



C A P S I • A C E I P



ISSUE 3: OCTOBER 2004

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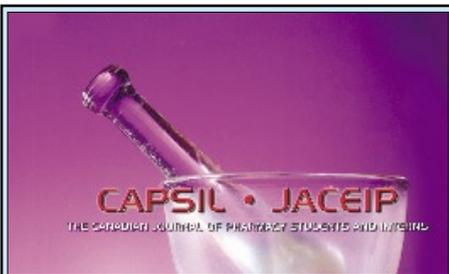
Pharmacy: More Than Just Pills

It's nine o'clock in the evening. A three-year-old child is burning up, and the family physician is unavailable. The closest hospital is an hour away, and from the worried mother's last experience in the emergency room, it would have taken another hour just to see the on call physician. She comes into your pharmacy, hoping that the pharmacist will be able offer some suggestions.

It is quite often that a situation like this occurs, and many people do indeed turn to the pharmacist for some, if not all, of their medical inquiries. Whether it is in regard to a new product seen on television, or suggestions about a certain medical ailment, pharmacists are readily available to the public and are usually the most accessible medical professionals. With the shortage of family physicians, and the increasing waiting time in our local emergency rooms, pharmacists have become a very dependable source of information. This is one of the many reasons why they have become the most trusted professionals in the past few years.

Primarily, a pharmacy is a place where the public can obtain their prescription medication(s) and other over the counter products. However, a pharmacist does not merely dispense medications; rather, they provide medication counseling, hold health clinics and act as the last line of defense before a medication is sent home with the patient.

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A word from the Editor

is published by the Canadian Association of Pharmacy Students and Interns as a service for its members.

All published articles reflect the opinions of the authors and not necessarily the opinions of CAPSIL or its sponsors.

All your comments and articles will be welcomed at:

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Deadlines:

January Issue - December 12, 2004
April Issue - February 20, 2004

While another university year has just started, it is with much surprise that I see November approaching. It is amazing how time flies: it seems like only yesterday that I have entered the pharmacy program and yet, that was two years ago! Over this period of time, I have come to realize how our profession is constantly changing, improving, and adapting to new circumstances. Pharmacy is not a static profession, but one that is facing many changes throughout the years.

In this first issue of CAPSIL, many articles touch upon the subject of change. First, Carey Lai, CAPSIL president, tells us about our coalition with the Canadian Nursing Students Association and the Professional Association of Internes and residents of Ontario. As you read along, you will stumble on "Amendment to Legal Status of Levonorgestrel", an article that elaborates on the pros and cons of changing the legal status of Plan B. In her article "A Breath of Fresh Air", Mayce Al-Sukhni recounts how all Toronto bars, billiard halls, and casinos became smoke-free this summer; she further compels us to take concrete action in promoting health as pharmacy students and future pharmacists.

Speaking of change, CAPSIL is undergoing some redesigning as well. As promised in my previous email communication to you, it now features a Current Events section -- and a Pharma Trivia column for your entertainment! You will however notice the absence of the Career Page and Opinion Corner. Unfortunately, I have been obliged to leave those out due to lack of submissions, but fear not! You can help remedy the situation by contributing to the next issue. Go to page 10 find out more about what you can submit. And don't forget that the author of the best submission will receive a \$50 cash-prize.

Now, many articles are awaiting you, and my pathophysiology notes are calling out my name. So, scroll away, and enjoy your read. Best of luck with mid-terms and assignments!

