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Drug Supply in Canada

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Madame Chair, honourable members, ladies and gentlemen, I thank you for the opportunity to present to you today. *Merci pour l’occasion de présenter à votre comité aujourd’hui.* My name is Myrella Roy, and I am the Executive Director of the Canadian Society of Hospital Pharmacists, also known as CSHP. Before accepting this position, I spent 17 years as a hospital pharmacist and clinical manager with the Ottawa Hospital. The Society is the national voice of hospital pharmacists in Canada. We are a not-for-profit organization with voluntary membership representing pharmacists committed to patient care through the advancement of safe, effective medication use in hospitals and other collaborative healthcare settings.

Today, I wish to bring to the Committee the perspective of our 3,000 members across the country on the issue of the role of government and industry in managing drug supply in Canada. I also want to propose concrete steps that our members believe governments – federal and provincial – can take to help bring about resolution to the current crisis. These steps include a robust national drug supply management system that can anticipate and efficiently mitigate the impact of drug shortages, a strong drug supply chain that can prevent future shortages, and a strong role for the federal government in shaping global solutions to what is, in many ways, a global problem.
Before I delve into these solutions, I should like to tell you briefly about pharmacists who work in hospitals and other collaborative healthcare settings. Hospital pharmacists do far more than dispense drugs. They work closely with physicians, nurses, and other healthcare professionals to make sure that the health goals of individual patients are met while keeping the medication system safe and effective. They help select the right medication for the right patient, adjust doses, identify and manage medication side effects and interactions, and educate patients on how to take and store their medication. Hospital pharmacists are integral to patient care; their efforts help our publicly funded healthcare system.

During drug shortages, the work of hospital pharmacists becomes significantly more complex and the risk to patients grows. A recent survey conducted in the United States by the Institute for Safe Medication Practices revealed an association between drug shortages and medication safety incidents. The necessity of using alternative medications (or alternative concentrations, strengths or dosage forms of the same medication) may introduce additional complexity and opportunities for error into the processes of prescribing, preparing, administering, and monitoring medications. What’s more, these alternatives are often less effective, more toxic and more expensive for patients and hospitals. Furthermore, there is a significant potential for errors when hospital pharmacists and pharmacy technicians
compound medications from raw materials without adequate expertise, facilities, equipment, staffing, and other resources. Our members understand these risks and must deal with them every day. Patient safety remains a fundamental value of our organization and we are committed to proposing and contributing to concrete solutions that will address drug shortages now and in the future.

Now let’s discuss some solutions.

As you know, drug shortages have been occurring for around a decade and the problem is only getting worse. What past experience has taught us is that Canada and Canadians need a national drug supply management system.

When a drug shortage situation of the present magnitude and without sufficient advance notice occurs, a significant amount of pharmacists’ time is quickly reallocated to developing reactive plans with other healthcare professionals, implementing temporary mitigating strategies, and finding suitable clinical alternatives for their patients. The lack of a single national drug supply management system that would set minimum timeframes for notification of impending drug shortages and drug discontinuation by manufacturers leaves healthcare practitioners scrambling to explore and implement mitigating strategies, and leads to very significant duplication of efforts.
CSHP is already active in fostering this kind of nationwide collaboration and sharing of information. In order to alleviate some of this duplication, our Society is hosting an online drug shortage forum for its members. Since the spring of 2011, CSHP has also been intimately involved with other national healthcare professional organizations and drug manufacturer associations to develop a national drug supply management system. We are thankful to the Canadian Generic Pharmaceutical Association and to Canada’s Research-Based Pharmaceutical Companies for their generous financial contribution to the development of such a system. However, the sustainability of the system is challenged by a lack of financial resources. We believe that Health Canada should play an active role in delineating a sustainable funding model for this system with the provincial and territorial ministries of health, such that healthcare practitioners from coast to coast to coast can more efficiently manage drug shortages and ensure quality care for patients across Canada. Such a role would be within its mandate and mission as a department responsible for helping the people of Canada maintain and improve their health. As I made clear in my earlier remarks, all drug shortages pose safety risks and may affect the health outcomes of Canadians.

The next two solutions we would like to propose are closely connected and also point to an important role for Health Canada. In order to
identify and procure alternative medications, pharmacists consult Health Canada’s drug product database and may also request medications not approved for sale in Canada using Health Canada’s Special Access Programme. Unfortunately, the drug product database is not being kept up to date, with some listed manufacturers no longer operating a business in Canada or some listed drugs no longer marketed in Canada. Furthermore, the current drug shortage has served to highlight the chronic weaknesses of the Special Access Programme and has further underscored the need to modernise the Programme, drug shortages obliging or not. The tediousness of the request process adds unnecessary delays in receiving the drug, and contributes to additional workload for pharmacists and physicians. **Timely updating of the Health Canada Drug Product Database and modernization of the Special Access Programme are urgently needed to assist healthcare practitioners in dealing with actual or impending drug shortages.**

Finally CSHP would like to see Health Canada taking the lead in ensuring the continuity of drug supply at a global level. Drug shortages are not unique to Canada and many other countries are experiencing them. Numerous mergers and consolidations of companies over the past 15 to 20 years have led to a mostly multinational drug manufacturing marketplace. In many instances, the production of medications is dependent on the provision of ingredients from other
countries or the occurrence of different manufacturing stages around the globe. During its most recent Congress in India last fall, the Council of the International Pharmaceutical Federation, representing 130 member organisations from around the world and more than three million pharmacists, met to discuss the emergent issue of medication shortages. The Council then called on all stakeholders, including governments, pharmaceutical manufacturers, pharmacy wholesalers, pharmaceutical purchasing agencies, medicine insurance plans, pharmaceutical regulators and the pharmacy profession to urgently evaluate these issues and work to ensure continuity of medication supply so that the appropriate treatment of patients can be initiated and maintained. And so, we encourage Health Canada to engage in discussions with their regulatory counterparts in the USA, Europe and other countries to collectively learn more about drug shortages and to contribute to local and global solutions. **Drug shortages are a global problem that calls for global avoidance and mitigation strategies, formulated and implemented by Health Canada and healthcare regulatory authorities from other countries, in collaboration with multinational drug manufacturers.**

The Canadian Society of Hospital Pharmacists continues to be an innovative part of the solution to the current crisis. We remain committed to protecting the safety of our patients and to working
with all stakeholders in Canada’s health care system to find and implement solutions for the present crisis and for the future.

Thank you for the opportunity to present our concerns and solutions. I would be pleased to answer any questions you might have. Je vous invite à poser vos questions dans la langue officielle de votre choix.
Key Messages

- Health Canada should play an active role in delineating a sustainable funding model for a national drug supply management system with the provincial and territorial ministries of health, such that healthcare practitioners from coast to coast to coast can more efficiently manage drug shortages and ensure quality care for patients across Canada.

- All drug shortages pose safety risks and may affect the health outcomes of Canadians.

- Timely updating of the Health Canada Drug Product Database and modernization of the Special Access Programme are urgently needed to assist healthcare practitioners in dealing with actual or impending drug shortages, so they can help the people of Canada maintain and improve their health.

- Drugs shortages are a global problem that calls for global avoidance and mitigation strategies formulated and implemented by Health Canada and healthcare regulatory authorities from other countries, in collaboration with multinational drug manufacturers.