



CANADIAN
PHARMACISTS
ASSOCIATION

ASSOCIATION DES
PHARMACIENS
DU CANADA

**Comments to the House of Commons Standing Committee on Health
April 3, 2012
Dr. Jeff Poston, Executive Director**

Thank you for the invitation to appear today. The Canadian Pharmacists Association is the national association representing the profession of pharmacy. Our members work in both the community and hospital settings.

We are pleased that this Committee has agreed to hold hearings into drug shortages. We suggested to the Committee a year ago that hearings into this issue be held – in fact, this Committee had scheduled hearings in March 2011, but the fall of the government and subsequent election resulted in the cancellation of those hearings.

Although there has been a great deal of attention paid to drug shortages over the past month due to the Sandoz situation, the fact is that drug shortages have been a serious problem for health practitioners and Canadians for at least 2 years.

CPhA identified the scope of this problem in a survey of our members and report we conducted and released publicly in December 2010. We have provided copies of that survey for your information. In the survey, you will note that 94% of pharmacists reported not being able to fill at least one prescription in the past week, with the average number of drugs in short supply being 10. At least half an hour per shift was being spent on drug shortages, although we heard reports of hours per shift being spent addressing the problem. Most importantly, 70% of

pharmacists reported their patients' health was adversely affected, and over 90% reported that patients had been inconvenienced. And again, this was in the fall of 2010. It is important to point out that dealing with shortages consumes a lot of pharmacist and physician time that should be available for direct patient care. It is only the diligent work by frontline health care professionals that has been able to limit the impact of shortages on the population.

Although it is difficult to say whether drug shortages have increased or decreased in scope or duration since that time, the fact remains that drug shortages remain a source of serious concern for the Canadian health care system. The events related to the Sandoz shutdown are just the latest manifestation of what has been a serious concern for some time.

Since early 2011, the Canadian Pharmacists Association has worked with government, industry, other pharmacy groups and other health practitioners to look at responses and solutions to this problem. In the fall of 2010, we held meetings with industry groups, wholesalers, and other stakeholders to better understand the causes of the problem. In December 2010, we re-released a Guide to Addressing Drug Shortages to our members as one available tool for pharmacists to deal with shortages when they occur.

There are many aspects of the problem, including causes, that we could discuss today, but given the time constraints, we'd like to take a few moments to outline a number of the solutions and recommendations that we feel need to be taken to address not just the Sandoz-related shortages, but the full range of drug shortages that are plaguing our health care system.

First, we were very pleased to see the House of Commons unanimously adopt a motion on March 14 that called for the development of a national strategy to address the long-term issue of drug shortages. We applaud Parliamentarians for recognizing this need, and would encourage the Minister to take the lead on the development of a national strategy.

Second, in response to the Sandoz shutdown, we have welcomed Health Canada's efforts at sourcing alternative supplies, from foreign sources, alternative domestic sources, expediting approvals of equivalent or alternative drugs, and when necessary, making available the federal emergency stockpiles. However, this proactive approach at working with key stakeholders to source supply in the event of a shortage should not be restricted to drugs impacted by Sandoz – this is a role that Health Canada could, and should be playing at all times to proactively address shortages. This is the role that the FDA plays in the United States, and we would argue Health Canada could be doing the same. We would also like to see an increase in effective collaboration between Health Canada and the FDA on drug regulatory aspects related to drug shortages.

Third, governments and large purchasing bodies need to be aware of the risks associated with tendering systems that result in sole sourcing. Although it is true that sole sourcing, which is often associated with bulk purchasing, can lead to lower prices, the fact is that when problems are encountered by that sole source producer, shortages can, and will be the result. Sandoz, which supplies approximately 50% of Canada's injectables market, is a perfect example. Any government or purchasing body that enters into a large contract with a sole supplier should secure more than one supplier before such contracts are finalized. We understand that HealthPro announced before this Committee last week that they have introduced a new policy whereby

they will seek secondary suppliers for hospital drugs when alternative supplies exist – this is a welcome development, and one we would encourage other Group Purchasing Organizations and provinces to adopt. However, we wish to point in many existing contractual arrangements clauses exist to impose a penalty in the face of failure to supply yet it is our understanding that these clauses are seldom implemented

Fourth, in order to ensure that health practitioners and the general public have the most up to date information possible, CPhA established in March 2011 a multistakeholder Working Group on Drug Shortages to develop a voluntary drug shortages reporting system. An initial version of that reporting system went live in November 2011 – information populating the system is being fed by member companies of Rx&D and the Canadian Generic Pharmaceutical Association. It was just announced last week that this information is now being collated on one centralized website – www.drugshortages.ca. The Working Group is now working on a more robust system that would, we hope, contain therapeutic alternative information, and that would allow health practitioners to report directly into the system to validate a shortage. While the industry associations Rx&D and CGPA have committed \$200,000 towards the establishment of this system, we need to put in place a sustainable funding model to ensure continuity of this reporting system.

Fifth, this is not just a Canadian problem. It is a global problem, and therefore requires global attention. Last Fall, we were successful in getting the International Pharmaceutical Federation to issue a statement calling for global action on drug shortages. We strongly recommend that the Minister of Health request that the World Health Organization add this issue to their agenda, and immediately look into

the global causes and solutions to drug shortages from an international perspective.

Lastly, we need a forum to bring together all stakeholders – particularly manufacturers and regulators – to identify the root causes of drug shortages, provide more information to the table, and then most importantly, identify what solutions can be implemented to alleviate shortages. Reporting on shortages, and dealing with them when they occur is all fine and good, but our goal should be nothing less than to prevent any shortage before they can interfere in the care of even one Canadian patient.

In closing I would like to emphasize that not only is this an access to care issue, it is also a patient safety issue. The uncertainty and inconvenience created through having to manage a lack of supply can result in patients receiving less than optimal treatment and increases the risk of error. Shortages also take up a lot of time on the part of pharmacists and other health providers – time that would be better spent in treating and caring for our patients. After all Ms. Chair, it is the needs of patients which should be motivating each of us for being here today.

Thank you Ms. Chair, we will be happy to take questions.