

**CNA Presentation to  
House of Commons  
Standing Committee on Health**

**STUDY ON PRESCRIPTION DRUGS**

**29 September 2003**

Robert Calnan  
President  
Canadian Nurses Association  
  
Vancouver, British Columbia



**CANADIAN NURSES ASSOCIATION  
ASSOCIATION DES INFIRMIÈRES ET INFIRMIERS DU CANADA**

All rights reserved. No part of this book may be reproduced, stored in a retrieval system, or transcribed, in any form or by any means, electronic, mechanical, photocopying, recording, or otherwise, without written permission of the publisher.

© Canadian Nurses Association  
50 Driveway  
Ottawa ON K2P 1E2

Tel: (613) 237-2133 or 1-800-361-8404  
Fax: (613) 237-3520  
E-mail: [pubs@cna-aiic.ca](mailto:pubs@cna-aiic.ca)  
Web site: [www.cna-aiic.ca](http://www.cna-aiic.ca)

ISBN 1-55119-918-1

The Canadian Nurses Association (CNA) is pleased to address the Standing Committee today. We represent over 116,000 registered nurses across Canada. As nurses, we are familiar with the day-to-day lives of Canadians. We work in many different settings including the hospital, the home, schools and the work place. In collaboration with other professionals, nurses diagnose and treat clients, provide medication management, write prescriptions (nurse practitioner) and educate clients and families about the drugs they are taking. As nurses, we are particularly concerned about the rising costs of pharmaceutical products to the health system and individuals; we are concerned with the unintentional misuse of pharmaceutical products due to low literacy levels; and we are concerned about the lack of system wide coordination of pharmaceutical prescribing. We will address these issues in this brief.

The first area CNA would like to address is the rising cost of pharmaceutical products in Canada. Various factors have influenced this trend. The Romanow Report stated that prescription drugs play a growing and essential role in Canada's health system and the health of Canadians (Commission on the Future of Health Care in Canada, 2002). According to the Canadian Institute of Health Information, Canadians spent almost \$15.5 billion on prescription drugs in 2002, which is almost double that of 1995 (CIHI, 2002). Dr. Steve Morgan from the University of British Columbia Centre for Health Services and Policy Research states that "at \$15 billion per year, pharmaceuticals are the second largest cost component of the Canadian health care system" (Morgan, 2002). This is a huge national expenditure and this concerns CNA.

The Canadian Pharmacists Association has stated that we know how much we spend... but we do not know how much we are wasting (CPA, 2001). While CNA firmly believes that pharmacotherapy is a vital part of our health system, we want to be sure that pharmaceutical products are rigorously researched, evaluated and regularly reviewed.

Various studies have questioned the safety and efficacy of some frequently prescribed drugs. The Romanow Report identified that some new drugs are not significantly more effective than older, less expensive drugs in terms of improving survival rates, users' quality of life and patient safety. Hormone Replacement Therapy and more recently the cholesterol lowering drugs – "statins" – are two examples. **Public confidence and risk management issues require increased government investments in regulation and approval processes.** These processes must focus on all client groups including women and children.

**CNA thinks the drug approval process in Canada should fall to governments.** As such, we are concerned that pharmaceutical companies currently cover 82 per cent of the cost of the evaluation process for drugs aimed at the Canadian market. The perception and the reality is that the current system presents a conflict of interest. We would like to see this practice reviewed.

Another factor that has been shown to influence prescription drug use and, hence, cost to the system, is *direct-to-consumer advertising*. While CNA firmly supports the right of individuals to have information about therapeutic interventions available to them, this information needs to present both indications for use and possible side effects. CNA is concerned with the availability of direct-to-consumer advertising on television in Canada.

CNA recognizes that the federal government proposes to discuss this issue as part of the new Health Protection Legislation. We look forward to participating in that discussion.

CNA has two recommendations related to cost. **CNA supports a concerted review of Canada's Drug Patent Laws.** There needs to be a fair balance between protection of intellectual property of the pharmaceutical companies and the real need to provide Canadians with improved access to non-patented prescription drugs. The current experience in Africa around providing accessible anti-retroviral treatment to patients with AIDS has been eloquently described by Stephen Lewis, United Nations special envoy for HIV/AIDS in Africa. This experience demonstrates what can happen if the legislative framework around pharmaceuticals is dictated by patent protection.

The second recommendation CNA supports is the **development of a national pharmacare strategy.** CNA is concerned about the huge cost that can be incurred by individual Canadians who need to purchase prescription drugs. CNA believes no one in Canada should have to forego, because of costs, prescription drugs that are essential for their health and well-being. Today many people lack sufficient insurance coverage to purchase prescription drugs. Up to 12 per cent of Canadians currently have no insurance for prescription drug expenses (Lexchin, 2001). Another 100,000 Canadians have annual drug expenses exceeding \$5,000 (Standing Senate Committee on Social Affairs, Science and Technology, 2002). Both groups are susceptible to financial hardship.

