

## **CAPA takes Cross-Border Internet Pharmacy issues to Washington**

By: Linda Wilhelm

The Health and Human Task Force on Drug Importation, formed by U.S. Secretary of Health and Human Services, Tommy Thompson, and chaired by the U.S. Surgeon General, held hearings at the National Institutes of Health in Bethesda, Maryland on April 14, 2004. Of serious concern is that Canadian and U.S. government deliberations, recommendations and eventual actions on Cross Border Internet Pharmacy (CBIP) will impact the availability of drugs in Canada, their cost, safety, and ultimately, access.

The Task Force panel is comprised of representatives from Public Health Emergency Preparedness; Public Health Branch of the White House; Office of Diversion Control; US Drug Enforcement Administration; Department of Justice, and the Department of Homeland Security to mention a few. Canada's contingent included representatives from Canadian Patient Groups including Louise Binder from Canadian Treatment Action Council, Durhane Wong-Reiger from Advocare, Linda Wilhelm from Canadian Arthritis Patient Alliance and Denis Morrice from The Arthritis Society.

Prior to attending the hearings, the Canadian Patient Group (CPG) held a press conference.

Ms Wong-Reiger explained to the American media the safety implications of seeking pharmaceutical supplies through the Internet. She reported on the huge increases in pharmaceutical drugs flowing through Canada from countries with whom Canada has no Mutual Recognition Agreements. Drugs supplied from Ecuador, China, Iran, Argentina, Thailand and other countries bypass all inspections into the United States. She focused on other consequences of Internet pharmacies such as drug shortages for Canadian patients.

Ms Binder emphasized the cost implications and the pressure Internet pharmacy will put on Canadian patent protection legislation and government inability to control price on pharmaceuticals. CBIP will result in delays in launching new medications in Canada.

Ms Wilhelm focused on the implications for Canadian's access to pharmacists and the unethical practice of prescribing medication to patients without face-to-face contact. Shortages of community pharmacists already exist in Manitoba and will spread. Pharmacists everywhere are spending considerably more time sourcing medications for patients. Increases in drug costs will result in further delays in obtaining provincial formulary listings.

Ms Binder and Ms Wong-Reiger then presented to the Health and Human Task Force on Importation and supplied a list of 132 drugs that are currently in short or no supply in eastern Canada. Governors and senators, lawyers, economists, pharmaceutical companies, biotechnology industry representatives; pharmacy organizations; health organizations; group benefit managers plus many more presented that day. Some were for purchasing from Canadian CBIP but most were against this practice. In the Canada/U.S. media scrum that followed, many points were covered including:

- The difference between US and Canada Health Care systems.
- Health care being the single largest cause of **personal** bankruptcy in the US.
- CBIPs "cherry picking" one aspect of an entire health care system.
- Safety – this is a major concern. There is no trace back or proper surveillance of drugs with CBIP when side effects and contraindications cause a significant percentage of hospital visits.
- The Canadian Medical Association, Canadian Pharmacists Association, the Royal College of Physicians and Surgeons, provincial licensing bodies, Canadian Medical Protective Association and many patient groups say it is wrong.

A Canadian embassy representative told the press that Health Canada has seen no negative effects from drug importation but the CPG easily challenged him. The official was poorly informed on the CBIP issue.

Prior to the hearings, the CPG was invited to a dinner, hosted by American patients seriously concerned about drugs coming unregulated into their country. They welcomed the CPG support at the hearings.

*Linda Wilhelm represents the Canadian Arthritis Patient Alliance and The Arthritis Society on the Best Medicines Coalition*