On January 23, 2013, the Government of Ontario approved the Leslie Dan Faculty of Pharmacy’s entry-to-practice Doctor of Pharmacy (PharmD) program. This exciting decision means that students graduating from the Faculty beginning in 2015 will be granted the Doctor of Pharmacy designation.

The change in designation from the Bachelor of Science in Pharmacy (BSc) to the PharmD supports the ever-expanding scope of practice and the vital role that pharmacists play in the health care system and in the well-being of patients and communities across the country.

The Faculty is currently in the second year of implementation of the new entry-to-practice PharmD curriculum. In addition to extensive coursework, students will participate in 44 weeks of hands-on clinical training and graduate with a broad knowledge of pharmacotherapy and medication therapy management. Ultimately, the new entry-to-practice PharmD program will better prepare graduates to participate as members of an increasingly interdisciplinary health care team.

“As the Dean of the Leslie Dan Faculty of Pharmacy, I extend my appreciation and gratitude for the encouragement and assistance of the many supporters of our Faculty that has allowed us to reach this significant milestone for pharmacy education in Ontario,” noted Dean Henry Mann. “I also greatly appreciate the careful and detailed analysis conducted by the Ministries of Health and Long-Term Care and of Training, Colleges and Universities prior to approval of our application.”

For more information about this and our new curriculum, visit our website: www.pharmacy.utoronto.ca
This year, we travelled across Canada and shared with you some of the major updates at the Faculty, had the pleasure of getting to know you better and created opportunities for you to meet other pharmacy alumni in your area. Those who attended our events in British Columbia, the Golden Triangle and at reunions across the province would agree how great it was to connect and make new acquaintances. By popular demand, we are pleased to announce that we will continue to host these events in 2013, with plans to visit Ottawa, London, Charlottetown and the Greater Toronto Area. We hope to see you soon!

Our alumni are on the forefront of innovative practice, incorporating new media and new methods into patient and pharmacist education. This issue is all about you and your diverse and numerous achievements. We encourage you to use Rxcellence as a forum to stay in touch and please email alumni.pharmacy@utoronto.ca at any time with article and submission ideas, assistance with reunion planning, or simply to reflect on your experiences here at the Leslie Dan Faculty of Pharmacy. You can also reach us through LinkedIn, Facebook or Twitter. We hope you enjoy this issue of Rxcellence and welcome your feedback!
The last 12 months have been exceptional for both the profession of pharmacy in Canada and for the Leslie Dan Faculty of Pharmacy. The recently passed regulations expanding the scope of pharmacy practice have had a significant impact on how we educate tomorrow’s pharmacist. Our innovative new curriculum has entered its second year and features courses and modules that are specifically designed to develop and practice the skills required to deliver this new standard of care. Additionally, we have significantly expanded opportunities for experiential learning in practice settings, accelerating the ability of our students to make meaningful contributions to the health care system and enabling many of you to participate as mentors.

This coming June, the Faculty will graduate the first class of students from the Combined Bachelor of Science in Pharmacy-Doctor of Pharmacy program. Established in 2011, the combined program builds on the skills and knowledge acquired in the first three years of the Bachelor of Science in Pharmacy program, augmenting students’ practical experience in specialized settings and further developing their problem solving, clinical and research skills to ultimately produce advanced pharmacy practitioners.

Research at the Faculty continues to be broad and multidisciplinary, encompassing all aspects of drug therapy. We now have more than 80 researchers and practitioners who work on the leading edge of pharmacy practice and pharmaceutical science research. Over the course of the past year, a number of our researchers received national and international recognition including:

Dr. Carolyn Cummins was named the recipient of the Canadian Institutes of Health Research (CIHR) New Investigator Award, the Connaught New Researcher Award and the Bickell Foundation Medical Research Award for her outstanding research in the fields of anti-inflammatory drugs and diabetes.

Awarded to an individual 40 years of age or less who has made notable contributions to research in Canada, Dr. Shana Kelley was recognized with the Steacie Prize for her development of nanomaterial-based detection systems that can track minuscule quantities of biomolecular analytes. The detection systems developed by Dr. Kelley are powerful new tools for cancer and infectious disease identification, and represent a major advance over the current time consuming and painful methods.

Dr. Murray Krahn is the recipient of a five-year Canada Foundation for Innovation (CFI) New Initiatives Fund grant. Through this significant grant, Dr. Krahn will establish the Centre for Evaluation of Technology Innovation (CETI) which will draw together resources from across the University to become the leading international methods and policy centre for Early Health Technology Assessment.

Dr. Micheline Piquette was named the recipient of the AFPC-Pfizer Career Research Award. Designed to recognize research excellence and stimulate the development of research programs in all areas of pharmacy, this award acknowledges Dr. Piquette’s work in developing novel therapeutics and strategies for the treatment of ovarian and breast cancer.

As a result of all of these achievements in education and research, the Faculty received an international ranking of 11th best Pharmacy school in the world, and top-ranked Pharmacy school in Canada from the 2012 QS World University Ranking. This ranking reflects our academic reputation, student-faculty ratio, research influence and alumni support. We will continue to build on this ranking by enhancing our already cutting-edge educational programs; advancing research that addresses issues relevant to modern drug therapy, discovery and delivery; examine the role of pharmacists in the health care system, and build on our commitment to life-long learning that improves professional competency.

Until next time,

Henry J. Mann, Pharm.D., FCCP, FCCM, FASHP
New Faculty

The Faculty welcomed the following new instructors and researchers this year. The addition of these new faculty members will ensure our ability to meet the needs of our new curriculum.

Dr. Norman Dewhurst 0T5 PharmD

Dr. Norman Dewhurst was appointed Co-Coordinator (with Dr. Gary Wong) of PHM203 - Pharmacotherapy 4: Infectious Diseases. In this role, Dr. Dewhurst leverages his experience as an Infectious Disease Pharmacist within the Infectious Diseases and Positive Care Clinic and ID/HIV Service at St. Michael’s Hospital.

Dr. Henry Halapy 9T1

Dr. Henry Halapy was named Co-Coordinator (with Dr. Marisa Battistella, 9T8) of PHM203 - Pharmacotherapy 4: Infectious Diseases, Nephrology and Urology. Dr. Halapy draws upon his experience as a Clinical Pharmacy Specialist at St. Michael’s Hospital where he specializes in the development of the pharmacist’s role in diabetes management.

Dr. Andrea Narducci 0T8, 1T1 PharmD

Dr. Andrea Narducci has taken on the role of Pharmacotherapy Co-Coordinator (with Dr. Debra Sibbald, 7T4) for PHM201 - Pharmacotherapy 2: Dermatology and EENT. Dr. Narducci brings experience to this role as a Clinical Pharmacist in the Cardiovascular Surgery department at St. Michael’s Hospital and as a Community Pharmacist in Woodbridge.

Dr. Cindy Truong Natsheh 9T9

Dr. Cindy Truong Natsheh was appointed Co-Coordinator (with Doris Kalamut, 7T8) for PHM205 - Medication Therapy Management 2. Since 1999, Dr. Natsheh has been an Education and Residency Coordinator with the Department of Pharmacy Services at the University Health Network.

Dr. Laura Murphy 0T6, 0T9 PharmD

Dr. Laura Murphy joined the Faculty as the Course Coordinator of PHM 321 (Pharmaceutical Care II). In addition to this teaching role, Dr. Murphy has also accepted the position of Pharmacy Clinical Site Leader Team 1 at the Peter Munk Cardiac Centre and Family Health Team at the University Health Network. Dr. Murphy has participated as a Preceptor for the Faculty’s Doctor of Pharmacy and Combined Bachelor of Science in Pharmacy - Doctor of Pharmacy Degree programs. She has also lectured in the area of chronic non-cancer pain and served as therapeutics oral examiner, case study seminar facilitator, professional practice lab evaluator, and interprofessional pain curriculum facilitator.

Dr. Brian Shoichet

This coming May, Dr. Brian Shoichet will join the Leslie Dan Faculty of Pharmacy as a tenured Professor. Over the next few months, Dr. Shoichet will transition his laboratory from the Department of Pharmaceutical Chemistry at the University of California, San Francisco, and establish a new laboratory and research group on the 8th floor of the Leslie L. Dan Pharmacy Building. Dr. Shoichet is an internationally recognized leader in combining computational simulation and experimental techniques to develop new ligands that complement protein structures. Using these techniques, he is also able to develop new targets for existing chemical compounds and new ligands for accessible protein targets. He has a particular focus on the discovery of novel chemical entities to modulate G-Protein Coupled Receptors, which may be templates for new drugs and are also a focus for several other researchers within our Faculty. Dr. Shoichet holds numerous patents, is the author of numerous articles, books and manuscripts, is a highly sought after speaker, and is an active mentor to both graduate and undergraduate students.
The Arbor Awards were created by the University of Toronto in 1989 to recognize volunteers for outstanding personal service to the University.

Since then, the University has annually acknowledged the alumni and friends whose loyalty, dedication and generosity has added substantially to the quality of the University of Toronto experience for students, faculty, staff and alumni. The Arbor Award is the University's way of thanking them and letting them know that their contributions of time, energy and expertise do not go unnoticed. Sponsored by the Division of University Advancement, the award ceremony takes place each September at the President's residence. This year, five volunteers at the Faculty were honoured for their outstanding contributions:

**Virginia Cirocco 7T6**

Virginia has been an active supporter of the Faculty for a number of years. She has been a member of the Dean’s Advancement Committee since its inception in 2008 and has been actively involved in the Faculty’s advancement efforts. Virginia is also a member of the Campaign Cabinet and will play a prominent role in the Faculty’s upcoming fundraising campaign.

**Olavo A. Fernandes 9T5**

Olavo has contributed to various degree programs and to the Continuous Professional Development initiatives of the Leslie Dan Faculty of Pharmacy. He also serves as a preceptor and plays an important role in the lives of Pharmacy students through his contributions in coordinating residency programs and lecturing in a variety of courses each year.

**Heather Kertland 8T7**

Heather has played a pivotal role in strategic planning and curriculum development for the Bachelor of Science and Doctor of Pharmacy programs at the Leslie Dan Faculty of Pharmacy. Over the years, she has been a preceptor and mentor to more than 50 students and provided valuable guidance and hands-on experience to many other pharmacists-in-training.

**Dana Peoples**

For the past four years, Dana has served as a member of the Faculty's Golf Committee, securing corporate sponsorships and raffle prizes while planning the Charity Golf Classic. During his time on the Committee, the Charity Golf Classic has raised close to $200,000 for student awards experiences, and development opportunities.

**David T. Windross 7T5**

David has been giving back to his alma mater for decades. He is a guest lecturer and frequent speaker at faculty events, providing students with advice and guidance on the changing role of the pharmacist in community practice as well as opportunities in the pharmaceutical industry. He also organizes tours of Teva Canada's manufacturing facilities for students and faculty members. In 2011, he was appointed to the College of Electors as the Faculty’s representative.

Virginia, Olavo, Heather, Dana and David join the ranks of 25 other volunteers who have been recognized for their contributions to the Faculty over the past two decades. **THANK YOU TO:**

DIANNE AZZARELLO 8T3, DAVID BLOOM 6T7, JUDITH CARTER 8T2, LESLIE DAN 5T4, WILLIAM DINGWALL 7T3, J. GRAHAM NAIRN 5T2, HON. DOUGLAS FRITH 6T8, NANCY GIOVINAZZO 8T0, GRAHAM HARDIE, SAMUEL HIRSCH 5T8, F. NORMAN HUGHES, MURRAY KOFFLER 4T6, JOHN ROBERT KRALL 7T2, MADELINE JEAN MONAGHAN 7T0, WAYNE MARIGOLD 6T9, ALAN MILLS 9T8 PHARM.D, EMILY MUSING 8T3, DONALD ORGAN 5T7, TOM PATON, JACK PINKUS 5T4, LINDA PRYTULA 8T4, LINDA SPARROW 7T0, MALCOLM SPARROW 7T0, SUSAN TREMBLAY 7T6, SCOTT WALKER 7T7.
Lifelong learning continues with Rx&D

Alice Tseng (9T4 PharmD) wants to focus on the HIV patient to address the HIV healthcare challenge. She is an HIV Pharmacotherapy Specialist at Toronto General Hospital and a Leslie Dan Faculty of Pharmacy PharmD graduate. “A key emphasis in the PharmD program is focusing on the patient,” says Alice, “so my current research questions are those that I encounter in clinical practice.”