Sincerely,

Micheline Tun
 CAPSIL Editor 2004-2005
 University of Toronto

CAPSI CLUB
CAPSI would like to thank the following companies and associations for their generous support and contributions:
CAPSI Gold Club (\$1750 +) Pharmasave Novopharm Sanofi-Synthelabo Shoppers Drug Mart Wyeth
CAPSI Silver Club (\$1250-\$1749) Ratiopharm
CAPSI Bronze Club (\$500-\$1249) Bristol-Myers Squibb
CAPSI Club (\$499 -) Janssen-Ortho

Current Events



The Future Face of Medicare

CAPSI Cofounds New Health Professionals Network

On July 13th, 2004, the Canadian Association of Pharmacy Students and Interns (CAPSI) co-founded the New Health Professionals Network (NHPN). Along with the Canadian Nursing Students Association (CNSA) and the Professional Association of Internes and residents of Ontario (PAIRO), the NHPN strives to achieve and maintain:

- a single-tier, publicly-funded healthcare system;
- access to healthcare based on need, not ability to pay;
- a national commitment to adequate, stable, and predictable funding;
- accountability from all levels of government;
- multidisciplinary teams throughout the healthcare system;
- comprehensive health human resources strategies;
- Provider Wellness;
- prevention and management of chronic disease;
- innovation and use of best practices, including information technology;
- expanding Medicare to meet current needs;
- and above all, **TRANSPARENCY in intergovernmental talks.**

On July 28th, our network of students arrived in Niagara on the Lake and held a "Cardiac Risk Assessment Clinic." We invited all the Premiers and Territorial Representatives to attend our clinic to showcase our multidisciplinary team. In the early afternoon, we were very fortunate to have Ontario's Health Minister Mr. George Smitherman attend our clinic. At that time, I had the opportunity to discuss with him the role of our profession in our primary health care team.

"We are the medication experts, we provide the most suitable and the most cost-efficient treatment for the individual's condition."

Furthermore, we urged the Minister to introduce transparency to the meetings of the Council of the Confederation because the future of the Canadian Healthcare system is too important to be discussed behind closed doors. Canadians deserve to have the

talks opened so that they are better informed and therefore have the opportunity to take a greater part in shaping the future of our country's most prized social program.

Not only does this opportunity allows CAPSI to be more involved with other medical and nursing students, it also strengthens the interdisciplinary relationship CAPSI has been striving for in the last 3 years.

I invite all of you to visit www.futurefaceofmedicare.ca for more information.

Carey Lai
CAPSI President 2004-2005
University of Manitoba

White Coat Ceremony at Dalhousie College of Pharmacy

An exciting initiative will be introduced at the Dalhousie College of Pharmacy this fall for the incoming class of 2008. A white coat ceremony similar to other campuses in Canada and the United States will take place in October to formally initiate these 90 students into the profession of pharmacy. With an already solid academic and social program established at the College, this addition will serve to underline the commitment and responsibilities of studying in a professional program.

The event will take place at the World Trade and Convention Centre in the heart of downtown Halifax. In attendance for the evening will be the first year class along with their families and guests, faculty, representatives from the Pharmacy Association of New Brunswick (PANB), the Pharmacy Association of Nova Scotia (PANS), the Pharmacy Association of Prince Edward Island (PAPEI) and the Dalhousie Student Pharmacy Society (DSPS). The ceremony will begin with the Director of the College of Pharmacy welcoming the incoming class. She will be followed with addresses from the registrars of the Maritime Provincial Pharmacy Associations, a welcome from the president of the DSPS and a motivational speaker. The first year pharmacy students will then receive their white coats, and recite the Oath of Professionalism as a class. They will be echoed by the Pledge of the Pharmacist being read by all the licensed pharmacists in attendance. The ceremony will then be followed by a reception in the Windows Restaurant above the WTCC overlooking the downtown and harbour. There the students will sign a copy of the Oath they have just recited which will be framed and displayed in the College of Pharmacy. A trio of piano, violin and flute will provide music for the evening.

continued on page 4

CALL FOR EXECUTIVE COUNCIL ELECTIONS

When?

Elections for the CAPSI Executive Council will be held on Friday January 21st, 2005 at PDW 2005 held in Québec City. Interested candidates are encouraged to consult the summary of portfolio descriptions and desirable skills detailed on page 34 of the 2004-2005 CAPSI Agenda.

