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THE CANADIAN JOURNAL OF PHARMACY STUDENTS AND INTERNS

ISSUE 1: FEBRUARY 2005

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An Ounce of Prevention...

Walk into any pharmacy and you will likely see a selection of snacks from which patients and their families can choose as they pick up their medications. Yet, while they may provide patients with a quick treat, high calorie and high fat foods have no place in a pharmacy.

According to the Canadian Medical Association, obesity is a problem facing a relatively large number of Canadians and it is a growing threat. Furthermore, obesity is implicated in a number of serious diseases and health conditions, including diabetes, heart disease, and osteoarthritis. The typical snack foods that are often found in pharmacies can lead to obesity if not consumed in moderation. Since those who visit pharmacies are likely to be in ill health already and are seeking care for their illness, it is clearly counterproductive to encourage patients to pursue unhealthy lifestyles by making available unhealthy snack foods in the pharmacy. Although it is true that a snack, enjoyed occasionally, does not automatically cause a person to become obese, the rising obesity rates are a testament to the fact that most people consume snack foods in great excess, *not* in moderation. As well, it may be said that removing snacks from community pharmacies would not lead to much change since patients can always access these foods elsewhere. However, this argument completely overlooks the purpose of such an action; restricting the sale of junk food in pharmacies is intended to encourage awareness about healthy eating, not to stop patients from accessing snacks. Pharmacists have an ethical responsibility to participate actively in promoting



is published by the Canadian Association of Pharmacy Students and Interns as a service for its members.

All published articles reflect the opinions of the authors and not necessarily the opinions of CAPSI or its sponsors.

All your comments and articles will be welcomed at:

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- Mayce Al-Sukhni
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- François P. Turgeon
- Jason Wong

Deadlines:

January Issue - December 12, 2004

April Issue - February 20, 2005

Extended deadline: March 31, 2005

A Word from the Editor

As Pharmacy Awareness Week has just passed, March 7-11, we should all take some time to reflect on what we can do to educate the public on who we are, what we do, and how we can help out in the community. Be it putting up posters on the walls, visiting children in elementary schools, or setting up information booths in public areas, all means are good to increase public awareness of our profession.

In this first issue of the year, we have an interesting article that speaks of one specific way of showing the public that we care. In that article, Mayce Al-Sukhni criticizes the selling of junk food in our pharmacies. As before, many other great articles fill the pages you are about to peruse. Learn about why pharmacy students at the Université de Montréal are boycotting Loblaws, or read along to find out what CAPSI representatives have been up to at the prime ministers meeting in Ottawa. Also, this month trivia is about street drugs and their various monikers. Test out your knowledge of the lingo on page 5!

As PDW and the by-elections are finally over, I would like to congratulate everyone who won (see Election Results on page 9) and also everyone who had submitted their application for a position on the national council. Furthermore, congratulations to Ali Reyhany for winning the prize of best submission in our last issue! Ali will be receiving \$50 for his article "Canadian Drugs 'Promised' to American Voters".

Sincerely,

Micheline Tun

CAPSIL Editor 2004-2005

University of Toronto

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CAPSI would like to thank the following companies and associations for their generous support and contributions:

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CAPSI Bronze Club (\$500-\$1249)

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Current Events

Conflict with Loblaws in Québec

- By François P. Turgeon, VP-interdisciplinarity

PHOTO: MJM Acoustical Consultants Inc. <http://www.mjm.qc.ca/>



“Why Loblaws won’t be seen at the Université de Montréal this year”

Montréal, QC - It is a long story, but it is one that explains one distinctive characteristic of the practice of pharmacy in Québec. While pharmacy practice in general is similar throughout Canada, in each of our provinces it has distinguishing features in one or more areas due to unique elements that can be traced back to legal or traditional roots. The advantage of belonging to a national group such as CAPSI/ACEIP is that it gives us the chance to know what is done differently elsewhere, and to adapt these ways of doing things to our own practice if we find them relevant. In order to help you understand our conflict with Loblaws, I need to first explain a legal element that is unique to my province.

“all pharmacies in Québec are entirely pharmacist-owned, which we call the right of exclusive ownership”

In Québec, three entities may own a pharmacy: a pharmacist, a group of pharmacists, or a company if 100% of its assets are held by pharmacists. Therefore all pharmacies in Québec are

entirely pharmacist-owned, which we call the right of exclusive ownership. This is not to say that chain stores and banners don’t exist here. They are indeed present; however, they must meet certain conditions such that the pharmacy is considered to be owned by a pharmacist joining the group, as opposed to being owned by the chain or banner. The two main chains in Québec are Jean-Coutu and Shoppers Drugmart/Pharmaprix, while numerous banners exist: Uniprix, Familiprix, Brunet, Essaim, etc. In the last few years two new players have entered the scene: Loblaws and Wal-Mart.

