Consumer's Association of Canada (Alberta)

Testimony and submitted speaking notes to Parliamentary Standing Committee on Health related to prescription drugs (2003) Final report by the Committee "Opening the Medicine Chest" can be found at http://cmte.parl.gc.ca/Content/HOC/committee/373/heal/reports/rp1282198/healrp01/healrp01-e.pdf

The Alberta Consumers' Association is non-profit, non-governmental consumer rights and advocacy organization that operates as an independent affiliate of a National Association with the same name. It is a small organization with part-time staff and volunteers whose work is funded by individual memberships and donations, subscriptions to a newsletter and ad hoc project grants.

For over four decades, the Association has represented the issues and interests of Canadian consumers in provincial and national forums related to the management of prescription drugs. Our focus has been, and continues to be, the safety, price, and appropriate use of this class of extremely valuable but extremely hazardous goods in our society. The high stakes, high risk, high price and unique nature of this market make drugs - and medical care a significant consumer issue around the world. Most recently we have been attempting to maintain the already limited availability of aggregate prescribing information of physicians in face of both Legislative and physician group challenges.

AN OVER-VIEW OF THE CURRENT SITUATION

Little Knowledge or Understanding

Years of dealing with the public and the media have taught our association one important lesson. That when it comes to prescription drugs, the Canadian public and even most health professionals have little knowledge about the approval process, marketing practices, sources of information, prescribing trends, and sale of prescription drugs. Most members of the public believe that if a prescription

drug is approved for sale, it has been thoroughly tested and is entirely safe for anyone to use under any circumstances without risk of harm - even if it does little good. Few recognize that, unlike running shoes or computers, a drug that can cure one person can also harm or kill another depending on the circumstances and one's unique biological make-up.

Compounding Factors

But before we condemn consumers or the public for their foolishness, it is important to look at where this attitude may arise. For example, many health professionals and Specialist Associations routinely dismiss any cautions, side effects and complications identified in studies. Most health professionals rarely read the package inserts related to drugs – or medical devices such as implants, I might add. Physician reliance on peer-reviewed medical journals, which have recently been found to sometimes be less than reliable, is problematic, but understandable given the overwhelming volume of information and the workload. Far too many are also influenced by drug money or other perks. Duplicitous advertising and marketing, encouragement of the casual use of powerful drugs for minor ailment and untested prevention purposes and the current lack of alternative treatments in our re-structured health system only makes this worse.

Bandwagoning Behavior

Despite all the experiences and scandals in the last two decades with serious and often unknown problems with new drugs rushed to market, the number of prescribers jumping on every new drug bandwagon for both approved and non-approved uses is disconcerting - if not embarrassing. And one of the main objectives of federal government policy is to speed up such approvals - regardless of the merits of the drug under consideration.

Far too many Canadians find themselves unable to fill a desperately needed prescription while the number of inappropriate prescriptions filled by others grows exponentially. The money in our society spent (not just by governments but by

all of us) on unnecessary or inappropriate prescription drugs are being lost from other more valuable treatment or healthier living opportunities.

It is difficult for patients to protect their interests. Even when individuals are reluctant to fill or take prescriptions or run into problems, the fear, stress and ultimate impotence of patients and families in questioning a doctor means that most would rather "switch" - go underground- or passively resist - than fight. Ironically, this self-protection mechanism is often labeled *non-compliance* by the profession, policy makers and the industry. Yet it probably saves countless additional healthcare costs, much human suffering and even lives. With new Electronic Health Records and a provincial government sympathetic to suggestions of financial penalties for non-compliant patients, even this avenue of self-protection may soon be gone.

Selling Fear and Product

Both physicians and the public are bombarded daily with American drug advertising as well as our unique Canadian ads that violate good taste if not the weakly enforced Food and Drug Act. While the European Parliament just firmly rejected Direct-to-Consumer Advertising, our government rejects the notion of stopping the American Ads at the border and is ready to embrace them. One of the current themes in all this marketing and promotion – such as the infamous "Toe Tag" ad currently found everywhere is that we all need to be anxious – that serious illness is lurking just around the corner, and that new tests and drugs will allay this anxiety. **Sadly, "wellness" has simply become one more marketing tool for investors in medical technologies and drugs**, and far too many health professionals lured by offers of new program funding, conference funding and other perks eagerly jump on board. But not only are medical goods and services, including medical tests and drugs, extremely hazardous when used for the wrong purposes, on the wrong person, at the wrong time, but chronic fear does nasty things to the body's physiology. No wonder so many Canadians are on anti-depressants and stomach medications. The marketing and casual use of

prescribed drugs is also giving a very confusing message to our young people about the use of drugs. Just ask any 20 year old.