Current Executive Council members will be pleased to address any questions from prospective candidates. Our email addresses can be found on page 15 of the Agenda. Alternatively, contact myself, Jenny Drummond at jm_drummond@hotmail.com, and I will put you in touch with the appropriate person.

What do I need to do?

To be eligible, candidates are required to:

- 1) Submit a *signed nomination form* (available from CAPSI Local Jr. and Sr. Representatives);
- 2) Prepare a *curriculum vitae and letter* indicating qualifications, goals and reasons for seeking the position
- 3) Deliver a *5-minute presentation* during the Election Proceedings at PDW (Any candidate who cannot attend PDW shall submit a five-minute videotape in lieu of a speech.)
- 4) Applicants can *send the required materials* to the following address postmarked **no later than December 31, 2004** or pass them on to Local Jr. and Sr. Representatives to submit at PDW. Each candidate must also email the Executive Secretary at jm_drummond@hotmail.com if the candidate has mailed off the required materials.

The deadline for these submissions will be **24 hours prior to the Elections at PDW in Québec city (Thursday, January 20th, 2005)**. No late submissions will be accepted. Mail to:

Jenny Drummond
Apartment 2
277 Arbutnot Street
Winnipeg, MB
R3M 2P8
jm_drummond@hotmail.com

Why? (Why not!)

If you are thinking about running (even a little bit), I sincerely encourage you to give it a try.
Good luck!

(“WCC at Dalhousie College of Pharmacy” continued from page 3)

From the initial stages of developing this program, there has been tremendous support from the Pharmacy Associations, Lawtons Drugs & Sobeys Pharmacy, faculty and students alike. A committee comprising the Director of the College Rita Caldwell, faculty member Sue Sampson and two students -- DSPS President Phil Doiron and DSPS VP Craig Connolly - researched programs developed for the colleges in Toronto and Alberta as well as those currently taking place at American colleges and held meetings over the spring and summer to develop and implement the ceremony for approval. The enthusiasm shown by our partners in this endeavor has been rewarding to all of us involved in seeing this project through. The faculty, staff and students would like to thank Lawtons/Sobeys, PANB, PANS and PAPEI for their generous sponsorship of this important and innovative event.

In deciding to institute a ceremony of this nature, we are hoping to instill a sense of pride within the incoming class, along with an acknowledgement of the commitment they are making by joining a professional program. From this point forward they will have professional responsibilities to their patients, something which they will find infinitely rewarding throughout their career. Although this ceremony lasts only one evening, we hope it will not only serve as a celebration for new pharmacy students and their families, but also set the standard for a long and ultimately fulfilling career.

Phil Doiron & Craig Connolly
Dalhousie University

(“Pharmacy: More Than Just Pills” continued from page 3)

Everyday, numerous new medications are made available to the public. Whether through the influence of television, or just by word of mouth, people are encouraged to try various medicines for which complete pharmaceutical information may not be readily available. Pharmacists, or “druggists”, are known by all other medical professionals to be drug specialists, possessing knowledge ranging from proper medication administration to possible drug interactions. For an individual who is taking numerous medications, the service of a pharmacist is extremely crucial. Being able to properly counsel the public on how and when to take each of their medications, the pharmacist offers optimum care to each individual patient and can prevent fatal mistakes.

“An ounce of prevention is better than a pound of cure.” Prevention is the key to our ailing medicare system. Not only will pharmacists provide the most suitable medication to the patient, they may also recommend and provide the most cost efficient treatment for each individual patient. Furthermore, health clinics on topics such as blood pressure, cholesterol, blood glucose, and osteoporosis screening are often available to the public and usually free of charge. Pharmacists act as educators and help provide useful knowledge to those who may be at risk and keep them informed with the most up to date information. Proper education empowers patients to take an active role in managing their own health.

Everyday, more and more medications are available to the public, and as a trained medical expert, the pharmacist is ready to help protect each individual’s well being. The role of pharmacists in the health care system is crucial, and today it means simply more than just pills.

