



CANADIAN  
PHARMACISTS  
ASSOCIATION

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DU CANADA

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**PRESENTATION TO THE  
STANDING COMMITTEE ON HEALTH  
STUDY ON PRESCRIPTION DRUGS  
OCTOBER 29, 2003**

Thank you, Madam Chair. I represent the Canadian Pharmacists Association (CPhA). We are the national voluntary association representing pharmacists in all areas of practice. We do not represent chain drug stores or the pharmaceutical industry.

Drugs are complicated. The concept of the chemical in the little pill that can kill you, save your life, or make drooping penises erect is difficult for most people to understand. Even the names are unintelligible to many people. The creation, regulation, distribution and use of drugs is complex. We know an awful lot about drugs. At CPhA, we publish drug information and there's a lot of it. Research continues to demonstrate problems with drug use. Results from unwanted medicines campaigns point to waste; reviews of use indicate failure to follow treatment guidelines. Further studies point to under-treatment, patients who would benefit from drugs but who never get them. The list of studies describing failure to take medications correctly or discontinue them early continues to grow. The withdrawal of drugs from the market because of previously unrecognized adverse effects still occurs.

In simple terms, we know a lot about drugs, but there is a huge gap in applying what we know to the care of patients. A number of independent reports—the Lowy Inquiry in Ontario, the National Forum on Health, and more recently the Commission on the Future of Health Care in Canada—have all recognized the urgent need to make greater use of pharmacists as a key solution to improving the quality of drug use and getting better value from money we spend on pharmaceuticals.

I, therefore, urge governments to:

- Use pharmacists to monitor and adjust therapy in patients on long-term treatment
- Use pharmacists to reduce waste created by inappropriate and unnecessary prescribing
- Use pharmacists to educate patients to make proper use of their medication
- Use pharmacists to detect, treat or refer patients whose well-being is at risk because of under-treatment with drugs

- Use pharmacists to detect and report on adverse drug events and medication errors
- Use pharmacists to critically review, assess, and manage home care patients with drug related problems

The list goes on. However, as the health care professional who is truly on the front line, the pharmacist has a broader role to play in health care.

Empower pharmacists as true primary care providers; for many patients, they already are the first point of contact in the health care system.

Pay pharmacists to treat simple conditions, such as seasonal allergies, and to relieve the burden on family physicians.

Use pharmacists to detect and refer problems, such as diabetes, high cholesterol and high blood pressure, earlier.

Use pharmacists as sentinels to detect public health problems.

Use pharmacists as messengers to allay public fears.

Why should governments use pharmacists in this way?

First, they are accessible. We have over 7,500 pharmacies in community settings and some 800 in hospitals. Pharmacies are open convenient hours. It is estimated that there are 8 million visits a day to community pharmacies in Canada.

Second, pharmacists have five years of university education, much devoted to the science and use of drugs; more of this is aimed at enabling pharmacists to apply this knowledge to direct patient care. Pharmacists also have some of the strictest requirements for the maintenance of professional competence after licensure.

Third, consumer poll after consumer poll illustrates the trust that the public has for pharmacists, and recent major focus group work indicates patients are valuing pharmacists as trustworthy, knowledgeable and above all available for timely personal consultations.

To make these changes happen, governments need to revise legislation and support the development of new models of pharmacy practice as part of primary health care reform. Pharmacists have to prepare themselves for new ways of working and develop new relationships as a part of the primary health care team.

As I said at the beginning, the creation, regulation, distribution and payment for drugs is complicated. As an Association, we are very interested and active with respect to the broader aspects of pharmaceutical policy.

So in broader policy terms, what should governments be doing?

- Focus on quality use and value for money not crude cost control
- Implement the Health Accord
- Support the common drug review as a first step towards standards for access and possibly a national formulary
- Establish a national medication management centre to develop and disseminate best practices in prescribing and drug use
- Oppose calls for direct-to-consumer advertising
- Do not pursue national central bulk purchasing schemes
- Avoid linking drug approval and price control into one agency
- Fund medication management programs in primary care
- Include drugs and pharmacists' services as part of the basic bundle of services on home care

With respect to more topical issues:

- Restrict the use of medical marijuana to patients enrolled in structured trials
- Work with the United States to implement existing regulations to stop cross border drug trade and its potential impact on the access of Canadians to drugs
- Learn from the NIHB experience with respect to methadone as the worst example of governments making the lowest common denominator a national health policy

Thank you.

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Executive Director*