

Consumers' Association of Alberta

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The Honourable George Abbott
Minister of Health
Victoria Office, Room 337
Parliament Buildings
Victoria, BC V8V 1X4

June 5, 2008

Re: Pharmaceutical Task Force Recommendations

Dear Honourable Minister:

Since the 1960s our organization has researched and represented the interests of consumers in policies and practices affecting the availability, safe use, pricing, harm and redress for harm done, related to pharmaceutical products – and how these intersect with health plan coverage. We have also watched with envy the implementation of many enlightened drug policies and strategies in your province during the 1990s.

Therefore it was incredibly disappointing to review the recent BC Pharmaceutical Task Force report and see so many recommendations that are definitely *not* in the consumer or public interest. While we do support a number of the stated objectives, such as increased transparency of both provincial and CDR decisions, **we strongly oppose:**

1. More direct engagement with innovative drug manufacturers, including involving or deploying industry developed disease management initiatives similar to those employed in some other provinces (including Alberta).
2. Creating a greater role in service delivery for the retail pharmacy sector (e.g. Wal-Mart, Rexall, Pharmasave, London Drugs), including health promotion, medication management and chronic disease care.
3. Decommissioning the current Therapeutics Initiative or removing its role in the education of physicians, other professionals and the public – not just related to specific therapies – but also in decoding clinical trial reports and medical studies.

Suggesting these strategies are in the public or consumer interest, or that they will meet stated objectives of increased transparency, value for money and patient choice, seems little more than dressing a wolf in sheep's clothing. In fact, the evidence indicates these strategies will only add to safety, access and cost concerns for taxpayers, families, employers and society at large, as well as compromising citizens' health.

We urge you to further research these proposals, carefully consider the full human and cost consequences, and tread with caution.

For example,

Transparency and Choice

Ironically, the greatest barrier to transparency, safe prescribing and good decision-making is the lack of timely and complete public reporting of clinical trial results by industry sponsors and researchers, results which the Therapeutics Initiative staff has actively pursued. It is not a situation that will be rectified by closer ties to industry as our Drug Committee's experience in Alberta with Viox and Celebrex manufacturers has shown.

Choice is also an empty word, unless it is *informed* choice. Without full cooperation of the pharmaceutical industry and universities in trial registration and timely results disclosure, there cannot be informed choice. Even with cooperation, real transparency and choice cannot exist unless there are sufficient numbers of credible reviewers - such as the Therapeutics Initiative - to recognize anomalies and gaps in the data and bring them to the attention of researchers, professionals and the public through education initiatives.

In addition, while much attention is given to improving choice by the addition of new products, little attention is paid to the loss of choice by the removal of older products from the market. Drug manufacturers and their distribution network (the retail pharmacy sector) profit more from sales of more, new and expensive, drugs and devices. Therefore, over the past decade many manufacturers have removed valuable drugs from the market, not for safety reasons, but to force patients to use new and higher cost products. Nowhere is this more prevalent in the area of insulins, where removal of older products has dramatically *reduced patient choice* and led to skyrocketing costs in the management of diabetes and new health complications. If the BC government is truly committed to increased choice, we suggest that one of the conditions for formulary listing of any new product be a drug manufacturer's commitment to keep its older drugs on the market.

With regard to the retail pharmacy sector and recommendations for an increased role in health promotion and chronic disease management, we would like to point out the inherent conflicts-of-interest and the lack of a clear line between health promotion and marketing. A greater role for the retail sector in the US, including more independent pharmacist prescribers, has led one business intelligence firm to predict drug revenues influenced by pharmacists doubling from \$77 billion in 2006 to \$145 billion in 2012.

Summary

Through the years your province has become a respected world leader in strategies to protect the public interest in this high stakes, high risk, high cost and highly conflicted market. Yes, there is room for improvement, however, we urge you *not* to follow the lead of Alberta and the federal government's recent proposal to sacrifice the interests of consumers (by extending the market exclusivity of popular drugs) "to give the pharmaceutical industry confidence in Canada as a place to invest in research and development." Instead we ask that you continue past efforts to stem eroding public confidence in governments, universities and the pharmaceutical sector by ensuring fair markets in which the consumer and public interest come first and foremost.

Sincerely,

Wendy Armstrong
Health Committee Chair
Consumers' Association of Alberta