Upon discussion with colleagues in other provinces, I discovered an element that might have made it difficult for these two players to integrate into the Québec pharmaceutical scene. Québec pharmacy owners are united as a group by the name of AQPP (Association Québécoise des Pharmaciens-Propriétaires), whose mandate is to defend their interests. This group also represents pharmacy owners in negotiations with third-party payers (especially with the government, our major third-party payer, but also with private groups). Professional fees and other compensational elements are determined through agreements between the AQPP and third-party payers and apply to all pharmacies. Therefore, a pharmacy may not decide to charge a fee that is higher or lower than negotiated. Wherever a patient goes, the professional fee will always be the same. In fact, it is not even posted in our pharmacies.

After this rather long detour, let’s get to the point. Two things have caused problems in the relations between the OPQ (Ordre des Pharmaciens du Québec, our regulatory body) and Loblaws. First of all, the contracts between pharmacy owners and the franchiser (Loblaws) raised some doubts in the mind of the OPQ concerning their conformance to the requirement that a pharmacist is truly the owner of the pharmacy (separation of profits, professional decision making, etc.). But the main conflict arose when Loblaws and three of its pharmacy

“we believe that the right to exclusive ownership allows pharmacists to maintain a firm grasp of their future”

owners challenged procedures of the Ordre des Pharmaciens. The purpose of these procedures is to enforce the right of exclusive ownership. This challenge was rejected, but the decision is now under appeal. These legal actions carried out by Loblaws as well as their behaviour in Québec as a whole has led us to believe that these chain stores are a threat to the right of exclusive ownership of pharmacies, which could entirely change the nature of the pharmacy practice in Québec.

In consideration of this fact, three consecutive votes (graduate class, student council, and student general assembly) took the position not to organize any activity with Loblaws during the year. We did not make this decision because we believe that the right to exclusive ownership is THE best way for pharmacy practice; instead we believe that, considering how history has shaped pharmacy practice in our province, the right of exclusive ownership is a powerful agent for advancing the progress of our practice. It is very likely that this idea does not apply to other provinces since time has led the practice in different directions. But given where we are, we believe that the right to exclusive ownership allows pharmacists to maintain a firm grasp of their future, and to do with it as they judge best.

This is why, despite a number of proposals, Loblaws representatives will not be seen at any of our activities throughout the coming year. I hope that my explanations on certain legal elements will have clarified for you aspects of pharmacy that are specific to Québec, and I am looking forward to the opportunity of learning more about pharmacy practice in each of the other provinces.



First Ministers Meeting: NHPN takes action in strengthening health care

- By Carey Lai, *CAPSI President*

On Sept. 13, 2004, Prime Minister Paul Martin met with provincial and territorial leaders in Ottawa and discussed about the future of Canada's most cherished social program: health care.

As future health care professionals, pharmacy students will be the ones who will have to deal with the outcomes of the First Ministers Meeting. This was the main reason why the New Health Professionals Network (NHPN) - which comprises CAPSI, PAIRO (Ontario interns and residents), the Canadian Nursing Students Association, the National Assembly of Physiotherapy Students, as well as students from occupational therapy and social work - was present at the First Ministers Meetings.

NHPN was granted 2 observatory status positions in the meetings which allowed two of the network's representatives to attend the First Ministers meeting. This is an incredible feat considering the fact that other health interest organizations such as the Canadian Medical Association, the Canadian Pharmacists Association, and the Canadian Nurses Association were only given 1 position.

Through a joint collaboration of all the student associations, NHPN came up with a checklist for the Prime Minister and all the provincial and territorial leaders to consider during the meetings. The checklist includes:

- Better access to primary care and multidisciplinary teams of health-care workers.
- More public home- and long-term care, instead of the inconsistent coverage now offered across the country.

- Catastrophic drug coverage.
- More funding towards inter-disciplinary education
- Investments in prevention and public health.
- More resources for the National Health Council. Created as part of the 2003 health accord, it should review how the provinces are spending their money and whether they are complying with the principles of the Canada Health Act (portability, accessibility, universality, comprehensiveness and public administration). If there is a dispute, the public should be involved in addressing and resolving it.
- Provincial flexibility. For example, if the provinces and the federal government come up with a minimum basket of home-care services, and Quebec says that it is already delivering them, it should be able to spend the federal money on another health priority.
- Excluding health care from trade agreements such as NAFTA.
- Giving federal money to publicly delivered health care only.