Rx&D-Health Research Foundation helps Alice Tseng navigate the complexities of HIV-induced cancer.
What Alice has encountered are some of HIV’s most intense entanglements. A retrovirus originating in an unstable RNA structure, HIV rapidly mutates into drug resistant strains requiring strict adherence to potent and sometimes complex combination antiretroviral therapy (cART) regimens. For adherent patients with an undetectable viral load, HIV has become a chronic, manageable disease. Frustratingly, however, managing HIV can prove a Pyrrhic victory since patients remain at increased risk of premature comorbidities of aging and non-AIDS related cancers, perhaps because of ongoing viral inflammation that is not normalized even with effective cART.

“The HIV-infected population remains at greater risk for developing non-Hodgkin’s lymphoma, most frequently of the diffuse large B-cell lymphoma (DLBCL) sub-type, than non-HIV infected patients,” explains Alice. “There are many antiretroviral treatment options available today, many of which have not been studied in conjunction with chemotherapeutic drugs,” Alice points out, “so cART and chemotherapy regimens have taken place in silos, with each focussed on the specific disease and not the patient in whom all these drugs were interacting. Previously, oncologists wouldn’t even treat HIV patients,” she continues, “however the approach has changed over the last 12 years, now that studies have shown that combining cART with chemotherapy increases the rate of complete remission in HIV-infected patients.” However, the combined therapies can have the effect of stepping through a looking glass, with potential interference of metabolic processes and proportions thrown off scale, resulting in increased toxicities.

Standard cART sets up a gauntlet of interferences at every stage of the HIV life-cycle. These include receptor antagonists to block HIV’s entry into a cell, reverse transcriptase inhibitors, Integrase inhibitors disrupting the insertion of HIV’s genome into a host cell’s DNA, or Protease inhibitors to prevent HIV particles from catalyzing through the host cell DNA into their final product – a replicated virus. First-line treatment generally consists of one of the following cART regimens: Protease inhibitor (PI) based; non-nucleoside reverse transcriptase inhibitor (non-NNRTI) based; and Integrase-inhibitor (InSTI)-based. However not all three cART regimens may be ideal when used in conjunction with chemotherapy.

“Managing HIV can prove a Pyrrhic victory since patients remain at increased risk of premature comorbidities of aging and non-AIDS related cancers.”

While PI-based regimens will prevent HIV particle assembly, PIs also potently inhibit the cytochrome (CYP) P450 enzyme system which is crucial to the metabolism of many chemotherapeutic drugs. NNRTI-based regimens on the other hand act as CYP inducers which may reduce the bioavailability of chemotherapeutic agents, therefore possibly rendering them less effective.

“The resulting interactions can result in the efficacy of the treatments being compromised, or the development of dose-related adverse effects like anemia, neutropenia, or neuropathy with vinca alkaloids (which inhibits cell division) due to increased concentrations caused by inhibition of CYP450 enzymes,” says Alice.

Alice is conducting a pilot study, funded by the Rx&D-Health Research Foundation, to study eight years (2002-2010) of data on HIV positive patients who began chemotherapy for DLBCL while on different types of cART. “This is a very complex and challenging study in which we’re charting results for patients who have gone through several variations of treatments, for different periods of time, all with variable results over a number of years,” explains Alice. “It would be impossible to accurately collect all this data, finish the study, and have statistical assistance without the support of Rx&D,” she continues, “thanks to them, we hope to find a way to navigate the combination of cART and chemotherapy and get the best results for the patient.”

Rx&D is the association of 50 leading research-based pharmaceutical companies dedicated to promoting research into the discovery, development, and optimal use of new medicines and vaccines. Through the support of the Rx&D-Health Research Foundation, with additional funds from the Leslie Dan Faculty of Pharmacy, grants are offered to support clinical research at our affiliated research hospitals.
Recent Research Graduates

L: PATRICK RONALDSON
Assistant Professor
University of Arizona

R: JUDITH FISHER
Manager
Department of Health and Wellness Government of Nova Scotia

Graduate studies at the Leslie Dan Faculty of Pharmacy encompass all aspects of the pharmaceutical sciences. We caught up with two recent graduates of the PhD program, who filled us in on their research and their career paths after graduation.

PATRICK RONALDSON 0T7

How did you come to do doctoral work at the Faculty?
At the conclusion of my undergraduate studies, I was interested in the brain and was looking for a research program that covered several aspects of the neurosciences. Additionally, I was particularly interested in pharmacology of central nervous system diseases and wanted to be able to include this sort of research into my graduate program. With these interests in mind, I came across the laboratory profile of Dr. Reina Bendayan. Luckily for me, Dr. Bendayan was looking to add new graduate students and, therefore, had a position available in her laboratory. I started my graduate program at the Leslie Dan Faculty of Pharmacy in January 2001.

My experience was entirely positive. While developing my skills as an independent scientist in a cutting-edge research lab, I also received outstanding mentoring and support from the Faculty. The opportunities for graduate students to network were countless, which enabled me to develop professional relationships with both established faculty members and my graduate student colleagues. Additionally, I had the opportunity to teach pharmacy students in the pathophysiology
course that was part of the third year curriculum. I was able to acquire the skills necessary to succeed as a postdoctoral fellow and, now, as a junior faculty member. Overall, the Leslie Dan Faculty of Pharmacy was an outstanding environment in which to do my doctoral studies.

Tell us about your doctoral research.
My doctoral research was aimed at understanding how drug transporters function at the blood-brain barrier and in cellular compartments of the brain (i.e., astrocytes, microglia). Specifically, I was focused on studying how such transporters are altered by factors related to HIV-1 infection of the brain. Currently, people infected with HIV-1 are living longer but are experiencing more and more cognitive impairments related to HIV-1 infection of the brain. Therefore, identifying and characterizing transporters in the central nervous system that can modulate brain permeation and distribution of anti-HIV drugs was, and continues to be, of paramount significance. During my doctoral research, I demonstrated for the first time that gp120, a glycoprotein component of the HIV-1 viral envelope, triggered both inflammatory and oxidative stress signaling in astrocytes. These pathophysiological events led to altered expression and activity of drug efflux transporters in astrocytes, which may dramatically alter anti-HIV drug accumulation in the brain and, therefore, reduced ability of these drugs to treat brain HIV-1 infection.

What are you up to these days?
Currently, I am an Assistant Professor in the Department of Pharmacology at the University of Arizona College of Medicine. My laboratory is focused on identifying and characterizing endogenous transport systems at the blood-brain barrier that can be targeted for optimization of drug delivery to the brain. In particular, I am interested in targeting drug uptake transporters as a therapeutic strategy for treatment of pain and cerebral hypoxia/ischemic stroke. I am also actively involved in teaching both medical students and graduate students at the University of Arizona College of Medicine.

How did you come to do doctoral work at the Faculty? What was your experience at the Faculty like?
The Leslie Dan Faculty of Pharmacy at the University of Toronto was my alma mater; I completed my undergraduate pharmacy degree here. After graduation, I practiced hospital and community pharmacy in Ontario and subsequently in British Columbia. After a number of years in practice, I decided to go to graduate school, and chose to study ‘Gerontology’ at Simon Fraser University (SFU) in Vancouver. My Master’s thesis, “Painful Conditions in Older Adults with Dementia: Are Analgesics and Psychotropics Inappropriately Prescribed?” integrated my pharmacy background with my new discipline, Gerontology.

I knew before I had completed my Master’s degree that I wanted to pursue a doctorate. The only question was where. During the summer of 2001, Vancouver hosted the 17th World Congress of Gerontology, and SFU Gerontology students were actively involved. While at the Congress, I visited the exhibit by the Institute for Aging and the Life Course at the University of Toronto. The Faculty was one of the participating units. I was intrigued: the prospect of returning to my alma mater for my doctoral studies was appealing, in particular given that the listed contact person for the Faculty was Professor Joan Marshman – one of my former professors. I contacted Professor Marshman and made an appointment to meet with her during a forthcoming visit to Toronto. At this meeting, Professor Marshman introduced me to Dr. Peri Ballantyne, who was the new liaison person with the Institute. After discussing mutual research interests and ideas with Dr. Ballantyne, I was convinced that I wanted to do my doctoral work at the Faculty, with Dr. Ballantyne as my supervisor.

The University of Toronto was a wonderful environment in which to pursue doctoral studies. With its strong research foundation, there is tremendous depth of knowledge in diverse disciplines – and the Faculty is no exception. There is a wealth of knowledge and expertise here and I appreciated the opportunity to learn about the research being conducted in the many research areas represented at the Faculty. The weekly seminars were always interesting and thought-provoking. The size and diversity was a certainly a strength. The faculty members and other graduate students within my program (Clinical, Social and Administrative Pharmacy) were very supportive. The value of having other students with whom I could discuss ideas – and commiserate when the work seemed overwhelming and the end a very long way off –
would be impossible to quantify. Similarly, I benefited greatly from the wisdom, support and expertise provided by faculty members within the program. I am also grateful for the opportunity to participate in research projects with my supervisor, Dr. Peri Ballantyne, and to teach in the undergraduate pharmacy program. Having these opportunities provided valuable experience that has served me well – during my post-doctoral fellowship at Dalhousie University, and in my current position.

Can you tell us a bit about the research you did for your dissertation?
My dissertation, entitled “Patterns of Medication Use among Older Adults with Osteoarthritis” examined the use of analgesics by a cohort of persons living with osteoarthritis. My research involved a longitudinal analysis of data from Phase IV (1999-2003) of the Ontario Osteoarthritis Cohort Study: The Study of Arthritis in Your Community. This study established a cohort of 2,411 persons aged 55 and older with disabling hip or knee arthritis living in two Canadian communities, one urban (East York), and one rural (Oxford County, Ontario). In 1999, these people were invited to participate in a five year follow-up study. My research examined data from this study.

Osteoarthritis (OA) is a prevalent chronic condition associated with substantial pain and disability. Oral analgesic use is a central component of symptom management, but medication use in this population is complex and must balance the need for symptom control with drug safety concerns. My research examined the variability in the medications used to manage OA-related symptoms within this cohort, over a five year study period. The findings demonstrated the complexity of medication use in this population; a key finding was that factors other than the severity of disease-related symptoms are related to variations in medicine use.

The Principal Investigator of the Ontario OA Cohort Study, Dr. Gillian Hawker, was a member of my dissertation committee – along with Dr. Beth Sproule (8T4) and Dr. John Cairney. I am very grateful for the wisdom and expertise of each member of my dissertation committee and for their tremendous support.

Tell us about your current position at the Government of Nova Scotia.
My current position is with the Pharmaceutical Services Branch of the Department of Health and Wellness, Nova Scotia. My official title is: Manager, Drug Technology Assessment. The primary focus of my position is promoting optimal medication use in Nova Scotia, in particular (but not exclusively) among beneficiaries of the various publicly funded Pharmacare programs. Much of my work involves working with the divisions of Continuing Medical and Pharmacy Education (CME and CPE) at Dalhousie University and the Academic Detailing Service (ADS) to create, disseminate and evaluate educational programs. The primary target audience for our educational programs is health care professionals, primarily physicians and pharmacists but also includes other health care professionals as dictated by the topic, e.g. nurse practitioners, diabetes educators and family practice nurses. We employ diverse methods including live programs, webinars and one-on-one visits.