Carey Lai
University of Manitoba

Amendment to Legal Status of Levonorgestrel

On May 25 of 2004, Health Canada proposed an amendment to the Food and Drug Regulations. This amendment would remove levonorgestrel in dosages of 0.75 mg from Schedule F. Along with other groups, CAPSI shared their input during the consultation period on this subject.

For those students who may have forgotten, or for those in first year, the following is a brief summary of the main points to know about levonorgestrel and its legal status.

- 1) Levonorgestrel is a progestin used in certain contraceptives such as Alesse, Min-Ovral, Ovral, or Triphasil. Levonorgestrel is also available alone -- without oestrogen -- in Plan B as 0.75 mg tablets.
- 2) To strongly reduce the risk of pregnancy, a patient must take two 0.75 mg levonorgestrel tablets 12 hours apart, as soon as possible after unprotected sexual intercourse (maximum of 120 hours after intercourse). The two doses of levonorgestrel will prevent or delay ovulation. This is called Emergency Contraceptive (EC).
- 3) It is possible that other mechanisms -- such as inhibiting the transportation of the ovum, interfering with fertilisation, preventing the implantation of the ovum, impeding sperm movement, and interfering with the function of the corpus luteum -- also support the drug's effect.

Currently levonorgestrel is classified under Schedule F in the Food and Drug Regulations (federal regulation). This makes it mandatory to place it in Schedule 1 of the provincial formularies, that is to say, it is a drug sold under prescription. In British Columbia, Saskatchewan and in Quebec, pharmacists have the right to prescribe this medicine according to certain protocols. If it is excluded from Schedule F, levonorgestrel will no longer be sold under prescription, and it will then be up to the provinces to determine its status.

Health Canada is currently in a consultation period regarding this amendment proposition. As such, CAPSI took a position in favour of excluding levonorgestrel from Schedule F. The main reason that compels us to support this amendment is the resulting increased accessibility of this treatment, which in our estimation will be beneficial to society. Once levonorgestrel can be distributed without a prescription, women will be able to obtain emergency contraception in a timely manner since an appointment to see their doctor is no longer necessary. This will facilitate access to the drug, especially during evenings, weekends, and holidays when it is difficult to access medical clinics. There will also be the added advantage of avoiding unnecessary medical consultations since they can be handled by pharmacists. We should also consider the fact that this drug treats a problem that is easy to diagnose, since it can be done based on the patient's history, and that its use is considered safe (nausea in 25% of cases, vomiting in 6% of cases, and altered menstrual cycle in the majority of cases; more rarely, dizziness, uterine bleeding, headaches, migraines, cramps, fatigue, sore breasts).

*women will be able
to obtain emergency
contraception in a timely
manner*

Finally we cannot help considering this new regulation as an opportunity for pharmacists. It gives us the chance to be responsible for a new drug, allowing us greater intervention in the area of sexual health, sexually transmitted diseases and pregnancy. The discussions we have had lead us to believe that students are ready as well as motivated to take on this new responsibility.

CAPSI has nonetheless identified some problems concerning this legal amendment. First of all, we know that any drug of the provincial

Schedule 2 (as with any other drug) must be distributed with adequate consultation and advice. This is true for all drugs, but even more so for this one. Mechanisms must therefore be put in place to ensure that a complete consultation precedes the distribution of levonorgestrel. This leads to a more generalised issue -- that of organising the work, since pharmacists must have the time and physical space for this type of consultation. As an integral part of the consultation, documenting these interventions will also be very important, even if it's only to pinpoint those patients with problematic usage habits (usage on a regular basis) and to carry out effective interventions for these patients. The moral and ethical aspects must also be considered. Using or serving EC's is against the values of some pharmacists. This decision must be respected. If pharmacists become responsible for EC's, then an exemption mechanism must exist for those who don't want to dispense them.

