine requires a prescription only when used as a topical oral preparation. Other topical preparations do not require a prescription.
- ◆ After completing an assessment of the safety of **phenylpropanolamine** (PPA), Health Canada concluded it cannot justify the use of this ingredient in prescription and nonprescription drugs, however rare the event of a possible hemorrhagic stroke. A regulatory process to remove all products containing PPA from the Canadian market has been initiated. The DINs for these products have been cancelled and no further sale of these products should be made. As outlined by the College in a Pharmacy Alert sent over the PharmaNet system in early June, all BC pharmacists are asked to remove all products containing PPA from pharmacy shelves.
- ◆ **Vitamin K** requires a prescription for human use only when it is intended for internal or parenteral use. When present in topical preparations, vitamin K is not regulated as a prescription drug. Schedule F will be corrected to include this clarification.

- ◆ **Varivax**[®] (varicella virus vaccine) requires a prescription in British Columbia due to the current wording of the "vaccine" entries in the Drug Schedules.
- ◆ Janssen-Ortho Inc. has released a prescribing information revision for **Sporanox (itraconazole) capsules**. Physicians are advised not to use Sporanox capsules to treat fungal nail or skin infections for patients who currently have or have had a history of heart failure (including congestive heart failure). For further information, see <http://www.janssen-ortho.com>.
- ◆ **Dimenhydrinate**, when in packages of 30 or less solid dosage units or thirty 5 mL liquid dosage units, may now be sold from the Professional Products Area of licensed pharmacies (Schedule III). In communities where dimenhydrinate abuse situations have been identified, pharmacy managers have the option of continuing to keep all package sizes in the dispensary area, where interaction with a pharmacist is required in order to purchase the drug. Dimenhydrinate, in package sizes greater than 30 dosage units, continues to be listed in Schedule II and must be distributed from the no-public-access Professional Service Area of licensed pharmacies.

- ◆ Package size restrictions for the sale of **acetylsalicylic acid (ASA)** 325 mg from nonpharmacy outlets have been removed. ASA 500 mg in any package size can now be sold from nonpharmacy outlets. ASA in products intended for oral use by adults in strengths of 81 mg per dosage and 650 mg or greater per dosage unit must be sold from licensed pharmacies (Schedule III - Professional Products Area). The existing federal regulations concerning ASA 80 mg or less in containers with more than 24 dosage units (Schedule I) continue to apply, as do the requirements for the sale of ASA 80 mg or less in containers with 24 dosage units or less (Schedule II).

Summary of ASA Requirements

Package Size	Strength	Schedule
More than 24	80 mg	I
24 or less	80 mg	II
All sizes	81 mg	III
All sizes	650 mg	III
All sizes	325 mg	Unscheduled
All sizes	500 mg	Unscheduled

The *Drug Product Distribution Requirements* revision is enclosed with this *Bulletin* mailing.

Community Pharmacy Corner



Minimum Labelling Requirements

Pharmacists are reminded that when they dispense small eye-drop containers (eg. Xalatan), minimum labelling requirements must be adhered to. As stated in Bylaw 5(40)(2), if the container is too small to accommodate a full label, the label must be trimmed and show the following information:

- a) prescription number
- b) current dispensing date
- c) full name of the patient, and
- d) name of the drug

The complete label must be affixed to a larger container and the patient must be counselled to keep the small container inside the larger container.



Hospital Pharmacy Insights

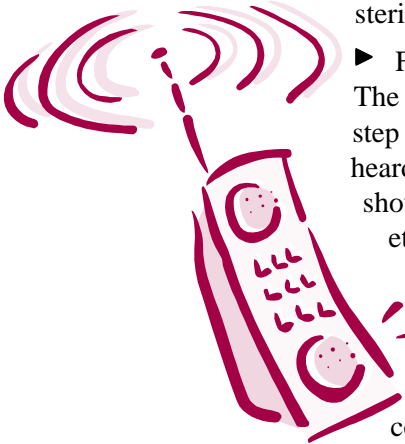


Improving the Safety of Telephoned Medication Orders

Compared with written or direct electronic entry of medication orders, there is a higher potential for errors with telephoned medication orders. Errors can be introduced when telephone communications are misheard, misinterpreted and/or mistranscribed.