One of my responsibilities is to oversee the Drug Evaluation Alliance of Nova Scotia (DEANS). DEANS is a multidisciplinary, multisectoral alliance to optimize drug use and includes representatives from the Nova Scotia Department of Health and Wellness (DHW), health professionals, program administrators and academic researchers and their trainees. DEANS encourages appropriate drug use by identifying areas where optimization is needed, developing interventions to provide targeted, evidence-informed knowledge to health care patients and providers, and evaluating the impact of the interventions. DEANS is intricately linked with CME, CPE and the ADS, and the individuals involved with these programs are represented on the DEANS management committee.

Some of my other responsibilities include working with the NS Prescription Monitoring Program, participating on a variety of Canadian Agency for Drugs and Technology in Health (CADTH) working groups (e.g. Optimal Use Working Group, Working Group on MS drugs), serving on the Prioritization Working Group for the Drug Safety and Effectiveness Network (DSEN), and providing background research and advice for my co-workers. Like my fellow team members at Pharmaceutical Services, my day to day job frequently involves preparing briefing notes for the Minister and Deputy Minister of Health and Wellness and attending briefing sessions. Work in our Branch is never boring and I am finding my job very fulfilling.
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(Redeemable for $210 cash back and more.)

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AD-10-12-0787
We have all heard of, or perhaps witnessed in our own practice, people turning to the web as their first resource for medical information. Access to the internet has empowered patients and allowed them to assume a measure of control over their care—however, with the amount of information online that is hearsay or misinformation, it is vital that health care practitioners and organizations take control of their message and promote reliable and accurate sources of information. Shelley Diamond, (BT3) has co-founded a resource that aims to provide community and support for people living with diabetes. She talked to us about her initiative, Diabetes Care Community.

Shelley Diamond has built a career on making sure people receive vetted, helpful health care information. “In all of my positions, I’ve always been concerned with making sure people are getting the correct information and that they really know what to do, in terms of managing their health,” she says, “I started my career in hospital pharmacy, working at Victoria Hospital in London, Ontario before applying to the residency program at Sick Kids. I was successful in my application and became one of the first two hospital residents. I continued to work at Sick Kids as a clinical pharmacist and eventually became a Pharmacy Supervisor and then went on to do Drug Use Evaluation, where I was involved in setting standards for drug usage. I was lucky that I was able to be involved in research to evaluate optimal drug choices which often included cost evaluations.” Shelley soon earned a reputation as the “pocket card queen” as she developed many guidelines for the appropriate use of antibiotics for the various medical and surgical departments. “I wanted to make sure they were able to compare and contrast the drugs they were prescribing to ensure a standardized and cost-effective approach amongst physicians, while still maintaining the highest standard of care.” In 1995, Shelley began her private consulting business, Pedipharm Consultants, and landed Shoppers Drug Mart as her first client. “I started working on paediatric programs as well as a large-scale asthma management program. I pioneered the development of pharmacist-led clinic days, where the pharmacy would no longer bring in experts like nurses or respiratory therapists but would take advantage of the expertise and knowledge of the pharmacist,” she remarks. “I consulted to Shoppers for 15 years, and ran their diabetes program for the last seven years, creating promotional and educational material for both pharmacists and consumers, on day-to-day concerns and intervention strategies.” This experience was integral to the development of Diabetes Care Community: “I created an online study program for pharmacists who wanted to be Certified Diabetes Educators – the person I worked with on this initiative became my co-founder for Diabetes Care Community. I became very involved with promoting information on diabetes and developing self-management tools, as well as developing a resource for pharmacists entitled “52 Questions and Answers about Diabetes.” I wanted pharmacists to have a credible resource at their fingertips to provide to their patients. Everything we did was reviewed and approved by the Canadian Diabetes Association.”

It was around this time that Shelley noticed what she describes as the “lack of easily accessible credible information that included an area of community support” available to consumers online: “I felt it was
“Approximately 20 people per hour are newly diagnosed with a form of diabetes.”

a real struggle to get not just health care information that was standardized and easily available out to people, but also saw the need to incorporate an emotional support network.”

People were exchanging so much on online channels and I wanted to make sure there was somewhere for people to go so that they could access health care-professional led information about managing diabetes. I also wanted them to be able to receive support from one another at the same time.”

Advocating for proper information about diabetes has become increasingly important. According to the Canadian Diabetes Association, more than nine million Canadians live with diabetes or prediabetes. Approximately 20 people per hour are newly diagnosed with a form of diabetes. Most people living with diabetes have not visited a Diabetes Education Centre, and physicians and other health care practitioners simply do not have the resources to educate everyone as fully as they would like: “I noticed pharmacists were receiving a lot of questions about managing diabetes. Pharmacists at the time were not given much training in basic nutrition, and I was interested in meeting those educational needs for the consumer. I wanted to create something both credible and accessible for people and their families.” Shelley and her partner were also determined to create a uniquely Canadian resource. She describes, “Some people questioned why we needed a dedicated site for Canadians. There are a lot of great American sites that provide information. However, in Canada we use completely different reference values and have access to different products as well. We needed to make sure people were getting the right information relevant to Canadians” The Diabetes Care Community product section, for example, is geared toward products Canadians will find in their local pharmacies that a healthcare professional may recommend.

A hallmark of Diabetes Care Community’s approach is its holistic, community oriented focus. Shelley remarks, “On our site, we compile blogs from a pharmacist, two physicians, a nurse, a dietician, and a social worker, hopefully providing a complete perspective that allows patients and caregivers to self-manage. In the near future, we will be launching videos and tools that work to this end as well.”

Diabetes Care Community has a significant interactive component including extensive discussion boards and an active social media presence. Statistics Canada estimates that 8 out of 10 households in Canada have internet access at home, and that, under the age of 45, 94% of people access the internet regularly. The number of internet users is increasing exponentially in the 45-64 age group as well as among seniors. Shelley and her partner were well aware of these figures when developing the website. “We wanted the site to act as a resource for all types of diabetes. Type 1 Diabetes usually affects children, and the majority of people with Type 2 Diabetes are over 40, although that is changing with obesity issues. However, many caregivers lie between these two age groups, so we really made an effort to incorporate social media,” notes Shelley. A recent IpsosReid survey indicates that more than half of Canadians using the internet also maintain active social media and social networking presences, a reality which Shelley and her team considered extensively: “We use Twitter, have a Facebook page and have developed a mobile app as well. It is very important to us that we capture the broadest audience that we can.” “Providing emotional support for people who are living with diabetes has historically been a huge oversight. There are so many issues facing people living with diabetes, “We want to capture all audiences and be thought of as ‘Diabetes Central’ for Canada.”
not least how overwhelming it is to manage a chronic illness.” Indeed, the Canadian Diabetes Association estimates that 25% of people living with a form of diabetes suffer from depression. “Community was always a vital part of the plan for this website. It’s right in the name – and it is such a great feeling to be able to connect people with each other to share their day-to-day experiences with diabetes and give them a community to engage with,” says Shelley.

Research from the Endocrine Society in the United States has demonstrated that there is a second group deeply affected by diabetes in Canada – those who are acting as caregivers to people living with the disease. “Caregivers have long been ignored in the conversation around diabetes, and really, around any chronic illness,” laments Shelley, “However, they have a lot of special needs and are also calling out for improved education. For example, caregivers need to know about managing diet and medications for the person they are caring for. Our original intent with Diabetes Care Community was actually to provide a forum of engagement for caregivers, but because of the response we received after launch, we have incorporated both groups. We strive to be as inclusive as possible.”

“I want pharmacists to know that they can help people in various ways. We highlight the role of the pharmacist as an essential member of the diabetes health care team and provide information to patients on medication, adherence issues and recommendations on what to ask your pharmacist. We want to underline the importance of patient education and empower those living with diabetes to self-manage their condition, either with or without a caregiver,” says Shelley, “We want to capture all audiences and be thought of as ‘Diabetes Central’ for Canada. We want to speak to all types of diabetes – Type 1, Type 2, gestational and pre-diabetes. Our top priority, is, and always has been, to help everyone we can and deliver information any way we can.”

“We use Twitter, have a Facebook page and have developed a mobile app as well. It is very important to us that we capture the broadest audience that we can.”

Shelley Diamond has won multiple Commitment to Care Awards for her work in health promotion. In June 2012, she received the Distinguished Practice Award from the Ontario Pharmacists Association. In addition to running Diabetes Care Community, she currently consults with Loblaw on diabetes programming, life-threatening food allergies and cardiovascular health. A recent sodium awareness and lifestyle tips program won her team the Hypertension Canada Certificate of Excellence.
Trained in both pharmacy and Victorian studies, Sylvia is currently an Associate Professor of English at Robert Morris University (Pittsburgh, Pennsylvania), where she teaches courses on British literature and on literature and medicine. Always interested in the overlap between literature and science, Sylvia was a writer for the NPR show “A Moment of Science” and recently presented a talk in Pittsburgh for the National Library of Medicine’s traveling exhibit on Renaissance medicine in the Harry Potter novels. In Doctoring the Novel, she examines the interplay between proper doctors and questionable quacks in fiction from Mary Shelley’s Frankenstein to Arthur Conan Doyle’s Sherlock Holmes stories and discovers some surprising connections between the supposedly serious doctor and the bodysnatcher, the poisioner, the con-artist and the charlatan. This book uncovers the sometimes surprising overlap between medical professionals and medical quacks in novels of the 19th century. Although the modern medical profession came of age in the 19th century, this period also witnessed rampant, and often bizarre, forms of quackery from bodysnatching to patent medicines to odd mechanical devices which promised health and happiness. In an interview with Rxcellence, she describes her career path from pharmacy to Victorian literature, and talks about her new book.

You graduated from the BSc Pharmacy program in 1993, and later completed an MA in English Literature at the University of Western Ontario, and a PhD in English and Victorian Studies at Indiana University. What drove you to pursue an English degree after completing your Pharmacy education? How did you accomplish this change?

I’ve always loved reading. My few electives in Pharmacy included English courses, but I never imagined pursuing English as a career. After I graduated, I was working in Toronto at a clinic in Parkdale that opened very early in the morning. After the opening hurry, there was a long period of very little activity because most non-pharmacists, non-shift workers, non-owls were still sleeping. So, I read novels. I was working my way through the million-word, eight-volume version of Samuel Richardson's Clarissa when one of my colleagues commented that I should take an English course at U of T so I would have somebody to talk to instead of reading alone. I thought it was a good idea. One of my English profs at U of T suggested doing a Masters instead of just taking courses. I got a job at the (then) London Psychiatric Hospital and enrolled
Tell us a bit about your research. How did your time studying pharmacy impact your graduate research and subsequent work?

When I started graduate school at Indiana University, I knew I wanted to work with Professor Patrick Brantlinger, because I had read his fascinating books on 19th century science and colonialism. I was also interested in 19th century literature because my favorite authors are from that period: Jane Austen, Charles Dickens, the Brontës, Wilkie Collins, Thomas Hardy. My dissertation looked at two opposing but popular ideas of the late Victorian period. At the time, there was growing interest in science but also a simultaneous interest in the occult (séances, ‘ghost’ photographs, mediums etc.). I considered how a new technology such as the X-ray could be understood both as a technological breakthrough in science and also as a joke, a novelty, a gimmick to sell “creepy” skeleton photographs (which were very popular at the time... awareness of radiation’s dangers being still a few years away).

After my I got my Ph.D., I was still interested in the gap between scientific or medical and public perception. That is how I came to be interested in quackery. Too often, we dismiss quackery as something only desperate or foolish people use as a last resort. Yet, this attitude does not help patients navigate the many grey areas of medicine, leaving them open to more compelling storytellers. It also does not address why many smart, educated people hold onto outdated or implausible ideas. We are all familiar with cases of patients who literally go to their graves convinced that a completely unproven treatment was the correct one. And, we, as practitioners, can think of colleagues or professors who cling to their own pet theories despite all evidence. For example, Florence Nightingale, founder of nursing in the UK, never accepted germ theory but clung to the older explanations for infection.