A number of groups, amongst them CPhA, have already submitted documents on this topic. The majority of these submissions are parallel to CAPSI's. They consider that the access to levonorgestrel without prescription is advantageous for society, and that pharmacists are ready to assume this new responsibility. Most cases of reticence involve, above all, ethical and moral concerns, which is quite normal regarding such a sensitive subject. The consultation period for this subject ended at the beginning of August. CAPSI will therefore follow this project as it develops. If you are interested in doing the same, I invite you to visit Health Canada's website (1272 - Levonorgestrel).

François P. Turgeon (IV)
VP Interdisciplinary Affairs
Université de Montréal

Contraception Orale d'Urgence : Manuel d'autoformation à l'intention des pharmaciennes et pharmaciens. Montréal: Direction des communications du Ministère de la Santé et des Services Sociaux [Communications Branch, Department of Health and Social Services]; 2002. 82p.

Pharma Trivia

1) In 1886, what did pharmacist John S. Pemberton develop as an "esteemed brain tonic and intellectual beverage" for the treatment of headache and tiredness?

- a) Espresso
- b) Coca-Cola
- c) Root beer

2) How much alcohol is needed to induce alcoholic liver disease?

- a) a "6 pack" every weekend
- b) a beer everyday
- c) a bottle a wine everyday

3) _____ dispensed healthful advice through his "Poor Richard's Almanac", including "An ounce of prevention is worth a pound of cure" and "An apple a day keeps the doctor away."

- a) Benjamin Franklin
- b) Paracelsus
- c) Leonardo Da Vinci

Answers: 1) b. 2) c. 3) a.
Related Links:
<http://www.mipharm.com/consumers/funfacts.html>
<http://www.who2.com/famouspharmacists.html>

A Breath of Fresh Air

This past June, the government of Toronto finally finished what it had started five years ago. Beginning midnight on June 1, all Toronto bars, billiard halls, and casinos became smoke-free, thus completing the third phase of the city's No Smoking By-law, first passed in 1999. The first phase applied to all workplaces, while the second phase required all restaurants to be smoke-free by June 2001. Although the results of these regulations will become more apparent as the years progress, it is clear that, with the implementation of all three stages of the by-law, Toronto residents and employees can now breathe a little easier. With the massive (and ever growing) body of research on the direct and indirect negative effects of cigarette smoke, the city of Toronto should be commended for its part in reducing the amount of smoke that Torontonians face in public places, and consequently helping its citizens lead healthier lives.

While very positive on its own, Toronto's by-law most importantly sheds light on the state of other Canadian cities. According to the Canadian Council for Tobacco Control, in all of Canada there are only 88 municipalities with by-laws requiring smoke-free restaurants and only 43 cities with similar by-laws applying to bars. These numbers are evidence that there is a serious problem in this country. As one of the best nations in

... there are only 88 municipalities with by-laws requiring smoke-free restaurants

the world in which to live, Canada should also be thoroughly smoke-free. There is no reason why *all* Canadians should not be able to breathe fresh air in restaurants and other public places.

Currently there is a group called Physicians for a Smoke-free Canada that advocates for this cause, while there is no equivalent pharmacist group. However, as front-line health care professionals, pharmacists have a responsibility to ensure that all Canadians live as healthy a lifestyle as possible; this includes guaranteeing Canadians the ability to go to a public place without worrying about inhaling second-hand smoke. It is important that pharmacists become more involved in health promotion and join forces with other health care providers to support and promote a smoke-free Canada. Only then, would Canadians get the fresh air that they deserve.

Mayce Al-Sukhni
University of Toronto



Wyeth

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Update from IPSF



Greetings from IPSF!

This year, Canada was very privileged to host the 50th IPSF Annual Congress in Halifax from July 25 - August 3, 2004. It was the largest congress in IPSF history as over 300 delegates from over 30 countries attended the conference!