After the meetings in Ottawa, the federal government agreed to infuse a substantial amount of money into health care, relieving the continual stress provincial governments are enduring. However, this is only the first step in strengthening the already ailing health care system. Until the rest of the checklist has been satisfied, the New Health Professionals Network will continue to pave the road for a more sustainable health care system.

CAPSI is very proud to play a strong role in the New Health Professionals Network. Not only does this allow CAPSI an opportunity to build on our inter-professional relationship with other professional faculties, but it has also enabled pharmacy students to contribute to the shaping of the future of their practice.



For more information on NHPN, visit their website at <http://www.futurefaceofmedicare.ca>.

(“An Ounce of Prevention” continued)

the health of all their patients, and eliminating unhealthy foods from their pharmacies certainly qualifies as health promotion. As places associated with health and healthy living, pharmacies should not be sending conflicting messages to patients by having junk foods on the premises

Expectedly, some pharmacists may be unwilling to commit to such changes, but it must be realised that, for the profession of pharmacy to develop and move forward, change is necessary and unavoidable. The community pharmacies of today are bearing less and less resemblance to those of the past thanks to the many progressive actions – such as the bans on pharmacy cigarette sales in different provinces – that have been implemented. That said, limiting and discontinuing the sale of fatty and calorific foods from pharmacies would be a step forward for pharmacists and, most importantly, a great boon for the Canadian public.

Mayce Al-Sukhni
University of Toronto

Didn't attend PDW? Missed out on the results of the National competitions and election results? Find out who the winners are on page 8. Also, fill out our quick questionnaire and get the chance of winning a prize! Contact your local CAPSI representative for more information.

PharmaTrivia

As health care professionals, we will be interacting with a wide variety of patients from different backgrounds. Communication will not always be easy and could potentially be quite challenging. Here is your chance to learn more about the monikers that people have coined for recreational drugs.

1) MDMA (Ecstasy) is a designer drug known by many other names. Which of the following does not belong?

- a) White Doves
- b) Hug Drug
- c) Disco Biscuits
- d) Bazooka

2) Boom, kif, gangster, chronic, and ganja all refer to

- a) LSD
- b) Marijuana
- c) Cocaine

3) Which one of these is not heroin?

- a) La Chiva
- b) Snow
- c) Junk
- d) Doogie

Answers: 1) d. 2 b. 3) b.



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World of Pharmacy



Jason Wong, IPSF Liaison

I hope that many of you have had the opportunity to learn a little bit more about the International Pharmaceutical Students' Federation (IPSF) this past year. IPSF is a global organization that is committed to developing the profession of pharmacy and fostering co-operation among

pharmacy students around the world. Many of you, I'm sure, have heard of the NEEMA Project (which was just handed over to the Tanzanian government this past September) and the Student Exchange Program (SEP). However, these are just two of the countless initiatives IPSF have created to further student education and advance global health.

IPSF is always exploring new, unique and innovative opportunities for its members, partnering with other health organizations to create interdisciplinary opportunities for all its members. The International Pharmaceutical Students' Federation and Management Sciences for Health (MSH-IPSF) HIV/AIDS Award, for instance, was recently established to promote the role of pharmacy students in educating the public on HIV and AIDS. In addition, several internship positions were developed to work with the World Health Organization (WHO) on their Stop TB Partnership at the WHO headquarters in Geneva, Switzerland. Although the call for new applications has just passed, keep your ears open for their next call for applications!

Furthermore, IPSF is committed to aiding member organizations who are in need. IPSF has established ongoing programs such as the book appeal and the Development Fund (DF) to give all students the opportunity to obtain a pharmacy education and participate in the many IPSF programs. IPSF was also instrumental in responding to the recent tsunami disaster and led the member organizations in supporting the relief effort in Southeast Asia.

It has been an amazing experience working with such a dedicated and benevolent organization. I hope that you are all proud to be members of this organization and will expand your pharmacy education by seizing these fantastic opportunities offered by IPSF—the world is truly yours for the taking!

Dispensing Unity: Reflections of the Neema Project

- By Jason Wong, *IPSF Liaison*

With the handing over of the Neema project to the Tanzanian government, I thought it was fitting to reflect upon the history of the project and the impact it has had on the people of Tanzania.