Arthur Conan Doyle, author of the Sherlock Holmes stories and a medical doctor, was firmly convinced of the existence of fairies. Doyle’s novel The Stark Munro Letters (rarely read today) was based on his own experiences as a young doctor working with a colleague whom he later realized was a complete quack. Doyle didn’t realize how crooked the fellow was until his partner double-crossed him. Still, Doyle used the tactics he learned from his ex-partner, because he realized that quacks are good at self-promotion, which is vital in growing a new medical practice.

So, in this book, I didn’t want to focus on oddballs selling snake oil to gullible fools. I wanted to learn about the ways in which people understand quackery in relation to regular practice, what this word really means to different people, and why beliefs are so difficult to change.

Tell us about your recent book, Doctoring the Novel: Medicine and Quackery from Shelley to Doyle.

In each chapter, I examine one Victorian novel that represents a unique version of quackery. While the word quackery is always negative (ie. nobody wants to be one), what defines a quack changes in each case. I think this changeability explains why quackery is so hard to combat. Quackery means many different things, from scientific failure to moral failure to unbecoming conduct or social failure. Each novel I discuss presents one author’s vision of quackery in very specific, unique terms and allows us, as readers, to consider why and how we might be tempted by (or tempted to become) a quack.

For example, in the chapter on Frankenstein, I look at the ways in which the word anatomy meant different things to different people during the 1820s and 30s, when the study of anatomy was still new to medical schools. To some, anatomy showed that surgery was a progressive, modern science. To others, anatomy was evidence that of social decay, because it relied on criminal activity (bodysnatching). To others, quackery symbolized sheer and utter crookedness and greed, because surgeons in a few notorious cases refused to help identify Burkers (people who murdered and sold their victims’ bodies for dissection). Mary Shelley uses Victor Frankenstein to highlight the different meanings of the word in her culture. If the same word can mean so many different things at once, it is no wonder that we cannot agree on what constitutes quackery.

In Villette, Charlotte Brontë gives us a portrait of Dr. John, who is a qualified, professional English doctor. Yet, Dr. John resorts to trickery and deception, even on two occasions using housecalls to pursue secret romance. Brontë encourages her readers to consider whether technical competence is enough in a practitioner, or whether there is a point at which personal shenanigans cross a line, perhaps becoming quackery, even in the most qualified and technically
The 19th century is a key period in the history of pharmacy, since it is the period in which the business of trading in drugs evolved into the profession we recognize today. It is remarkable how quickly the medical fields, from surgery to pharmacy to nursing, transformed themselves. At the beginning of the century, pharmacy did not exist as we know it. By the end of the century, it was a respected profession.

If we look back at the controversies of this period, we can easily recognize familiar issues about the responsibilities of professionals in public life, the role of government in healthcare, and the rights of patients to dictate their own treatment or to access medication for home treatment. For example, there were heated disputes about whether to advertise medicines to the public. On one hand, advertising was the hallmark of quackery: an advertising doctor was often taken to be a disreputable one. On the other hand, some heavily advertised patent medicines contained the same ingredients as standard prescriptions, although others make delightfully oddball promises such as growing back legs after amputation.

In one chapter, I look at the first legislation in England to restrict the sale of drugs to druggists. Prior to the Arsenic Act of 1851 and the Poisons Act of 1857, patients were free to purchase any substance they wished (arsenic was used to treat cholera as well as in a variety of products from cosmetics to rat poison, wallpapers, and other household dyes). These Acts were a great boost to pharmacy because they gave druggists a monopoly over certain drugs, but it is worth noting that they were rooted in fear that patients, particularly women patients, were happily prescribing and compounding for themselves. Are patients the biggest quacks of all? If a society allows information about drugs to circulate widely, what if this information falls into the wrong hands?

Wilkie Collins’s novel Armadale is about a woman poisoner and a woman cosmetics quack out to steal a fortune from a trusting aristocrat. The novel references several very high-profile Victorian poisoning cases in which unhappy or vindictive women slipped arsenic into an unwanted lover or husband’s food. Collins is milking public fear that an unrestricted drug trade is fertile ground for poisoning by women, which is ironic since Collins himself was addicted to laudanum (easily obtained at the time without a prescription).
It has been a great and unexpected journey since I graduated from the Bachelor of Science in Pharmacy program in 1991, my most memorable and best four years of school. If someone had told me I would be in London, England attending the Royal Wedding, Diamond Jubilee celebrations, and the Olympics thanks to my career, I never would have believed them!

Here’s my story:

After graduation, I worked in many different areas - retail, hospital, and at the Faculty as the first group of TAs for the SPEP program. I felt like I was contributing to our profession and of course, making a difference to the patient’s lives.

My life changed when I decided to join the pharmaceutical industry - the corporate world, who would have guessed? I joined AstraZeneca as the Med Info lead for the Cardiovascular portfolio. Thereafter, I was recruited to be the Launch Trainer for the entire organization for the three biggest products in our portfolio. I considered myself lucky because I got to combine all of my interests for this role – using my scientific expertise, enhancing my business planning and strategic sales and marketing skills, relationship-building skills and employing my creativity for launch meetings which included singing, dancing and acting! It was like being a rock star!

After the successes of three launches in one and a half years, I got promoted again - into Marketing – a role which included a secondment to Australia. Then, I moved into Emerging Brands Marketing where I worked on our pipeline products and developed strategies and commercial assessments for our prelaunch products. I was fortunate to lead one of our key brands and prepare the Canadian marketplace for launch. It was a great role as I was able to combine my pharmacy knowledge and strategic business skills, leading teams of people from Regulatory, Medical Affairs, Pricing, Insight and Market Access. In addition, I got to work with cardiologists, surgeons, and so many other specialists – it was like being in pharmacy again!

I am currently on a two-year assignment in London as the Global Marketing Lead for the Cardiovascular and Gastrointestinal internal pipeline and for externalization/in-licensing opportunities for all regions, and living it up both professionally and personally. Professionally, I have been able to influence all five regions around the world on brand strategies and launching brands in the marketplace. It is so fascinating to understand the business globally. In addition, I have been exposed to international expatriates from around the world, enhancing both my professional and personal cultural growth and awareness.

I have been fortunate, since graduation, to have followed my passion of travelling around the world. I have visited most of the countries in Asia, travelled through the South Pacific, North and East Africa, most of North America and plan on seeing a lot of Europe while I am here in London. In addition, I have enjoyed all the premiere/debutante events in the UK like the ones mentioned above, along with Wimbledon, the Henley regatta, the Royal Ascot, international polo and so much more. I don’t know what the future holds, but I will always be grateful for what pharmacy has brought me and what I have been able to do with the foundation I had. In the meantime, I will enjoy the ride and start planning my next travel destination!
GO BACK TO SCHOOL FOR THE WEEKEND

Spring Reunion 2013
May 29–June 2

If you graduated in a year ending in 8 or 3, save the date now for a jam-packed weekend of lectures and lunches, tours and talks, dinners and dialogue. This is your Spring Reunion and here’s what we’re planning for you:

Events at your College or Faculty

Every U of T college, faculty and department creates opportunities for its own alumni to reconnect. A full listing of these reunion events is online now at: http://springreunion.utoronto.ca

Uof T-wide Signature Events for Alumni of Every Description

**Wednesday, May 29**
LGBTQ Pride Kick-Off

**Thursday, May 30**
SHAKER for Young Alumni

**Friday, May 31**
Chancellor’s Circle Medal Ceremonies for 55th to 80th Anniversaries

50th Anniversary Ceremony

Stress-Free Degree Lectures
With speakers known for expanding minds

**Saturday, June 1**
Stress-Free Degree Lectures, campus tours and other events

UTAA Annual General Meeting with Keynote Address by U of T’s new Chancellor, the Honourable Michael Wilson

Spring Reunion BBQ
Sponsored by the University of Toronto Alumni Association

(find out more: 1-888-738-8876  spring.reunion@utoronto.ca  http://springreunion.utoronto.ca)
Since 2000, the IPG program has helped over 1000 pharmacists trained outside of Canada to meet Canadian entry-to-practice standards. Sandrine Dorette Kingue completed the IPG program in 2012. She will soon be writing the Qualifying Exam Part II (OSCE) and hopes to work in community pharmacy.

**RX:** Where are you from and where were you educated prior to enrolling in the IPG program?

**S:** I was born in Paris, France and graduated from a university in Bologna, Italy prior to attending the IPG program. My country of origin is Cameroon. I completed a 5 year full time program in the faculty in pharmacy in Bologna. The major difference between pharmacy education in Canada and Italy is patient care. In Canada, pharmacy education is more focused on patient care, especially patient counselling, and also on the collaboration with other health care professionals for the best interests of the patient; whereas in Italy the pharmacist follows the order on the prescription: we should dispense what the doctor has prescribed. What I learned in both programs is that the pharmacist has great responsibilities and most of all, he is responsible for his/her patients. The interests of the patient come first.

**RX:** What have you been up to in the months since your graduation?

**S:** I wrote the first part of the Qualifying Exam in May 2012 and passed it successfully. I started my studentship. I am doing my studentship in a private pharmacy in Woodbridge. So far, I have done counting, receiving orders, cash, answering requests from patients on the phone, filling prescriptions and responding to OTC requests. I have started billing with third party plans and I have been counselling. My most memorable experience has been with counselling. In those moments I realize that patients really trust us and that we should always be honest with them.

**RX:** What is your fondest memory from when you were in IPG?

**S:** The great friends I made. The IPG program is a full-time, overwhelming program. On top of that, most of us have been professionals for a long time; we graduated from pharmacy years ago, and practiced for years in our respective countries - coming back to school was really challenging. That created a bond between us. We were faced with the same challenges: a new country, a new language, uncertainties about the outcome of the journey we started with the process of getting our licence in Canada, a lot of doubts but a common hope and faith in what we are doing! All these things bonded us and still do.

**RX:** What were your greatest challenges?

**S:** It was a busy program, with a full-time course load and a lot of assignments.

**RX:** Do you still keep in touch with many of your classmates?

**S:** Yes. We created a Facebook page entitled IPG 2012. This way, we can stay in touch and know how each of us is moving forward in our career.
In 2012 we introduced regional programming and visited many new parts of Canada, reconnecting with our diverse alumni. Many thanks to all those that joined us at an event or reunion, and we hope to see you and many more of your classmates next year!

Please visit the Upcoming Events listing on page 38 to find out more about get-togethers, celebrations and reunions for your class and in your area. Submit your event descriptions and photographs for the next issue to alumni.pharmacy@utoronto.ca!

The OPA Cup

We gathered a group of hockey fans together to watch our undergraduates take on the University of Waterloo’s Pharmacy team in the annual OPA cup. Sadly, we were defeated this year, but the spirited atmosphere allowed everyone to catch up with old and new friends while supporting our team. We’ve set the stage for a comeback at the 2013 Cup, where we’ll have home ice advantage – and hopefully, welcome legions of supportive fans!

Young Alumni Event

Alumni who graduated within five years of the event gathered together with Faculty members at Crush Wine Bar in downtown Toronto for wine pairings and delicious appetizers. To cap off this exciting event, the Dean raffled off some great prizes to our recent graduates. It was wonderful for everyone to reconnect with classmates, teachers and friends, and great to hear about how well things have gone for everyone in the short years since graduation.

UofT Night at the CPhA Conference

Taking advantage of the awesome setting and the western atmosphere of this year’s CPhA Conference in Whistler, British Columbia, we hosted a UofT Night at Longhorn Saloon and Grill. This jeans-and-boots affair brought together student representatives, alumni and industry leaders attending the conference. It was a lot of fun, and we’re looking forward to welcoming everyone to an east-coast experience at next year’s CPhA Conference in Charlottetown.
Golden T Reunion

Over Spring Reunion Weekend, the Classes of 6T2 and 5T2 (pictured below) joined the Dean and special guests in the Hart House Great Hall to reminisce, reconnect and celebrate their 50th and 60th reunions. Over a banquet dinner, stories were exchanged, friendships rekindled and achievements honoured.