Unintended Addictions and New Demands.

Not only are Canadian health professionals and the public increasingly addicted to the use of drugs for treatment purposes; many of these drugs themselves have turned out to be addictive *after* they have been introduced on the market. It raises the question: “Have we simply traded “Players Light” and “Dumarier” cigarettes for Paxil and Ativan?” Other drugs have been prone to many disturbing side effects that require even more drugs. Even Viagra’s success is attributed in part by some experts to the sexual dysfunction side effects that are turning up with an explosion of SRRI anti-depressant prescriptions. Complications or side effects also don’t always disappear when a drug is stopped. Dr. David Healy is now postulating that sexual dysfunction caused by the SSRIs may be permanent. I have recently heard of a drug company that manufactures a psychotherapeutic drug which unfortunately appears to have the side-effect of inducing diabetes, offer to fund a diabetic education program and free journal club for staff of a local institution rather than have them switch to an alternative drug. Meanwhile, mothers in South Africa are dying due to lack of access to life-saving drugs.

Our growing addiction to Drug Money

In our view, the most disturbing dependency or addiction threatening both the health and the wealth of Canadian families and communities is the increasing dependency of researchers, health professionals, universities, regulators, government programs, media, and patient groups on drug money to fund their work – and their play. This is very evident in Alberta, and I’d be pleased to share examples with you following the presentation. This growing dependency has not only created new problems. It has effectively silenced and co-opted many of the voices that have in the past alerted and protected Canadians. The appointment of individuals with serious conflicts of interest to positions of power and influence over health and drug policies both federally and provincially is also taking its toll.

Members of the public are losing confidence in health professionals, regulators, politicians and researchers. Soon they will lose confidence in disease and patient advocacy groups.

People ask: "Why are drug prices or costs so high?"

The answer seems self-evident. As well as issues relating to market monopolies, buried in the price of every pill are all the associated costs of supporting and influencing these groups. Boat cruises and fishing trips for high prescribers, funding pet projects for clinicians, researchers and politicians, the use of "managed thought leaders", producing informercials, wooing the media, "educating" health professionals, and sponsoring lunches for seniors or patient groups to be taught how to lobby government all takes money. Remarkably, this doesn't take into account the horrendous financial and human cost from harm done from inappropriately prescribed or monitored drugs.

THE EVIDENCE OF FAILURE OF CURRENT DRUG POLICIES & PRACTICES

1. In Alberta, the estimated number of prescriptions dispensed in retail pharmacies (not hospitals) in 2002 was about 30% more than in 1998. Retail Prescriptions increased from 20 million to 27 million. (IMS Health Data)

2. The bill for these retail drugs and dispensing fees paid by public and private health plans and families **almost doubled in 4 years** rising from $704 million dollars to $1.2 billion dollars between 1998 and 2002. (IMS Data) The amount spent by Albertans on retail drug prescriptions increased from $257.77 to $416.25 per capita during this period.

3. The number of psychotherapeutic drug prescriptions – many of them found to be highly addictive and problematic *after* market entry - climbed from about 2.4 million to 3.4 million. Of these, the top 4 were Paxil, Effexor XR,

Celexa, and Ativan. (IMS Data) This is more than one prescription per year for every Albertan. *Wouldn't it be cheaper to put it in the water supply?*

4. The Alberta Employers Committee on Health Care submitted a brief along with the Ontario Employers Committee on Health Care to the Romanow Commission. It identified that rising premiums due to cost-shifting from provincial plans and rising drug costs was leading to a situation where employer sponsored benefit plans were becoming unsustainable. (This is leading to increased hiring of contract workers to avoid medical benefit costs, reduced coverage, increased deductibles, and less access to benefits.)

5. A high profile physician in the medical research community commented in a focus group in the late 1990s that drug companies "need expanded patent protection in order to come up with the next generation of drugs - to deal with the world-wide pandemic of bi-polar depression."