Sound-alike drug names are a frequent cause of errors with telephoned medication orders. There are literally thousands of name pairs that can be easily misheard. Numbers are also frequently misheard or misinterpreted (e.g. “15 mg” may be misheard as “50 mg.”) The numeral “2” may be confused with the word “to,” resulting in a specific dosage being misinterpreted as a dosing range (e.g. “0.125 mg” may be misinterpreted as a dosage range of “0.1 to 5 mg.”)

Safe Practice Recommendations

- 
- ▶ Never allow “verbal orders” for routine communication of medication orders. If the prescriber is present, the medication order can be written directly into the chart. “Verbal” orders should be reserved for situations where it is impossible to write the medication order directly (e.g. during a sterile procedure).
 - ▶ For “telephoned medication orders,” ask the prescriber to enunciate clearly. The receiver should always repeat the medication order to the prescriber. This step is absolutely essential even if the receiver is confident that s/he initially heard the order correctly. As an extra check, either the prescriber or receiver should spell unfamiliar drug names, using “T as in Tom,” “C as in Charlie,” etc. to spell out the medication name. Pronounce each numerical digit separately (e.g. “one five” instead of “fifteen”) to avoid possible misinterpretation.
 - ▶ Ask the prescriber to state the indication for the medication so that the receiver can confirm that the telephone order makes sense in the context of the patient’s medical history.
 - ▶ Record the telephoned medication order directly onto a physician’s order sheet in the patient’s chart whenever possible. Writing the telephone order on a scrap of paper and then transcribing the medication order again into the chart introduces more opportunities for transcription errors.
 - ▶ The medication order transcription should include the date and time, the medication order, the physician’s name and pager or other contact information, the receiver’s name and signature, and any other information required by hospital policy. The prescriber should review and confirm the medication order at the earliest possible opportunity.
 - ▶ Never allow telephoned medication orders for chemotherapy.
 - ▶ If possible, limit telephoned orders to formulary medications. The names of medications that are unfamiliar to hospital staff are more likely to be misheard or misinterpreted.
 - ▶ If there is any doubt about the accuracy of a telephoned medication order, contact the prescriber and confirm the order prior to dispensing medication.

Adapted with permission from *Safety Alert*, 24 Jan 2001, Institute for Safe Medication Practices.



Ethics In Practice

This column is prepared by the College's Ethics Advisory Committee to guide members in dealing with different actual pharmacy practice situations.



Patient Using Contraindicated Substance

A hospital pharmacist contacted the College office concerning a situation she encountered in her practice. Her patient, a 20-year-old female with hepatitis C, qualifies for the manufacturer's compassionate release program and receives about \$20,000 worth of medication free-of-charge annually. One of the staff pharmacists has a younger sister who is an acquaintance of the patient. Through this source, it was learned that the patient is frequently using alcohol recreationally, despite being warned. The literature states that alcohol abuse or drinking significant amounts is contraindicated while taking this medication, while the manufacturer's medical representative considers any alcohol use to be a contraindication. It is not known how much the patient is drinking.

In this case, the most important fact to be determined is whether the patient's recreational use of alcohol is within acceptable limits, or if she is abusing alcohol that will likely result in toxic effects.

There is no evidence to suggest that some other patient was being denied medication because this patient qualified for the compassionate release program. The main financial concern would be if abstinence or moderation in alcohol use was one of the qualifying criteria. The patient could then be disqualified and removed from the compassionate release program. There is doubt whether many people, let alone a 20-year-old female with hepatitis C, could afford to pay \$20,000 per year.

Once the facts concerning alcohol are known, the pharmacist should discuss this with the patient to ensure she understands that she should either abstain from alcohol, or drink moderately (specifically no more than "x" drinks, "y" nights a week), and appreciates the consequences of her actions if she does not. The pharmacist should not be afraid to argue with the patient if there is any resistance to the suggestions, but should stop short of outright intimidation. With her patient's permission, the pharmacist might contact the prescriber and share concerns about the patient's drinking, if this is a problem.