Rho Pi Phi International Pharmaceutical Fraternity 86th Chancellor’s Ball

Murray Berman, Class of 5T7 writes: “Rho Pi Phi International Pharmaceutical Fraternity was founded 1919 at the Massachusetts College of Pharmacy in Boston. Nu Chapter was formed

Class of 9T2 20th Year Reunion

Following a tour of the Leslie L. Dan Pharmacy Building, the Class of 9T2 made their way to Sopra Upper Lounge in Toronto for a lovely evening of dinner and drinks. Thanks to Christine Donaldson for planning the reunion.

Vancouver Alumni Event

This intimate gathering in downtown Vancouver allowed our alumni “out west” to meet the Dean, some for the first time, and hear about what has been going on at the Faculty and pharmacy practice in Ontario since their graduation.

Class of 8T7 25th Year Reunion

What a party! The Class of 8T7 25th year reunion kicked off with a reception and tour at the Faculty building, where the alumni were presented with a small gift of congratulations from the University of Toronto. Following the afternoon’s get-together, the evening’s festivities concluded at the InterContinental hotel with dinner, drinks and dancing, creating new memories while recalling reunions and celebrations past. Many thanks to the planning committee: Alex Chan, Darcy Nicksy, Lori Katz and Jill Anderson.
Class of 8T2 30th Year Reunion

The Class of 8T2 gathered in Waterloo to celebrate their 30th year reunion. After touring the University of Waterloo’s School of Pharmacy, the Dean and class continued to celebrate this milestone with dinner at Deer Ridge Golf Club. We’re looking forward to the 35th Reunion already! Thanks to Ian McDowell for all his hard work in planning the reunion.

Golden Triangle Alumni Event

With over 130 alumni living in Ontario’s Golden Triangle, it seemed like a natural fit for us to hold an event in the region. With a variety of Pharmacy graduates over a span of 50 years, the Dean and fellow alumni enjoyed an evening of re-connecting and making new acquaintances at the Waterloo Inn and Conference Centre.
CHARITY GOLF Classic

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SEND OVER 1000 STUDENTS
to participate and present at conferences, seminars, and symposiums around the world

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to provide free healthcare to over 100 under-served patients through the IMAGINE Clinic

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for our laboratories, allowing our students access to the most up-to-date resources and technologies

PROVIDE OVER 500 STUDENTS
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SEND 60 STUDENTS
on international internships in developing countries

FUND GROUND-BREAKING research by assisting 10 Graduate students pursuing research in cancer, diabetes, HIV, and Alzheimer's Disease
Thank You

To our 2012 Golf Classic Sponsors for their generous support. Together we raised $60,000 for undergraduate student assistance and activities. We hope you will join us for another great day in August at the Thornhill Golf and Country Club.
Young Alumni Spotlight: Rachel Whitty

Rachel Whitty graduated from the Leslie Dan Faculty of Pharmacy in June 2011 and completed her hospital residency at the University Health Network in summer 2012. At the time we interviewed Rachel, she was working in General Medicine at Toronto Western Hospital. In fall 2012, Rachel accepted a permanent position in Palliative Oncology at Princess Margaret Cancer Centre.

We sat down with Rachel to talk about her path to pharmacy, her experiences as a resident, and how she is working to create new models for use in Patient Education.

As for many students who enter the Bachelor of Science in Pharmacy program at the Leslie Dan Faculty of Pharmacy, Rachel Whitty's first exposure to the life of a pharmacist came as a teenager, when started working part-time at a local pharmacy in her hometown of Bracebridge. "The pharmacists I worked with were very focussed on patient care so I had opportunities to do customer service in the dispensary," explains Rachel, "although I have to admit, looking back I realize I didn't fully appreciate what the pharmacist did!" In her first year of Life Sciences at Victoria College Rachel attended Pharmacy Information Night at the Leslie Dan Faculty of Pharmacy, which left her with a great feeling about the program. Rachel describes how pharmacy as a profession, "really lined up..."
with what I was looking for in a career. I have always been involved in a lot of different projects and I felt that pharmacy offered diverse opportunities. The focus on patients, on helping people, was something that was also really important to me. Once I had gone to university and applied to Pharmacy, I realized what great clinicians the pharmacists I worked with in Bracebridge were. Darl Dillabough and Leo Krahn really inspired me to pursue this career and they were both so happy for me when I was accepted. I remember the day I was supposed to find out – Leo sent me home at lunch to check the results on line, and when I got back and told him I was accepted, he got me a cake that said, Congratulations Rachel! He and the technician threw me a celebration – it was so lovely, I’ve never forgotten that.

A question that faces most Pharmacy students today loomed in Rachel’s mind: should I pursue a career in community practice or hospital pharmacy? To find out more about hospital practice, Rachel volunteered at Mount Sinai Hospital and was able to talk to patients and learn about the organization of the hospital. After second year of her program, she worked as a pharmacy summer student at University Health Network: “As part of this summer program, I shadowed hospital pharmacists in different clinical areas across UHN. I honestly thought they were rock stars! Hospital pharmacy seemed to me like such a cool job. This was when I started thinking seriously about residency. I always liked community pharmacy, but this just seemed so appealing.”

Rachel applied and was accepted to the Hospital Residency Program through the University Health Network. Accreditation for hospital residents Canada-wide has changed, and UHN pharmacy residencies now operate on a competency-based rather than an experiential model. Instead of observing a great many rotations, Rachel and her fellow residents were actually practicing hospital pharmacy and pharmaceutical care. Rachel describes her rotations: “I had eight weeks in general medicine, and was able to develop my own pharmaceutical care process there. I also had rotations in ICU at Toronto Western Hospital, Cardiovascular ICU and ambulatory nephrology at Toronto General Hospital, and oncology at Princess Margaret Cancer Centre. I am such a fan of residency. I’m still surprised after the program by how much my confidence and skills have evolved. During my last elective, I remember realizing how

independent I felt and what a change this was from when I first started the program.”

Rachel’s dedication to pursuing a career in hospital pharmacy was bolstered by a burgeoning interest in patient education, which came to the forefront in her final rotation, oncology. “This was my area of interest before starting residency,” says Rachel, “My preceptor for this rotation actually recommended that I do residency back when I was a student. This rotation was four weeks at Princess Margaret Cancer Centre, and I worked with the same patients there for the whole four weeks, which is the length of the first chemotherapy cycle for some types of leukemias. “It’s usually the first time these patients have ever received chemotherapy, so the pharmacist speaks to them about the drugs and their side effects, which, as with any chemotherapy, are significant.”

Rachel’s preceptor for this rotation was Ron Fung (OTO): “He is wonderful. I’ve never seen anyone talk with patients like he does. What he taught me is that often patients may understand more than we think and they may also want to know more than we think. We want to be conscious that they aren’t medically trained and of course avoiding ‘medical jargon’ is important, but descriptions that are too vague can be harmful as well. Ron taught me that we can, for example, talk with patients about how immunosuppressants affect T-cells; we can have those detailed conversations with a patient. We have to be honest and ensure we really take the time to understand the details ourselves so we can explain them well. There’s a really important patient education piece to our practice and we need to, as medical professionals, do a better job of this.”

Her time on the oncology ward proved inspirational in more ways than one. In the autumn of 2011, Rachel recalls, “I saw a TED Talk called Dance vs Powerpoint: A Modest Proposal by John Bohannon. In this talk he suggests that we should use dancers to explain things rather than PowerPoint presentations – especially in the case of science. I thought it was so powerful and intuitive – I could watch it and easily understand it.”

Of course, presentations were a major component of Rachel’s residency, and one of her favourite ways of transmitting knowledge. Rachel has been dancing since she was three, and seeing this talk was the catalyst for a project combining many of her interests. “I sent the TED Talk to my residency coordinator, Karen Cameron, who loved it. To do this project, I
had to make arrangements with a lot of people first and I was so impressed with the response. Both the Pharmacy Department and UHN were so supportive and very interested.” Rachel choreographed a dance with five undergraduate students from Victoria College, where she had worked in Student Life in previous summers. In May 2012, they presented at the Princess Margaret Hospital Auditorium in front of pharmacists, patient education specialists, nurses and pharmacy technicians. Her presentation was entitled “Imatinib in Acute Lymphoblastic Leukemia: A Pharmacy Dance Initiative.”

Rachel explains, “Imatinib is a new oral chemotherapy agent for some leukemias. I was at an industry dinner during my Drug Information rotation where a physician was attempting to explain the mechanism of a similar drug, and it was clear that even among the health care professionals in attendance, there was a lot of confusion. I thought about this and wondered, how can we explain this to patients, if we’re having this much difficulty understanding it ourselves? And would it be possible to find a new way of explaining these concepts, so that whether you’re working in oncology or not, you can really understand this drug – from the level of ‘what is cancer’ all the way down to the molecular level? So we used dance, the presentation went well, and the feedback was wonderful!”

Rachel is currently planning a project with Patient Education at UHN geared towards creating these types of presentations for patients. “There are so many people I have talked to since the presentation who have generated new ideas – for example, some have suggested that this could be easily translated into other languages because dance is so universal. It’s a different approach to how we can convey this information,” says Rachel, “I definitely plan to incorporate this into my practice somehow. Because I am lucky enough to work at a teaching hospital, I have so many resources. Through an oncology setting, I can reach huge numbers of patients. There has also been talk of doing research trials with this work in Patient Education and pharmacy practice, and everyone is so supportive.”

After completing her residency, Rachel began working in General Internal Medicine at Toronto Western Hospital: “My primary interest before residency was oncology and palliative care, and in medicine, you get a little bit of everything, including of course oncology patients. I think it’s important as a new practitioner to see a wide range of patients. In medicine, you see people who are managing many medical conditions and have complicated challenges - there is a lot of reliance on the pharmacist. It is also a great chance to work with medical residents and other trainees. I can influence their perception of pharmacy, observe what they are learning, and learn together with them – it’s very inter-professional.”

For Rachel, her undergraduate degree in pharmacy and hospital residency provided her with a great holistic education. “It increased my communication skills, my confidence and my pharmacy skills, while helping me grow as a practitioner and a person,” she says. “Pharmacy offers me so much. If you have a patient in front of you who is facing a medical issue, you have the opportunity to create tangible results and improve their quality of life, either by using the skills you already have, or by gaining new knowledge and skills through research and collaboration with your colleagues. It’s so inspiring, seeing pharmacists make such a difference - it is a privilege to be a part of that.”

Rachel is the 2012 Recipient of the Paul Halligan Memorial Resident Award from the Ontario Branch of the Canadian Society of Hospital Pharmacists. This award is presented to a deserving resident who reflects the dedication, discipline, determination and enthusiasm that Mr. Halligan brought to our profession and all that he was involved with. She also received the Canadian Society of Hospital Pharmacists Metro Toronto Chapter Residency Project Poster and Presentation award.

To watch the video go to: http://www.youtube.com/watch?v=x-klw-nlMMU&feature=youtu.be
Keeping it Fresh with SOAPE

Founded in 2010, SOAPE (Students for Optimizing and Advocating Pharmacy Endeavours) is a student-run organization dedicated to advocating for the profession of pharmacy and pharmacy students. SOAPE’s President, Kenny Chan (1T4), sat down with Rxcellence to tell us about the group’s achievements, how alumni can get involved and the exciting times ahead.

Kenny believes passionately in early involvement in advocacy and professional development. “I think it’s vital that students develop a professional focus as soon as they can,” he explains, “It seems to me that, when you start working as a pharmacist, it’s busy and a big change – it’s hard to build up that professional network. But, in school, we have a huge and diverse student network. If we start early, we can get to know everyone’s interests and skills and hopefully carry those connections through to our professional life.”

With his belief in the importance of fostering the professional growth of future practitioners, joining SOAPE, the first fully-dedicated pharmacy student advocacy organization in Ontario, seemed like a natural fit for Kenny. “Being a part of SOAPE allows you to get a better idea of a pharmacist’s role, rather than just working at the pharmacy. A lot of students come into pharmacy school without full knowledge of a pharmacist’s experience, and we educate students on the expanding role of pharmacists and try to get them excited for it. It shows the value of getting involved in the profession early, and is about the future of pharmacists. We want to get this message out to the student body and the public at large, which is why SOAPE focuses on advocacy and improving the public image of pharmacy.”