I must admit it was very daunting at first, not knowing many people, nor understanding their native languages (not to mention how bewildered I was when IPSF'ers suddenly began chanting the IPSF "Vive la pharmacie" song). However, after a very warm photo scavenger hunt, I began to learn more about the other students and the unique practices of pharmacy in their home country. Interacting with these future pharmacists, I gained a broader perspective on the diverse roles that pharmacists play around the world. Yet, despite the wide variety of roles, it was very encouraging to see that we were all united by our common drive to improve pharmacy practice.

The congress consisted of a number of seminars and symposiums, as well as several general assemblies in which member organizations met

to discuss what has happened with IPSF over the last year and the direction of IPSF in the coming years.

The educational seminars focused on the topic of Teaching and Technology. Dr. Ian Bates and Dr. Catherine Duggan from the University of London, and Dr. Zubin Austin from the University of Toronto discussed some of their ideas on pharmacy education and the use of technology therein. I personally found Dr. Bates' lecture to be particularly interesting, especially now when pharmacy education is being revised in many Canadian universities. Dr. Bates challenged students to evaluate the pharmacy curriculum at their faculty, in particular, the balance between clinical practice and the science of pharmacy. In recent years, pharmacy education has evolved to become more inclined towards clinical aspects, arguably at the expense of a more extensive scientific background. Dr. Bates therefore advocated an education system designed to provide students with the scientific basis for understanding future breakthroughs, together with the idea of self-directed learning. By adopting this system, students can hone the skill

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of self-learning that will allow them to quickly adapt their future practices to new information and developments.

I feel that Canadian universities have already begun moving towards this system, focusing our educational experience on building scientific and clinical foundations that will allow us to rapidly respond to new advancements, and more importantly relate these advancements to our patients. I am confident that Dr. Bates' lecture will not go unnoticed, and I sincerely hope that we continually strive to improve our education to develop better pharmacists around the world.

During the scientific symposium, Ms. Roseanne Curie and Ms. Adele Kaminski explored the role of pharmacists in public health, citing the Walkerton water contamination incident as an example. Being very prominent in the community, pharmacists are ideally situated to monitor public health. In the Walkerton incident, for instance, pharmacists were one of the earliest health care professionals who noticed a possible widespread problem because of the increase in anti-diarrhea medications prescribed. When the contaminated water source was finally discovered, pharmacists were again crucial in public health, counseling patients on how to protect themselves from the harmful bacteria. However, I found Curie's personal recount most moving as she shared her experiences, not just as a pharmacist, but as a citizen and mother as well. Although pharmacists play an important role in public health, I found Ms. Curie's presentation to be a vivid reminder that pharmacists also play a strong role in embracing and supporting the community during a crisis as well.

During the evenings, many social events were planned to help us get to know our international colleagues better. The International Night was exceptional, with each of the various countries showing off their traditional clothing, dances, and songs, just to name a few things! Canada exhibited her diverse heritage with a fine dinner at Pier 21, a historic arrival building in which countless immigrants began their journeys into Canada. And of course, no visit would be complete without an excursion to Peggy's Cove and a pub crawl through Halifax downtown! The Neema Night/Development Fund auction was great fun, with each country bringing some of

their most treasured items to be auctioned for the Development Fund. In total, over \$6000 was raised, and many individuals, including CAPSI President Carey Lai, took home some eclectic items!

Ultimately, I have to say that my experience at the congress was truly incredible. It was so uplifting to see our many different cultures, languages, and experiences united together for the common goal of pharmacy development. Furthermore, I learned so much from the seminars and the individuals that I met there. The knowledge, ideas, and experiences shared through this congress have certainly expanded my views on what pharmacy is and what pharmacy can be! I strongly encourage you to consider attending one of the future conferences: it is truly an amazing experience! I am eagerly looking forward to re-acquainting myself with my international colleagues and discovering how pharmacy practice will have evolved at the next IPSF Annual Congress in Bonn, Germany in August 2005.

Until then: Vive la pharmacie!