Should simple counselling not result in the patient abstaining or moderating her use of alcohol, with the patient's permission the pharmacist might get everyone concerned to form a patient support group. This could simply involve a telephone call to the patient's family and contacting a good friend of the patient, then letting them spread the word about the meeting time and place. If the patient agrees, then all the important people she associates with will learn about her condition, what she must do to assist in its treatment, and what they can do to help her. For example, if the patient goes out drinking with her friends, they can monitor, and with luck help her to abstain or control her alcohol consumption. It is one thing to drink when you should not and nobody understands, but quite another thing to drink with friends and relatives when they realize that to do so will result in you harming yourself.

Rx C.A.R.E Program Update

Many thanks to members who responded to the ¹³C.A.R.E. survey sent out in May. Input is currently being collated and reviewed. Anyone who missed the June 30th submission deadline is still welcome to forward their completed survey, or any other program questions/comments to the College. Highlights of findings will be reported in upcoming member mailings. More detailed information on the program will be sent to all members in September.

In an effort to talk with and hear directly from members throughout the province about the proposed program, focus groups are being planned in the five districts for September. Watch for mailings about the focus groups over the summer, and mark your calendar to attend!



Methadone Drug Utilization Evaluation (DUE)

In 1998, the PharmaNet Users Group proposed to remove methadone DUE checking performed by PharmaNet due to the number of Duplicate Ingredient/Duplicate Therapy messages returned to pharmacies. The removal of methadone from the DUE checking functionality in PharmaNet removed these Duplicate Ingredient/Duplicate Therapy messages. Additionally, drug interaction monitoring



is no longer carried out by PharmaNet for methadone.

Pharmacists dispensing prescriptions to patients on methadone should be aware of the following drug interactions and be prepared to recommend appropriate monitoring and management strategies to physicians and patients.

As with all drug interactions, the sequence of administration is key to evaluating the significance of the interaction. If a patient is stabilized

on one of the drugs in the table and methadone is subsequently prescribed, no interaction may be observed unless the first drug is discontinued. If a patient is stabilized on methadone and one of the drugs listed in the table is added to the medication regimen, an interaction may occur. The exception to this is the zidovudine-methadone interaction. In this case, if a patient is stabilized on zidovudine and methadone is added, the patient may experience an increase in their zidovudine concentration.

(Continued on page 9)

Pharmacologic Agents	
Drugs that may decrease methadone levels	Ascorbic acid Carbamazepine Ethanol (chronic) Phenobarbital and other barbiturates Phenytoin Primidone Rifampin Urinary acidifiers
Drugs that may increase methadone levels	Cimetidine Diazepam Ethanol (acute) Fluconazole Fluvoxamine maleate Ketoconazole Urinary alkalinizers
Drugs with levels affected by methadone	Zidovudine (AZT)
Drugs that may precipitate methadone withdrawal	Opioid antagonists

Note: This document is not an exhaustive list of possible drug interactions with methadone.



PharmaNet

Continued from page 8

Physicians' Home Addresses And Telephone Numbers In PharmaNet

Due to the system used by the College of Physicians and Surgeons, physicians' home addresses and telephone numbers are sometimes included in the CPSBC's practitioner load to the PharmaNet database. Usually it occurs when physicians do not have a permanent office address and are providing locum replacement services to other physicians. It is often not possible

for pharmacists to determine whether the contact information is for an office or a home.

When pharmacies use PharmaNet to update physician lists on the local pharmacy software, the home telephone number is inserted as the point of contact for prescription refill requests and other necessary communication with the prescriber. Some pharmacy software systems also include the prescriber's telephone number (and, therefore, the home telephone number) on the prescription label. This means that patients then have access to the

physician's home telephone number.

In a recent situation, many methadone patients gained access to a locum physician's home telephone number, which created serious concerns for the physician.

While steps are being taken to correct the underlying cause of the problem, it is suggested that pharmacies update local physicians' contact information from PharmaNet on a regular basis to ensure that it contains the most recent information.

Resource Source



◆ Free BC Smokers' Helpline

The Canadian Cancer Society and the BC Ministry of Health are funding a telephone smoking cessation service for all British Columbians, the BC Smokers' Helpline, at 1-877-455-2233. Trained staff provide support and up-to-date information to help people quit smoking. The free service is available 10am to 6pm Monday to Friday. Helpline posters, brochures and plexiglass holders for the information brochures are available for pharmacists free of charge from Helpline Assistant Maria Roney, Tel: (604) 675-7310, E-mail: mroney@bc.cancer.ca. Pharmacists' support of the program is greatly appreciated.