2011-2012 was an exciting year for the organization, as they participated in several large initiatives. “We collaborated with the Ontario Pharmacists’ Association on a program called Safe Meds for Seniors,” Kenny explains, “With the aid of a Registered Pharmacist, we would go into senior’s centres and talk about safe medication use, including side effects, medication management, myths about natural health products, and importantly, how a pharmacist can help. There was always a pharmacist there to answer questions, and student presenters worked closely with them to develop their talks. We got a lot of great support from these pharmacists, many of which are alumni of the Faculty.”

SOAPE also contributed to the 2012 Pharmacy Awareness Week, working with University Health...
Network (UHN) at their sites (three at the time) and at the University of Toronto’s Bahen Centre. “It was an amazing experience. We talked to members of the public about four different pharmacy-related topics: MedsCheck, Safe Medication Disposal, Sun and Skincare, and the frequent question, ‘Why does my prescription take 15 minutes?’ The first three topics were set out by UHN, but we fully researched and designed the posters and take-away information for the ‘15 Minute Question.’” Kenny describes, “We managed to reach over 1,000 members of the public, and I think we did a great job advocating for pharmacists and expanding public knowledge.”

What’s next for SOAPE? After such a successful year, Kenny sees only growth and increased participation for the group: “Next year, we’ll continue to work at Pharmacy Awareness Week, and hopefully introduce more topics. With the Expanded Scope of Practice for Pharmacists, there is a lot of opportunity to inform the public of the new services we as pharmacists can provide. They aren’t that well known to the wider public and there’s a lot of opportunity to improve our public image. For example, we designed posters explaining how pharmacists can now administer the flu shot and we’ll be posting them around campus. We want students all around the University to know that this is available, because a lot of people haven’t heard and don’t have a sustained interaction with pharmacists.”

In the meantime, the group is focused on creating opportunities for students here at the Faculty. Kenny enthuses, “It would be amazing to have every student here involved in Pharmacy Awareness Week or another form of public advocacy, even in a small way.”

Building an enhanced web presence is also one of SOAPE’s short-term goals: “We are developing a more patient-focused website, which we hope to launch in summer 2013. We want it to be a resource for patients regarding anything related to pharmacy. We want to make it visual, interactive and foster conversation with the public. We’re planning to have videos, audio clips and written descriptions of pharmacists explaining what they do on a daily basis.” Kenny points out that as technology advances, so must approaches to health care: “We will look at how people can merge technology with managing health. We are hoping to raise awareness of applications and available technology, and trying to approve patient access this information. We’re also developing guides on how to use medication more effectively.”

“What is most exciting to me about SOAPE is seeing pharmacy students get involved on such a passionate level,” says Kenny, “I’m honoured and proud to work with such a skilled group. Every initiative is entirely driven and led by students, and we work hard to make everything come together. It’s really inspiring to see and a major reason why I want to see the organization move forward.”

Visit www.soape.ca to learn more about their work and follow the developments of the group. Are you interested in helping SOAPE with their initiatives? From filming videos to contributing short blurbs about your career, there are many opportunities for alumni to get involved. Contact SOAPE at soape@utoronto.ca for more information. SOAPE is one of the many student initiatives that have benefitted from the Faculty’s Enhancing the Student Experience Fund. Annual contributions from generous alumni and friends make this possible.
Financial support is integral to the Faculty’s success. We have a long standing tradition of attracting the best students and in order to retain them and ensure that we are able to continue to provide them with the best opportunities possible, we rely on the generosity of our alumni and friends for their support.

Gifts to the Faculty’s Annual Fund assist our students by providing funds for scholarships and bursaries, creating opportunities for student development outside the classroom and contributing to student-led initiatives.

Every gift will truly make a difference.

For example, if you would consider making a monthly gift of $10, over the course of the year, you will have donated $120 to the Faculty, essentially helping a student cover their lab fees.

You are supporting a group of dedicated individuals who are responding to the demands of today’s health care system and affecting patient care for the better.

Without the support of annual fund donors, we would not be able to provide Pharmacy students with the opportunity to excel and become trusted leaders in our profession.

Ways of giving

https://donate.utoronto.ca/give/show/6
Cheques payable to the University of Toronto
Leslie Dan Faculty of Pharmacy,
144 College Street
Toronto, ON M5S 3M2

For more information contact Desiree Chan, Senior Development Officer
416-946-3985 desiree.chan@utoronto.ca
The Dean’s Circle at the Leslie Dan Faculty of Pharmacy recognizes individuals whose annual support exceeds $1,000. Annual gifts at this level are critical in advancing Pharmacy’s top priorities each year. Thank you to the following members who made their gifts before January 11, 2013. Gifts made after this date will be acknowledged in the next issue of Rxcellence.

$1,000,000+
Ontario College of Pharmacists

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Rx&D: Canada’s Research-Based Pharmaceutical Companies
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Undergraduate Pharmacy Society

More Information

If you have any questions or would like to join the Dean’s Circle, please contact Desiree Chan:
desiree.chan@utoronto.ca
416-946-3985

Thank You
Financial Assistance

The Faculty currently has two forms of student financial assistance:

1. Scholarships/Merit-Based Awards – Financial awards given to students based on a number of potential criteria including general academic achievement, achievement in a course or series of courses; extra-curricular activities, and contributions to the Faculty and the profession.

2. Bursaries – Financial awards that are primarily based on financial need, but can involve academic achievement and other criteria.

Student awards and bursaries range from covering a portion of tuition to covering the entire cost of tuition and living expenses. While the Faculty gratefully accepts donations of any size, we strive to ensure that the creation of a new award significantly impacts both the student’s experience and maintains the integrity and efficiency of the donation.

The following is the threshold for naming student awards and bursaries at the Faculty:

A donation of at least $25,000 to name an endowed award or bursary to be awarded in perpetuity (which will generate an annual award payout of approximately $1,000). A gift of $2,500 per year for five years ($12,500) to name an expendable award or bursary.

Awards and bursaries may be funded by a single donor or multiple donors through either a single gift or a series of regular donations made to the award fund over a predetermined period of time. Once established, an award or bursary can be enhanced through further contributions, building both the value of the award and the annual payment made to students each year.

For more information contact
Desiree Chan, Senior Development Officer
416-946-3985 desiree.chan@utoronto.ca

Awards Spotlight

We are a group of retired associates from Shoppers Drug Mart. We began in Ontario in 1999 and are entering our 14th year. We are now a cross-country organization with members stretching from coast to coast.

Since the organization’s roots are in Ontario and with the bulk of our membership being graduates from the Leslie Dan Faculty of Pharmacy, we wanted to show our support for the Faculty and the students by giving back through the creation of a scholarship.

We felt that the time for giving is now as scholarships are very important to a student’s success and for the future of the profession of Pharmacy.

- Sam Hirsch, Chair

Bill Dingwall, 7T3 (L) and Sam Hirsch, 5T8 (R) presenting the Shoppers Drug Mart National Alumni Association Entrance Scholarship to inaugural recipient, Andrea Li (C).
Alumni Events

August 19
Leslie Dan Faculty of Pharmacy Charity Golf Classic

We will be celebrating the 10th anniversary of our most successful fundraising event at the Thornhill Golf and Country Club! Sponsorship opportunities available. Thornhill Golf and Country Club, 7994 Yonge Street, Thornhill Ontario.

For more info contact David White: dm.white@utoronto.ca or 416-978-6749

April 6
Alumni Hockey Event. Toronto
Come cheer on the UofT Pharmacy hockey team as they take on their rivals from Waterloo for the OPA Cup! Join us before the event for a rally and refreshments in the Varsity Centre and then watch our team take to the ice at 5:00 p.m.
3:30 - 7:00pm
Blue and White Lounge, Varsity Centre, University of Toronto, 299 Bloor Street West, Toronto

May 7
London Alumni Event
We are welcoming all alumni in London and area to join us for a panel discussion and reception with Dean Henry Mann.
6:30 – 8:30 pm
Station Park Hotel
242 Pall Mall Street, London

June
Alumni Event in Charlottetown, PEI
Join us at this year’s CPhA Conference in Charlottetown. We will be hosting “UofT Night,” open to all attendees of the conference. Details will be announced on our website and social media, and available through CPhA closer to the date of the conference. Everyone is welcome!

June 15
Young Alumni Event in Toronto, Ontario
Calling all alumni who graduated within the last five years! You’re invited to attend this young alumni event to reconnect with your classmates and have an opportunity to visit with Dean Henry Mann and Faculty members.
6:00 - 8:00pm
The Irish Embassy Pub and Grill
49 Yonge Street, Toronto

June 20-22
OPA Conference, Toronto
Join us at the OPA Conference in Toronto. Details to follow – watch our website and visit us at our booth!
**Class Reunions**

**HAPPY NEW YEAR Class of 7T8!**
Plans are underway for our 35th year reunion. We are currently gauging interest and seeking suggestions for locations and dates. Please send your comments and contact information to Doris Kalamut at doris.kalamut@utoronto.ca by March 15th. Thank you!

**May 30**
**Golden T**
We will honour the Classes of 5T2 and 6T2 with a special reunion dinner at the Faculty Club (41 Willcocks Street, Toronto). You should receive your official invitation in the mail in early 2013. To update your contact information, please email alumni.pharmacy@utoronto.ca or call 416-946-5554.

**June 1**
**Class of 8T8 25th Year Reunion!**
25 years already! We plan to celebrate this milestone with dinner and drinks in Toronto. More information to follow - in the meantime, contact Jane Bamford at rbamford@execulink.com with suggestions for the reunion and to update your contact information.

**June 1**
**Class of 0T3 10th Year Reunion**
Attention Class of 0T3! Save the weekend of June 1, 2013 for our 10 Year Reunion. We do not yet have details solidified, but join the “Pharmacy 0T3” Facebook page or email Nadia Misik at nmisik@hotmail.com with your contact information.

**June 1-2**
**Class of 9T8 15th Year Reunion**
Save the Date for our 15th year reunion, the weekend of June 1-2, 2013! We are still in the process of finalizing details, but feel free to contact Stacie Harlie at stacieharlie@gmail.com with updated contact information and suggestions.

**August 10**
**Class of 9T3 20th year**
We will be celebrating at the Deerhurst Resort in Huntsville, Ontario. Event details to follow and please contact your reunion committee through Tom Kontio at tkontio@rogers.com. There is so much to do at Deerhurst, come on out! Best regards and on behalf of the reunion team, hope to see you all there!

**September 20-22**
**Class of 7T3 40th Reunion**
We are planning for our 40th reunion at White Oaks Conference Centre near Niagara-On-The-Lake. Class of 7T3, save the date today! As well, please pass this information on to any other Class of 7T3 graduates you are in contact with. Contact Jim Hauser at jim.hauser@gmail.com, Ruth Lahie at ruth.lahie020@sympatico.ca or Liz Betts at lizbetts@sympatico.ca for further information and details.

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**Planning a Class Reunion? We are here to help!**
We are happy to help you with all aspects of reunion planning, from contacting your classmates to deciding on venues and sending out invitations. You can reach us at alumni.pharmacy@utoronto.ca

**Follow us for updates!**
- [Facebook](https://facebook.com/LeslieDanFacultyofPharmacy)
- [Twitter](https://twitter.com/UofTPharmacy)
- [LinkedIn](https://www.linkedin.com/groups/1620824-U-of-T-Leslie-Dan-Faculty-Pharmacy-Alumni-Group)

Missing out on event invitations? Update your contact information today by emailing alumni.pharmacy@utoronto.ca or calling 416-946-5554.
Neil Charles Wood 4T3

After graduating in 1943 and leaving Toronto, my wife and I find ourselves living again in mid-town Toronto. Who would have guessed when we moved to the town of Lakefield in 1946 to start our own business that we would return to this beautiful city more than 60 years later. Now our lives revolve around our family and our routines to maintain our health – exercising three times a week, eating healthy food, venturing outside to admire the garden and keeping up with sports on TV. We live in a neighbourhood with trees and families, not far from Yonge Street. When travelling in the city, I marvel at the number of trees in the city of Toronto.