Jason Wong
IPSF Liaison
University of Alberta



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or visit the IPSF website at <http://www.ipsf.org>**



...SEP makes the world of pharmacy go round



Special contribution from... Brazil

Integration of Health Students for Eradication of a Disease

Prof. Dr. Gilberto Fontes, a pharmacist, is currently heading a research project whose main goal is to eradicate filariasis (a parasitic infection) in Maceió. This project is financially supported by WHO, OPAS, the Brazilian government and the university; it was started 10 years ago and has now almost reached its objective: the prevalence of this disease has dropped from 5% down to 0.1% in this period.

Students of pharmacy, medicine, nursing and biology are the project's main engine; they diagnose and treat the patients, and they conduct research on the disease. The integration of students is crucial for this project, because they bring together specialized knowledge from their respective fields of study. It is also a great opportunity for them to apply classroom knowledge in a real world setting.

In the morning, the "Agentes Comunitários de Saúde" (Community Health Agents) register the patients, recording their name, age and address. Subsequently, they give this information to the laboratory and prepare everything they need for the examination. Every night the students examine about 100 patients, collecting some drops of blood from the finger and then preparing them to be checked the following day. The examination begins at 10PM due the microfilaria nocturnal periodicity.

There are only 3 districts in Maceió where patients infected with filariasis can be found: Jacintinho, Feitosa and Pitanguinha. The problem

with these districts is a river that crosses them, because it's an excellent place for mosquitoes to reproduce. A study was conducted to check if there is contamination of other districts but none was found.

The pharmacy students also visited infected patients to provide pharmaceutical treatment for them. The patient must first take albedazole before finishing with diethylcarbamazine, because the latter alone will only irritate the worm *Ascaris lumbricoides* (**ascariasis**), causing further clinical complications.

65% of students working on project are from pharmacy program. The reason is that pharmacy students are more flexible in laboratory and field work

The medical students check the clinical aspects of elephantiasis, examining the legs, arms, breasts and scrotum, avoiding their chronic aspects. Biology students study the biological aspects of the disease, looking at the different stages of the worm's growth.

Every student receives a certificate that is included in their university's curriculum vitae, and the best students working on the project also have to write papers for publication in scientific journals. WHO liked the project so much that they asked Dr. Fontes to implement it in other countries, like Haiti.

Rodger Rocha
Universidade Federal de Alagoas.
Maceió – AL, Brazil.

Write and Win!

Write an article for CAPSIL and you can win \$50! For each issue of CAPSIL, one student submission will be selected to win the cash prize. Please forward all submissions to the Capsil Editor (capsil@capsil.ca) or your local CAPSI representatives. The deadlines for 2004-2005 submissions are as follows: Issue 1: December 12, 2004 & Issue 2: February 20, 2005.

What to Submit: You can contribute to CAPSIL in many, many ways. Tell us about your school and what's going on at your faculty. Send us pictures of events you've held to promote our profession. Got something to say about an article that's been published or current pharmacy issues? Share your thoughts on the Opinion Corner. Don't forget that you can also contribute to the Career Page by writing about your own work experience. As you can see, there's a lot to write about. So type away! We'll be waiting for your submissions!

Canadian Drugs “promised” to American Voters

“The Kerry-Edwards plan will reduce prescription drug prices by allowing the re-importation of safe prescription drugs from Canada”. These words are found on the John Kerry website and were reiterated in his speech at the democratic national convention in Boston. Now that we are part of the democrat’s platform, Canadians and particularly the pharmaceutical community may want to pay close attention to how such election promises unfold.