The Interim Report of the Kirby Commission recognized the problem of costs associated with prescription drugs. Although 97 per cent of the Canadian population is protected by some form of prescription drug, three per cent of the public have no protection at all – mainly the working poor. The commission also highlighted the problem of inter-provincial disparities in prescription drug coverage (Standing Senate Committee on Social Affairs, Science and Technology, 2001). The Romanow report recognized that many seniors fear having their life savings wiped out if they have to pay the full cost of prescription drugs. This is not acceptable to Canadian nurses.

A national pharmacare strategy was promised in the 2003 First Minister's Accord (Health Canada, 2003). CNA believes the government should extend the terms of that commitment beyond catastrophic drug coverage to prescription drug coverage in post-acute home care. It should build on Canada's existing systems of drug coverage and private supplementary drug insurance plans as a starting point to ensure the provision of prescription drug coverage for people without access to insurance. **CNA believes the cost of prescription drugs for people receiving community based acute care treatment should be covered by provincial health plans.**

---

The second area that CNA would like to address is related to the *unintentional misuse of pharmaceutical products due to low literacy levels*. According to national literacy programs, approximately 36 per cent of Canadian workers have marginal reading and writing abilities and between 56 and 64 per cent of unemployed Canadians are marginally literate. This is a huge issue for health professionals, patients and their families, and it demands action. In some population groups the illiteracy levels are even higher. According to the National Literacy and Health Program, the number of seniors with low literacy skills is significant – 80 per cent of people over 65 years of age have literacy skills that fall below the level of everyday reading demands. In addition, the literacy skills of new Canadians, who do not have English or French as their first language, may not be adequate to safely understand written instructions. With certain populations, like seniors, the literacy issue may be compounded by failing vision. **CNA recommends that plain language, larger type and nationally consistent images be used on all prescription labels. In addition, the information provided to the patient should emphasize side effects and warnings with bold typeface and bullets.**

The final issue CNA will address is that of *lack of coordination of health care – particularly prescription drugs*. We all know of people who have different prescriptions from different doctors. Due to lack of coordination in the system, health professionals often have no idea what drugs have been prescribed, and patients may not understand or remember which drugs have been prescribed or why they were prescribed. We rely almost completely on the patient's or family's memory and understanding. The potential for adverse drug interactions, misunderstood side effects, duplication of prescriptions and general chaos is huge. As nurses, we are deeply concerned about this situation.

As was stated in the 2003 First Ministers' Accord on Health Care Renewal (Health Canada, 2003), improving the accessibility and quality of information is critical to quality care, patient safety and sustainability, particularly for Canadians living in rural and remote areas. CNA strongly advocates for the government to create the necessary infrastructure to facilitate better communication and coordination among professionals and consumers relating to pharmaceutical prescribing. As recognized by the first ministers, inherent in this approach is the development of an **electronic health record system**. CNA recognizes that privacy issues are a concern; however, we believe that such a system needs to be developed nationally across Canada.

Dealing with the prescription drug issue is paramount when we speak of reforming the health care system. At present pharmaceutical products represent a huge cost to the Canadian public and individuals. While CNA recognizes the important role pharmaceuticals play in the health of the Canadian public, we also know that many other factors influence our health status. We urge the committee to put into place adequate safeguards to ensure the ongoing safety and efficacy of the pharmaceutical products that are available to Canadians.

We appreciate having had the opportunity to present our views to the committee and look forward to further communication.

## References

- Canadian Institute of Health Information. (2002). *Health Care in Canada*. Ottawa: Author
- Canadian Pharmacists Association. (2001). *CPhA Position Statement on Direct-To-Consumer Advertising*. Ottawa: Author
- Commission on the Future of Health Care in Canada. (2002). *Building on values – The future of health care in Canada*. Ottawa: Author.
- Health Canada. (2003). *2003 First Ministers' Accord on health care renewal*. Ottawa: Author.
- Laporte, A., Croxford, R., & Coite, P. C. (2002, May). *Access to homecare services: The role of socio-economic status*. Paper presentation at the meeting of the Canadian Health Economics Research Association, Halifax, NS.
- Lexchin, J. (2001). *A national pharmacare plan: Combining efficiency and equity*. Ottawa: Canadian Centre for Policy Alternatives.
- Morgan, S. (2002). *Peeling the onion: What drives pharmaceutical expenditures in Canada*. Vancouver: Centre for Health Services and Policy Research.
- Standing Senate Committee on Social Affairs, Science and Technology. (2001). *Volume Four – Issues and Options: The health of Canadians – The federal role, Interim report*. Ottawa: Author.
- Standing Committee on Social Affairs, Science and Technology. (2002). *Volume six – Recommendations for reform: The health of Canadians – The federal role*. Ottawa: Author.