After completing my two years of pharmacy at U of T, I joined the Air Force and was stationed in Calgary for training. I met and married Merda Snell there and our married life began. Before I was sent to England, we were stationed in Montreal, Quebec City and Greenwood, Nova Scotia. When the war was over and I was finally shipped home, my family met me at the CNE grounds. There was a shortage of housing, but Merda found us a basement apartment in the Beaches on Park Avenue. I commuted by streetcar along Queen Street and then north on Yonge Street to work at a drug store at the corner of Yonge and Yonge Boulevard. It took me an hour each way. Later we moved to an upstairs apartment on Manning Avenue and I worked at a pharmacy at Union Station and also at Liggetts Drugstore at Bloor and Bathurst. We bought our own drug store in the town of Lakefield from Mrs. Tanner whose husband was recently deceased. We put our name on the list to buy a car – there was a shortage of them at that time. I took a bus to Peterborough to buy supplies. Later, we drove to Peterborough every Sunday afternoon to deliver our weekly order to an employee who worked for Drug Trading in Toronto. She helped us by handing in the order on Monday mornings and our order arrived on Thursdays by truck. As the business grew, we made repairs to the building where we lived and worked. We became active in the local church and young couples’ club; we became parents to two girls. Our business thrived and we were able to buy a cottage and join the Peterborough Golf and Country Club.

In 1965, we sold our business and moved to Peterborough where I worked for a fellow classmate, Murray Irwin, at his store in east city. Later, that store became Sullivan’s Pharmacy and I continued working but reduced my hours towards retirement. After retiring, there was more time for golf, curling, gardening, bridge, round dancing and volunteering. My wife and I volunteered in the nearby Queen Mary Public School, and also in the Society for New Canadians – enriching our own lives and teaching language skills. I am still in touch with Fred Blainey, a fellow classmate who lives with his wife in Kitchener, Ontario. We communicate by phone and Canada Post. So, now back in Toronto, our family and our health are our main focus. There have been many changes in the past 60 or 70 years.

Joan (Legate) and John Lounds 5T3

We’re still living in Meaford, Ontario, where we moved in 1961. We bought a pharmacy, where John worked, while Joan ran the local hospital’s pharmacy. We have two children, two grandchildren, and four step-grandchildren. When we were younger, we travelled extensively, but now are homebodies except for wintering in Florida. We will celebrate our 59th anniversary on October 21, 2012. Next year is the big one! We love our little town, and never regretted moving here. We’re looking forward to seeing our classmates at our 60th in Toronto next year. We’re still golfing and living in our own home, enjoying the “Golden Years”.
A vivid memory remains of the first day at the College of Pharmacy in September 1952. We were a large class of more than 150 students, with very few females, certainly no more than 12 girls. The Dean’s address began: “Men of Pharmacy…”, and went on to say, “look to your right then look to your left, by 1956 the year of graduation of this class, only one of the three of you will remain successfully to graduate.” From this killer beginning the Dean cheerfully welcomed us all, going on to instruct us with the rules that the front door to the building was not to be used by female students. Female students must enter by the side door only, and the common room was also for the use of men only as was the ping pong table! Female students were allowed to use only the cloakroom attached to the female toilets to leave their coats, eat their lunches and relax. I ask you! But never mind, it was hugely exciting, and exhilarating to be there, chattering like magpies, and not at all put off. Females after all were able to be cheerleaders as I was for the Pharmacy float in the Fall Football procession, and I stood for Vice President in the class politics: “Colette for Vice” ran my notices to the discomfort of some of the faculty. What fun we had in those golden innocent years.

After graduation, I did my year’s internship at Routledge Chemists, on Queen Street, Toronto’s oldest chemist shop, under Alice Routledge, and her father W. Routledge, also still a practising pharmacist in his eighties. Then I became Assistant Pharmacist Manager at the Toronto Western Hospital Pharmacy Department alongside Mrs. Dora Grubb for several years. After marrying Richard Rands, we moved from Toronto to Kingston, Ontario where I was an Assistant Pharmacist Manager for Londry’s Drugs for several pleasant years before moving to Wellington, New Zealand. In New Zealand I took up the post of Lecturer of Pharmacognosy and developed the Pharmacognosy laboratory testing and experiments for Pharmacognosy at the College of Pharmacy in Petone, New Zealand.

Whilst running the Pharmacognosy department, I began to study painting, print-making, photography and life drawing, which led to four very busy years and ultimately to my retiring from Pharmaceuticals to become a full-time artist. Since 1969, I have practiced as a professional abstract painter. In 1975, I and my two young children left New Zealand. We travelled through the East, spending long periods in Burma, India and Afghanistan before settling first in Paris and then ultimately in London. Richard Rands died and I am re-married to the architect James Corcoran of CZWG architects. My painting takes me to many countries but my main residence is now London, UK where I live as a professional abstract artist. At this moment, The Royal Academy in London is exhibiting two of my paintings. My website is: www.cmoreydemorand.co.uk

Janet Noonan 5T7

Sorry I missed the 55th reunion that took place this June. I hope some of my classmates were able to attend. I intend to be present for the 60th in 2017. I am living in a retirement community just outside of Hamilton and still quite active in the community. I have a wonderful collection of mortars and pestles from all over the world and if anyone is interested in obtaining some, they could contact me.

Renate Krakauer 6T3

After I graduated, I worked as a pharmacist for nine years (part-time while my three children were young). I returned to school to get my Master’s in Environmental Studies (area of specialization: Social Change and Education) in 1974. My first job was as Director of the Women’s Centre at Humber College. I stayed at Humber for 11 years in Continuing Education, and then made the career change to human resources as Assistant Commissioner and later as Commissioner of Human Resources Services at the City of York. In 1991, I entered the Civil Service of Ontario as Director of the Human Resources Branch of the Ministry of Health, leaving three years later as Acting Assistant Deputy Minister of Administrative Services. I spent the last nine years of my career before retirement as President and CEO of The Michener Institute for Applied Health Sciences. That’s just my rather unusual working life! My personal and educational life also followed an unusual trajectory. Divorce and remarriage are no longer uncommon. I’m now married to Henry (Hank) Lobbenberg and between us we have five children and five grandchildren (so far!). My two
daughters and son from my first marriage are: a veterinarian (in Vancouver), a lawyer/career counsellor and a regional sales manager for anaesthesia products for Abbott. What is more unusual is my string of credentials: BScPhm from U of T, MES from York, EdD from OISE at UofT and DHSHon (Honorary Doctor of Health Studies from Charles Sturt University in Australia). During my retirement I have returned to an old passion – writing fiction and personal essays. My stories have been published in a number of literary journals. I’ve had a couple of essays in Facts and Arguments in the Globe and Mail. And I’m working on a novel. When I have time, I go to Tai Chi (three times a week), sing in a choir, knit, read and visit my grandchildren.

Chet Maslanka 6T3

It’s true what they say about getting older! Time really seems to fly by more quickly. And so, I can’t believe I graduated from U of T in 1963, and will soon be celebrating my 50th anniversary as a pharmacist in 2013. My memories include 15 years as a Shoppers Drug Mart franchisee, teaching for six years as the original co-ordinator for the Pharmacy Assistant Program at St. Clair College in Windsor, then ending my career by working as a relief pharmacist for the last 17 years. I try to keep busy by visiting our two grandchildren, golfing, working out, and volunteering for Habitat for Humanity, Halton. My wife and I also travel often, and visited Europe for the first time last year on a spectacular river cruise.

Gerald Ziegenberg 6T4

After graduation, Gerald went on to a lengthy and highly successful career in retail Pharmacy with Canada’s largest and most successful drug chain Shopper’s Drug Mart. Before his retirement he was running three large franchises simultaneously. When his business career wound down, Gerald entered the academic world to pursue his first and greatest passion: history. Following his retirement from retail pharmacy Gerald has earned two history degrees a BA with high distinction in 2003 and a Honours BA, again with high distinction, in 2005. He has now finished a Masters History program studying modern European history specializing in Eastern Europe, Russia, WWII and the Cold War.

Gerald has lectured and consulted in Canada, the United States and Israel on business and history. He has spoken to a variety of service groups including the Rotary, Knights of Columbus, and the National Council of Jewish Women as well as many other groups. He has also appeared at many churches, synagogues and a number of cruise lines speaking on a variety of historical topics. He recently won a scholarship from the University of Toronto as the best part time graduate history student. He has also taught courses at Florida Gulf Coast University in Fort Myers and Naples on historical figures and events for the last four years. Gerald delivers his lectures with humor and many anecdotes but still manages to convey the major historical concepts. He has also published two books, Inspiration Through Adversity, an autobiography of his struggles as a mature student to get his M.A., and Blockade: The Story of Jewish Immigration to British Palestine 1933 to 1948.

Lorne Shapiro 6T6

Lorne was a pharmacist owner of a Shoppers Drug Mart for 31 years. He retired in 2007 but still works a few days a month. Lorne likes to travel and spend time at the cottage and with his grandchildren. He volunteers as a board member for Downsview Services for Seniors. He plays golf and dances Argentine Tango with wife Ruth.

David Bloom 6T7

David started his career as the first Shoppers franchisee at Yorkdale. He was promoted to the head office in 1973 as Director of Operations for Shoppers Drug Mart. In 1978, he became Executive Vice-President of Shoppers as it was acquired by Imasco. David was responsible for the operations of the company, acquisitions and pharmacy. In 1982 he became President and CEO as the company went through rapid growth. In 1986 he took on the responsibility of the 1100 Peoples Drug Stores out of Washington D.C. as well as Shoppers Drug Mart as Chairman and CEO of both companies. Travel to Washington was weekly, and Peoples which had some issues turned around and became very profitable. In 1989 the company was sold to CVS.

In 1996, SDM went through a massive restructuring with the centralizing of accounting,
distribution and logistics and a new way of supplying the SDM stores, the biggest change in the company’s history. Food departments were introduced into the stores as well as an aggressive focus on prestige cosmetics and fragrances. The high-end beauty departments were launched and rolled out across the country.

In 1998, David initiated the building of a team to develop and launch a unique loyalty card and using some support from Boots who had the Advantage Card shoppers developed a superior loyalty card with a back end capability. In 1999, the Optimum Card was launched in Atlantic Canada with a full roll out across the country by mid-year. The Optimum Card is the most powerful loyalty card in Canada today with over 11 million cards being used. After 18 years as CEO of Shoppers and being recognized by the American marketing association as the builder of Shoppers, he retired in September 2001. He retired at the top of his game, having been recognized with a litany of awards from different organizations from marketing to public relations to entrepreneurship to charity. He spearheaded the building of the Shoppers Drug Mart Omnimax Theatre and helped fund a Chair at Sick Kids in the name of Dr. Harold Hoffman, their renowned neurosurgeon. He also got SDM to donate a Shoppers to Sick Kids, where over 80% of the profit goes to the hospital as the franchisee each year. He played a key role in the fundraising to build the Leslie L. Dan Pharmacy Building.

During his career he spearheaded the founding of the Canadian Association of Chain Drug Stores as a replica of the NACDS in the States and he served on their Board for 10 years. He served as Chairman of the Retail Council of Canada and was honoured with membership in the Canadian Retailing Hall of Fame. He served on numerous boards including Canada Trust, Imasco, Sleep Country, Swiss Herbal, Sterling Centrecorp, Second Cup, Sick Kids, Mt. Sinai Hospital, TIFF and sat on the advisory council for York’s Shulich School of Business. During his pharmacy career he did it all with humility! Today, he is watching the growth of Shoppers with pride. He is spending most of his time devoted to the David and Molly Bloom Chair in Multiple Myeloma research at Princess Margaret Hospital. He is devoted to finding a cure for this blood disease with a very talented research team led by Dr. Donna Reece. When the going gets tough, the tough get going, and the beat goes on!