Currently, the Food and Drug Administration (FDA) in the US has banned states from setting up any kind of drug-reimportation program. Until worries about counterfeit medications and adverse events can be alleviated by studies, the FDA believes large scale importation would be unsafe. However, thousands of Americans are already privately buying their maintenance medications via internet pharmacies from countries like Canada. Kerry’s promises would increase this flow of drugs, and consequently the problems for Canadian patients will rise as well. I hope Mr. Kerry has a good plan for increasing such drug imports because it sure wasn’t explained in the Health Care Plan presented on his website. Nor has he addressed any of the problems that currently exist with cross-border drug trade and how he plans to remedy them. What he has done, amongst his many heroic Vietnam military references, is throw out a one liner that will hopefully draw a few votes from those who are ignorant to the feasibility of John/John’s drug import fantasy. Now, although this may seem like republican propaganda, I assure you it is not. I would probably give Mr. Kerry my support if I had a vote because I believe this election gimmick will not play out as promised. This article highlights the fact that as pharmacy students we need to consider the effects a Canada-US cross-border drug trade may have on our careers and future patients.

Canada’s pricing controls make our drugs attractive products for the virtual cross-border prescription drug cartel (bigger than anything you’ve seen in an Al Pacino movie). An estimated 1 billion dollars worth of prescription drugs flow into America from Canada each year. John Kerry, implying that he will work to ease laws on the importation of drugs from the north, may allow states and private insurers to start implementing large scale drug import programs from abroad. More and more Americans will then wave goodbye to their expensive medications from American retailers and would opt for a supply of cheaper prescription drugs from Canada. The first victims in this situation would be those poor pharmaceutical companies. When their profits start to sink, they will take Canadian patients down with them by limiting drug supply to the Canadian retail industry. Drug shortages are already becoming a problem in Canada, and increasing exports of medications that were originally intended for Canadian patients will exacerbate the problem. Companies such as Pfizer, Eli Lilly, and GlaxoSmithKline are already limiting their Canadian shipments. Canadian research and development, and the release of new drugs in Canada, would also be curbed in order to slow down profit losses, which would lead to more suffering for Canadian patients. This certainly cannot be an option for Canadians.

But let’s say one day, manufacturers and governments of both countries miraculously came to a compromise. What about, for example, limiting the amount of drugs that can be shipped to those Americans who don’t qualify for any other coverage? Or implementing an American tax on imported medications to bump the price closer to that of mail-order pharmacies that operate within the States? Canadian internet pharmacies could work with American insurance providers and act as competition to pharmacy benefit managers so that drugs in the States may become more reasonably priced. Now, I could keep laying out this off the top of my head, but soon you will realize that it is both an administrative

and a regulatory nightmare. The last thing the American health care system needs is more bureaucracy. The administrative work of healthcare in America is already a terrible ordeal for healthcare professionals and patients. Solutions to this problem would undoubtedly require more of what I call “paper monsters” -- the same monsters that are starting to increase in Canada (eg Limited Use forms and insurance formularies), and that will surely continue to grow as roaring drug costs are trying to be tamed.

This issue is a side effect of the bigger problem of rising healthcare costs, which is of an even larger magnitude for our southern neighbours. The main difference between our nations is that the balance between welfare of citizens and profits for industry is more in favour of the former in Canada. Socialist healthcare and profits balance better here than in the States, and if more Americans jump on our side of the teeter-totter in the prescription drug realm, the manufacturers will fly right off. One forward direction to take would be to expand and develop the generic industry and promote more competition between generic and brand companies in the US. The US government should look to Canada as a model for solving their healthcare problems instead of using Canadian internet pharmacies as a Band-Aid. Healthcare professionals, governments, patients and industry in both countries need to work together to implement comprehensive solutions to this complex problem.

If you would like more information on this topic or would like to get involved please register at www.safecanadianmeds.com or visit www.importationconference.com

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Notes:

¹ Medical insurers in the States use American based mail-order pharmacies to buy cheaper maintenance drugs due to a bigger buying power and less overhead that these prescription factories have.



PDW 2005 - Québec City



Interdisciplinary Practice

Greetings everyone! PDW 2005 is quickly approaching and the students at Laval University in Quebec are anxiously waiting for YOUR arrival! We'll be at the Hilton Quebec on January 19th 2005 to greet all delegates! See you soon!

PDW 2005 executive committee