The NEEMA Project was created with the aim of improving the health status of the people in the Kiromo, Buma, and Mataya villages in Tanzania through international co-operation and active community participation. Through the generous donations of students at fundraisers such as the NEEMA auction held during PDW, over \$30 000 USD was raised to build, equip, and staff a dispensary and Mother-Child Healthcare Center in the village of Kiromo.

The idea for a village-concept type project first began in 1993 during the 39th IPSF Congress in Cape Town, South Africa. With the support of the Catalonian Pharmacy Students Organization (AECS) and the Association of Dar-Es-Sallam University Pharmacy Students (ADUPS) in Tanzania, this idea slowly became realized. After about a year of research, the village of Kiromo was selected for this village concept-type project because of the villagers' interest to set up a dispensary in their village but the lack of resources to do so. The following year, the NEEMA project was officially accepted as an IPSF project during the 40th IPSF Congress in Honduras.

Unfortunately, in 1995, the Catalonian Pharmacy Students Organization was unable to continue working as a partner in this project and the project seemed to stall. However, two years later at the

IPSF Congress in Vancouver (Canada), CAPSI and the American Pharmaceutical Association-Academy of Students in Pharmacy (APhA-ASP) agreed to become international partners in this project. The British Pharmaceutical Students' Association (BPSA) joined the following year as the third and final international partner. With the support of these partners, the project began to take off once again. From the support of the villagers and international students, a dispensary was created in Kiromo that eventually included a pharmacy, a consultation room, an injection and dressing room, a laboratory, a delivery room, and a Mother-Child Healthcare Center.

In 2000, international students were invited to complete rotations at the dispensary in Kiromo. Many Canadian students took this opportunity and traveled to Tanzania to work in the dispensary to improve the health of people living in the Kiromo area.

Over a decade since the idea was first conceived, I am very proud to say that this project has been a resounding success. The word "Neema" means grace, and it is truly through the grace and support of students such as yourselves that this project was able to realize the success that it has. This past September, the NEEMA project was officially handed over to the Tanzanian government. This project has truly been a testament of the unprecedented accomplishments that can be achieved when students collaborate together for a common goal. I know that this project will be dearly missed, but I am very excited to see the positive impact this project has had on the people of Tanzania.

On behalf of IPSF and all its members around the world, I would like to thank CAPSI for their commitment to this project and of course, to you, the students, for your dedication, support and generous donations for this project. I hope you have enjoyed contributing to this project as much as I have.

Write and Win!

Write an article for CAPSIL and you could win \$50! For each issue of CAPSIL, one student submission will be selected to win the cash prize. Please forward all submissions to the Capsil Editor (capsil@capsi.ca) or you local CAPSI representatives. **Deadline for the next issue is March 31st!**

What to Submit: You can contribute to CAPSIL in many, many ways. Tell us about your school and **what's going on** at your faculty. Send us **pictures** of events you've held to promote our profession. Got something to say about an article that's been published or current pharmacy issues? Share your thoughts on the **Opinion Corner**. Don't forget that you can also contribute to the **Career Page** by writing about your own work experience. As you can see, there's a lot to write about. So type away! We'll be waiting for your submissions!

CAPSI would like to thank the following sponsors:



CAPSI Competitions - Winners

National Competitions

Award of Professionalism:
University of Alberta

Compounding Competition:

1st place: University of Toronto
Kristen Shaw, Emily Reynen, Kristi Abraham, Mima Caruana

2nd place: Dalhousie
Russ Macdonald, Felicity Mitchell, Katie Gammon, Erika Jones

3rd place: Université Laval
Véronique Daigle, Marie-Ève Bélanger, Laurie Painchaud, Marie-Claude Beaudoin

4th place: Université de Montréal
Vincent Nichols, Isabelle Thériault-Dubé, François Gauthier, Philippe Degrandpré

Patient Interview Contest (PIC):

1st place: Janet MacMullen - Dalhousie
2nd place: Tifaine Cannon - UBC
3rd place: Jessica Schroeder - Manitoba
4th place: Isabelle Joyal - Montreal

(PCCP):

1st place: University of Alberta
Shirely Cheung, Joni Shair, Melissa Liaw

2nd place: University of Saskatchewan
Ian Delmage, Danielle Bernstrom

3rd place: UBC
Cindy Huang, Annette Lee, Anita Der)

4th place: University of Toronto
Janne Yang, Laureen Tang

Student Literary Challenge (SLC):

Laura Shields - University of Toronto

"Pharmacy Participation in Needle Exchange and Disposal Programs for the Reduction of the Transmission of HIV/AIDS."