◆ Palliative Care Consultation Line

A toll free, 24-hour, every day service for all BC physicians and home care nurses is now available at 1-877-711-5757. Callers will be connected with a palliative care physician who can assist in symptom management for terminally ill patients, advise on resources in the area and provide suggestions for case management. This service is a pilot project of the BCMA Palliative Care Working Group and Vancouver Home Hospice, in cooperation with the Ministry of Health.

◆ Drug Information Web Site

Facts and Comparisons has recently launched www.DRUGFACTS.com for educators, students and practitioners. The site is a free, one-stop resource for information on drugs, herbals, interactions, therapy updates and authoritative patient information handouts.

◆ NEUPOGEN® CARE Program

AMGEN Canada has launched a new NEUPOGEN® CARE Program for BC to eliminate patients' reimbursement issues in obtaining NEUPOGEN. Patients can dial 1-888-706-4717, 24 hours a day, 7 days a week to talk to reimbursement specialists concerning access for NEUPOGEN.

◆ Compounding Manual

The Calgary Regional Health Authority and the Alberta Children's Hospital Pharmacy Department have researched, reviewed and compiled compounding formulations, stability and storage information as well as criteria for ointments and creams. This 200-page manual is available for \$3.00 plus shipping and handling. Orders for manuals, along with your name and fax number, can be faxed to (403) 543-9101, "Attention: Anne Martin."



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Plan To Attend

▶ **Managing Adult Dysphagia Workshop**

27-28 July
Radisson President Hotel, Richmond
Contact: Caroline Chow
Tel: (604) 875-5268
E-mail: cchow@vanhosp.bc.ca

▶ **CSHP BC Branch Continuing Ed**

22 September
Clinical Symposium and
2001 Poster Presentation
Four Seasons Hotel, Vancouver
Web site: www.cshp-bc.com

▶ **Art & Science of Healing II**

Integration of Conventional &
Complementary Medicine
19-21 October
Tzu Chi Institute, Vancouver
Contact: Gina Blank
Tel: (604) 875-4769
E-mail: gblank@tzu-chi.bc.ca

▶ **College Annual General Meeting**

3 November
Morning - Professional Development
Afternoon - CPBC and BCPhA AGMs

▶ **"Clearing the Air on Asthma Management" Conference**

4 November
Executive Inn, Burnaby
Contact: Sheryl Peterson, UBC
Tel: (604) 822-2626, (800) 663-0348
E-mail: infocpe@cehs.ubc.ca

▶ **Tobacco Intervention Training & Program Development**

(guest speakers from the Mayo Clinic)
8-9 November, Prince George
Contact: Helene Rohn
Tel: (250) 964-1782
E-mail: hrohn@bcgroup.net

▶ **CPBC Council Meetings**

14 September 2 November

People News



Achievements

▶ The Canadian Pharmacists Association honoured the following people at conference ceremonies 27 May in Halifax:

- CPhA Honorary Life Member, **John Dyck**
- Centennial Scholar, **Susan Buchkowsky**, UBC
- CPhA-Apotex Inc./P.A.C.E. Future Leader Award in Pharmacy, **Alana Froese**, UBC.

Also that evening, the **College of Pharmacists of BC** and the **BC Pharmacy Association** were awarded the CPhA Certificate of Recognition for their development of the Emergency Contraceptive Pill Program and the agreement with the provincial government.

Announcements

- ▶ **Ken Foreman** is the BCPhA's new Director of Professional Services.
- ▶ **Tamiz Kanji** is a new part-time Drug Information Pharmacist with BC SMILE.
- ▶ College Council is pleased to welcome **Neil Cook** of Cranbrook as a new Government Appointee.
- ▶ **Shawn Sandhu** has been acclaimed by the Board of Directors to the NAPRA Executive Committee for 2001-2002.
- ▶ **Linda Lytle** has been appointed to NAPRA's new Continuing Competence Steering Committee.

In Memoriam

- ▶ Council regrets the passing of College member **Richard (Dick) Foster** of North Vancouver.