6. Sitting as a member of the Medical Faculty Advisory Committee a few years ago, I was asked along with other members to approve a Faculty request to lobby key government officials for public funding to build a new Centre so that the university could do more contract clinical trials. We were told that the reason the brand name pharmaceuticals were willing to pump dollars into such trials in Alberta instead of BC was because of the favorable political climate. What wasn't mentioned was a recent dispute with the BC government and the fact that commercial clinical trials are being pushed out of the U.S. due to increasing consumer protection regulations, new rules related to searching charts to find candidates, and the refusal of many HMOs to pay for the costs of complications from the trials.

7. A new and incredibly expensive anti-arthritic drug (Celebrex) was introduced into the Alberta market in 1999, and based on a drug company presentation and intense lobbying from seniors organizations primed by drug companies

months before, put on the provincial formulary for Seniors Drug Benefits. Ironically, the number of such prescriptions funded by the Alberta Seniors Drug Program found its way on to a poster at the time of the Mazankowski Report release in 2001 as an example of what a *good* job the province was doing in funding healthcare services. Yet, at the time of printing, it had already been exposed internationally that the makers of this drug and the authors of an article in a peer-reviewed journal has grossly misled physicians, the public, and our own Drug Review Committee about the benefits and the safety profile of this drug. This was actually brought to light by a group of Canadian researchers in BC who accessed the original data from the FDA web site. Interesting, many of these researchers are now scattered due to the loss of funding for BCCOHTA. The Celebrex manufacturer has recently given the province of Alberta 1.5 million to study physician prescribing of Celebrex, a drug that remains at #2 on the charts. A little too little, a little too late, in our view.

BEHIND THE SCENES: CHANGING FEDERAL POLICY PILLARS

Finally, an important sign of the times is the changing emphasis and priorities related to drug policies expressed in a number of documents. For example, a 1991 document by a *Government of Canada Interdepartmental Working Group* identified 5 areas of consideration or "policy pillars" related to the formation of federal drug policies.

- Public health system considerations
- Consumer protection
- Relationship to industrial policy
- Intellectual Property
- Canada's Multinational relations

By 1997, an Industry Canada memo for the review of Bill C91 had whittled the policy pillars down to:

- Support for the development of the pharmaceutical industry
- Ensure conformity with Canada's multi-national relationships
- Ensure that patented drugs are available at non-excessive prices

Safety had been dropped off the agenda!!

OPPORTUNITIES AND RECOMMENDATIONS FOR CHANGE

Overall, current drug policies and practices in Canada do not reflect a very pretty picture. Nor is it our belief that it will likely to improve in the near future.

However, the planned renewal of federal Legislation affecting both drugs and medical devices (which suffer from many of the same problems) provides some unique opportunities. Our appeal to your Committee today is to convince your colleagues to at least create some new opportunities for citizens to protect themselves and their communities. We believe this can be done by opening up access to information and creating mechanisms that will support and facilitate non-drug company funded community based watchdog organizations as well as industry and regulatory whistle-blowing.

In our view, some examples worthy of exploring include:

- **Transparency.** Post original submitted study data on clinical trials to the Web and make Expert Advisory Committee Meetings open to the public. Remove current financial barriers to key information.

- **Limit Misleading Information**. Require standard public reporting of all drug trials, including actual versus relative risk with posting on a public web-site prior to any public launch of a drug.

- **Level the Playing Field.** Build in opportunities for challenges of drug company applications related to decisions and provide intervenor funding for public interest groups in the new Legislation. (Public Utility Board model).

- **Support Community-Based Watchdog Groups** with direct funding and changes to Charitable Status Laws to facilitate private community funding. Build community capacity to enable non-drug company funded community based organizations of consumers and health professionals to collect and provide reliable information to consumers and professionals in order to monitor and protect the safety of citizens in this environment.

- **Introduce and promote whistle-blower legislation and Qi Tam laws** both federally and provincially across Canada.

In short, Canadian citizens have become increasingly aware of the fact that we are no longer able to rely on traditional sources of protection from harm either through access or lack of access to prescription drugs. We ask that our Legislators give us the ways and means to work with like-minded professionals and academics to enable us to protect ourselves.

In closing, we would also encourage the Federal Government to consider restoring some balance in the Policy Pillars it considers in its Health, Economic Development, and Trade Agenda relating to drug policies.

THANK YOU FOR YOUR TIME AND ATTENTION