Local Competitions

University of British Columbia

Compounding Competition:

Karen Ng
Jinny Cheng
Karmen Tse
Sayako Yokoyama

PIC:

1) Tifaine Cannon
2) Jinny Cheng

SLC:

Celia Chan

University of Alberta

Compounding Competition:

Waiting

PIC:

Andrea Linn
Kim Trommelen
Inessa McIntyre

SLC:

Joni Shair

University of Saskatchewan

Compounding Competition:

Kimberly Sparrowhawk
Brodie Weisgerber
Ryan Pilsner
James Lacey

PIC:

waiting

SLC:

Waiting

University of Manitoba

Compounding Competition:

Christel Johanson
Maarit Maenppa
Jessica Schroeder
Heather Wilson

PIC:

1st place: Tracy Furst
2nd place: Kevin Le

SLC:

1st place: Tracy Furst

University of Toronto

Compounding Competition:

Kristen Shaw
Emily Reynen
Kristi Abraham
Mima Caruana

PIC:

Keren Rabin
Tara Refling

SLC:

Laura Shields

Université de Montréal

Compounding Competition:

Vincent Nichols
Isabelle Thériault-Dubé
François Gauthier
Philippe Degrandpré

PIC:

Jean-François Laroche
David Banon

SLC:

Jean-François Lépine

Université Laval

Compounding Competition:

Véronique Daigle
Marie-Claude Beaudoin
Laurie Painchaud
Marie-Ève Bélanger

PIC:

1st: Amélie Noël
2nd: Dominic Sabourin

SLC:

Marie-Ève Bélanger

Results of the National Elections 2005

The Canadian Association of Pharmacy Students and Interns held its general elections at the Annual General Meeting during PDW in Québec city. By-elections were held during the month of February for the positions of President-Elect, Executive Secretary, and CAPSIL Editor. All positions have now been filled. Listed are your next representatives for 2005-2006.

President	Adam Somers	Dalhousie
Past President	Carey Lai	Manitoba
President Elect	Mattias Berg	UBC
VP Education	Jinny Cheng	UBC
VP Communication	Janelle Rondeau	Alberta
VP InterD	Dominique Boivin	Laval
Finance Officer	Dionne Boivin	Alberta
Executive Secretary	Omolayo Famuyide	Manitoba
CAPSIL Editor	Cynthia Lui	Manitoba
IPSF Liaison	Violaine Masson	Laval

Thanks to all of our members who have ran for positions on the executive council, and congratulations to the winners!

Local Competitions

Dalhousie University

Compounding Competition:

Russ MacDonald
Felicity Mitchell
Katie Gammon
Erika Jones

PIC:

Jeff Boutilier
Janet MacMullin

SLC:

Felicity Mitchell

Memorial University

Compounding Competition:

Bryan Ludlow
Jason Osbourne
Mike Renouf
Terry Walsh

PIC:

Tammy Olsson
Nadine Smith

SLC:

Lorie Duggan

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CAPSIL QUICK QUIZ

Name: _____

Email/Tel.#: _____

Complete this questionnaire and you could win a prize! Contact your local CAPSI representatives for more information.

1. How many times a year is CAPSIL published? _____
When is the next deadline? _____

2. In her article "An Ounce of Prevention", Mayce Al-Sukhni says that the purpose of restricting the sales of junk food in pharmacies is not to stop patients from accessing the snacks but to _____

3. True or false?

a) In Québec, only a pharmacist or a group of pharmacists may own a pharmacy. T F

b) The right to exclusive ownership means that no more than one pharmacist can own a pharmacy. T F

c) Pharmacy students at the Université de Montréal are boycotting Loblaws. T F

4. Student associations from what fields are part of the New Health Professionals Network? Name 4.

5. The checklist NHPN presented to the Prime Minister and all the provincial and territorial leaders to consider included:

- better access to _____ and _____
- _____ drug coverage
- more funding towards _____ education

6. Name two initiatives IPSF has created to further student education and advance global health.

CALL FOR SUBMISSIONS:

Opinion Corner: Vioxx, a COX-2 inhibitor, used in the treatment of arthritis, was pulled off the market on September 30, 2004 due to data showing that it increased the risk of cardiovascular events. However, on February 18, 2005, an advisory panel in the United States has approved its return on the American market. Do you think Canada should do the same?

Career Page: Ever worked in industry? Share your experience with your peers!

Photos: Pharmacy Awareness week is around the corner. Show us what you've been up to!

NEXT DEADLINE IS MARCH 31st
- Mark it on your calendars! -