Terry Dean 6T9

I worked in community until 1973 in various community settings. I began a residency at TGH in 1973 and published my project in the AJHP in 1974. I stayed at TGH until 1976 and then moved to KW hospital in Kitchener (now called Grand River Hospital). I became a clinical lead and was able to start an IV add program, TNA program, Saline locks and a home IV program that still operates from the hospital. As lead, I decentralized the pharmacists and some technicians as well into a laptop operating pharmacy service. During this time, I achieved fellowship at CSHP and completed a CCHSA department management diploma. I have had students for 38 years as interns and have been part of the SPEP program even up to 2012. I presently have given up management and now work in oncology as a clinical pharmacist in order to continue having a clinical environment in which to teach students. For the last 34 years I have continued working regularly in community several hours a week so I can help patients transfer from hospital to community in an informed way using the knowledge community gives me.

I continue to commit to my clinical role in the cancer centre and to students and see no real end in sight.

Professionally, I have supported CSHP for almost 40 years, been a resource to OCP for over 30 years and been an examiner for the PEBC program. With CSHP, I have been chapter chairperson, been on the national Education Committee and worked for the Ontario Branch. I love working with students who give as much to me as I hope that I give to them and plan for them to be my only future focus along with my practice. In 1976, I was fortunate to work with Perrin Statia at my current hospital and for those who don’t know him, he was a founding member of CSHP and actually wrote the first issue of the journal. It was an honour and an inspiration to meet him in my life. I love pharmacy, worked hard for it and have had a great ongoing career as a result of this professional direction choice in 1965.
Bryn and Randy Styles 7T5

After graduation, we spent four years as pharmacists in the Canadian Military with postings to Ottawa and Cold Lake, Alberta. In 1979 we returned to Bryn’s home town of Barrie, Ontario. From the early 1980’s to 2003 we owned and operated two pharmacies in the Barrie area. One was a full service Guardian banner store. The other was a medical dispensary with a specialty compounding practice and the CCAC contract to provide home infusion, pain pumps and palliative care for much of Simcoe County. Bryn took extra training in antibiotic therapy and pain management. I focused on a Women’s Health practice. After we sold our pharmacies, we provided (and continue to provide) relief and locum services to local pharmacists.

Bryn became increasingly involved in the service organization of Rotary International at the local club, district and zone levels. He is currently sitting on the Rotary International Board of Directors until July 2014. We have had the opportunity to represent the Rotary International President at several conferences in California, Quebec, Nigeria and Russia. Rotary International’s corporate project, in conjunction with other global organizations such as the Bill & Melinda Gates Foundation, the World Health Organization and UNICEF is the global eradication of polio.

We have a son (an engineer with Sanofi Pasteur) married to an educator. Our daughter is an oncologist with the Simcoe Muskoka Regional Cancer Centre and is married to an engineer. We are blessed with five grandchildren. We look forward to spending more time with our family when our RI commitment is completed.

Doris Kalamut 7T8

In July 2012, Doris was appointed the Director of Student Experience and Academic Progress. Doris has taught at the Faculty since 1981, instructing in Professional Practice courses and laboratories as well as the International Pharmacy Graduate program, among others. In her new role, Doris represents the Faculty with students and outside stakeholders, and creates exciting initiatives including the newly-established House program, which brings a sense of community to BSc Pharmacy students over all four years. Doris continues to teach and maintains her role as Coordinator in the Year 2 Medication Therapy Management course. In addition to her many career pursuits, Doris is also an active member of the Class of 7T8 and is planning the Class’ 35th year reunion for 2013. See the Save the Date in this issue of Rxcellence for further information.

George Dranitsaris 8T8

George Dranitsaris is a health services research consultant with graduate training in pharmacoconomics, biostatistics, decision analysis and clinical epidemiology. His areas of interest include the measurement of cost effective drug use in the oncology setting, cancer supportive care research, value based drug pricing, and the application of statistical modeling techniques to evaluate drug performance outside of the trial setting. He has over 100 publications in national and international literature, is past president of the Canadian Association of Pharmacy in Oncology, a statistical reviewer for the Journal of Clinical Oncology and a member of the editorial board of the Journal of Oncology Pharmacy Practice and the European Journal of Hospital Pharmacy Science.

Mark Lomaga 9T6

Dr. Mark Lomaga completed his Bachelor’s degree in Pharmacy (top Honours standing) at the University of Toronto in 1996, giving him a solid foundation in Therapeutics. Under the supervision of Dr. Tak Mak, and in collaboration with scientists at Amgen, he then proceeded to complete a Doctor of Philosophy degree in 2000 at the Princess Margaret Hospital in Toronto. This doctoral work led to highly-cited publications elucidating the role of TRAF-6, a key protein which mediates signaling from the TNF receptor superfamily. In 2004, he obtained his Doctor of Medicine degree along with numerous prestigious awards and scholarships for academic excellence and exemplary patient care. In the same year, he began his Dermatology Residency training at the University of Toronto, where in 2008, he was selected by the residency program to serve as Co-Chief Resident for the year. Having obtained his certification from the Royal College of Physicians and Surgeons of Canada and the American Board of Dermatology in 2009, Dr. Lomaga was recruited as a faculty member in the Division of Dermatology at Women’s College
Hospital, where he teaches medical students and dermatology residents within the University.

Dr. Lomaga founded DermEdge in 2012. This full service dermatology clinic specializes in general medical and cosmetic/aesthetic dermatology. What sets us apart is his passion to bring the “bench-to-bedside”. As a physician and scientist, Dr. Lomaga serves as principal investigator in a variety of clinical trials with the ultimate goal of advancing cutting edge treatments in patients failing conventional therapies.

**Tom McFarlane 9T6**

After graduating from U of T in 1996, I began my career in a community setting in Waterloo region, first with Big V and then with Shoppers Drug Mart. This phase of my career lasted eight years and I enjoyed working with patients in this capacity, but in 2004 I decided I needed a change, so I switched positions and took on a clinical role at Cambridge Memorial Hospital. I quickly developed a keen interest in oncology practice and therapeutics, and settled in as an oncology pharmacist with the Waterloo Wellington Regional Cancer Program’s site at CMH. At the same time, I completed a PharmD at Idaho State University, and now in addition to my clinical role, I am a faculty member at the University of Waterloo School of Pharmacy where I teach a comprehensive array of oncology topics to pharmacy students. I am married with two great kids and we enjoy living in Waterloo region; however I will always look back on my Toronto days with fondness.

**Suzanne (Garrett) Kerr OT5**

I recently partnered with the owner of an independent group of stores, DrugSmart Pharmacy, to open a new independent DrugSmart on the campus of Queen’s University in Kingston, Ontario. DrugSmart Kingston takes an innovative approach to business. We are active on Facebook and Twitter, and I write a blog (blog.drugsmartpharmacy.ca) where I discuss health and pharmacy topics relevant to a younger population. We stock all the usual goods in our front store but also have a great selection of products that meet our ‘sustainability standards’ such as recycled plastic utensils and all-natural body care products. Our pharmacy is one which embraces change in the profession, with an emphasis on counselling up-front in the prescription process and working closely with campus doctors. Our aisles are packed with healthy-lifestyle products like sports nutrition, vitamins and health supplements but you won’t find chocolate bars or chips sold here. When I’m not managing the store, I’m busy helping my husband with our 2-year-old twins and 1-year-old daughter, volunteering with the Health Unit and keeping up with my running when I can.

**Natalie Packer 0T2**

Natalie has degrees in Pharmacy and nutrition consulting and has worked as a pharmacist for ten years. Her true passion lies in helping others attain positive mental health and she uses her experience as a recovering anorexic as encouragement and support. She has written a memoir, The Skinny on Being Skinny, as a means of increasing awareness of eating disorders as a true mental illness, as a source of hope for loved ones of those who are struggling, and as a way to raise money for local eating disorder programs. When not engaged in advocacy, Natalie enjoys spending time with her husband Andrew and son, Holden. She encourages feedback and is open to speak with anyone. Please contact her at theskinny@bell.net.

**Taj Dhinsa 1T1**

I have been elected to the Canadian Pharmacists Association Board of Directors to represent New Practitioners and I am the New Pharmacist blogger for the Canadian Healthcare Network.

**In Memoriam**

This year, we learned of the passing of the following alumni:

- Cathy Anagnostopoulos 8T9
- Rosemary Chunn 5T3
- Gregrey Etue 7T8
- Jennifer Kadwell 1T1
- William H. Lewis 5T3
- William P. Rapley 5T1

We always welcome submissions to Class Updates. Please feel free to email your news to us at any time at alumni.pharmacy@utoronto.ca
From the Archives

BY ORYSIA GODDARD

Pictured above are an opium pipe, an ivory needle that was used as a scale for measuring opium, and a dried poppy bulb.
We have not always regarded opiates as potentially harmful. For the better part of the 19th century there were no restrictions on the wholesale or retail of opium and its derivatives in North America and England. As a society we had open and experimental attitudes towards opium and other narcotics. It was widely believed that opium had incredible potential to better one’s quality of life through both medical and non-medical use.

During the early to mid-19th century, pharmacy had not yet developed as a profession and as a result there was a distinct lack of standardization in medicinal recipes. Owners of chemist shops or small corner shops would purchase bricks of raw opium and process it to make their own specialty products. The variety of opium products created by individuals at this time was practically limitless. Laudanum for example, was a well-known tincture of opium that was easily produced by dissolving raw opium in alcohol. Opium pills, lozenges, powders, and even enemas were available.

So what were people using opium for? Everything! Experts during this time could not agree on much about the drug. It was widely debated whether opium was a stimulant or a sedative, but the fact that the effects of this drug seemed to vary widely between person and dosage did not stop doctors from using opium almost as a “cure all”. Opium was even used in the treatment of insanity (but probably not very successfully). What was undeniable to just about everybody was the fact that this drug provided very effective pain relief. Part of the reason opium and its derivatives were so appealing was that they were so accessible, especially to those who could not afford doctors. It was even common to administer small amounts of laudanum to soothe fussy babies - no wonder it was it was seen as a miracle drug.

Several factors led to a change of attitude towards opium. One, there was an obvious increase in the number of deaths that could be attributed to opium use in the late 1860’s onward, partly due to the widespread adulteration of the drug. Two, emerging professional pharmacists wanted to restrict the sale of opium to qualified vendors. Physicians also wanted to have more exclusive control over prescribing opiates. Finally, the concept of addiction began to be recognized by the public. People increasingly feared the negative consequences of using such highly addictive drugs.

In the 1890’s the progressive elite of Toronto were outraged by the continued unregulated sale and use of opium. They were particularly perturbed by the legal presence of opium dens in their fair city. Perhaps this was an early indicator that in 1908, Canada would lead the way for the world in legislation against narcotics with the Opium Act. This act effectively set legal restrictions on import, manufacture, and sale of narcotics.

Part of the reason opium and its derivatives were so appealing was that they were so accessible, especially to those who could not afford doctors.

The unique collection of pharmaceutical memorabilia housed at the Leslie L. Dan Pharmacy Building serves as a reminder of a time when attitudes towards these powerful drugs were far more lax. If Pharmacy had never evolved into the profession it is today, mothers might still be administering home-made opiate-filled “quietness” remedies to their screaming babies on airplanes.

Orysa is a second-year Master of Museum Studies student at the University of Toronto.
BOUNDLESS LEGACY

Tom Brown (BScPhm 1988) (right), is Director of the Doctor of Pharmacy program at the Faculty. Tom followed in the footsteps of his mother, Hilda Brown, a 1957 graduate (centre) and his paternal grandfather Aubrey Brown, who graduated in 1920 (pictured in the portrait held by Tom), as well as his great-uncle Fred Carter, a 1935 alumnus. Tom’s wife (left), Heather Kertland (BScPhm 1987 and holding the portrait of Fred Carter) is a clinical pharmacist specializing in cardiology and an Associate Professor at the Faculty.
BOUNDLESS.UTORONTO.CA/PHARMACY