

January 12th, 2017

The Honorable Jane Philpott M.P.
Health Canada
Address Locator 0900C2
Ottawa, ON
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Copy to: Provincial Ministers of Health & Federation of Medical Regulatory Authorities of Canada

RE: Pharmaceutical marketing and their conflicts of interest in Canada

Dear Minister Philpott,

Get Prescription Drugs off the Street Society (www.gpdots.com) and Mom's Stop the Harm (www.momsstoptheharm.com) are writing to encourage both the Federal and Provincial Governments to examine the current relationships between the pharmaceutical industry, medical communities and regulatory agencies within Canada.

Moms Stop the Harm (MSTH) is a network of Canadian mothers and families whose loved ones have died due to substance misuse. Our network calls for an end to the failed war on drugs. We envision a new approach based on reducing harm, where people who use drugs are treated with respect, compassion and support. Get Prescription Drugs off the Street Society is a group of concerned citizens and professionals who have been impacted by the use of prescription drugs (mostly opioids) in a variety of ways. The opioid epidemic is multifaceted and we recognize this. We work with our professional consultants to lobby for change in the fields of medicine, pharmacy, enforcement, and education.

Our groups are concerned about the conflicts of interest that are evident in the pharmaceutical industry, particularly opioid manufacturers, and the promotion of their products. The influence pharmaceutical companies have on our physicians, prescribing guidelines and regulatory bodies is troubling. Get Prescription Drugs off the Street Society and Mom's Stop the Harm are writing to encourage both Federal and Provincial Governments to seriously consider examining the current relationships between the pharmaceutical industry, medical communities and regulatory agencies within Canada.

Minister as you know, OxyContin was approved for introduction into the Canadian market by Health Canada in 1996. Since OxyContin's approval and aggressive marketing campaign rates of opioid addiction, overdose, and death have soared. While OxyContin is not the only prescription opioid contributing to deaths and addiction in Canada, Purdue Pharma's aggressive

marketing campaign and involvement in physician education is a clear example of how physicians can be influenced to prescribe products that may not be beneficial to their patient. In the United States, Purdue Pharma and three current and former executives pled guilty in 2007 to criminal charges that they misled regulators, doctors and patients about the drug's risk of addiction and its potential to be abused.ⁱ Although their product was marketed very similarly in Canada we have yet to see accountability on the part of Purdue Pharma and other opioid manufacturers who were misleading regarding the risks of their product.

When pharmaceutical companies such as Purdue overstate their product's benefits while minimizing the risks, physicians prescribing can unintentionally cause harm to their patients. Doctors who are not prescribing with good intentions also have the resources to defend their prescribing practices with pharma influenced prescribing guidelines or educational material. Each of the described prescribing scenarios often end in patient harm or diversion.

You can find Purdue Pharma and other opioid manufacturer's influence across Canada in a variety of ways.

The Canadian Guideline for Safe and Effective Use of Opioids for Chronic Non-Cancer Pain Advisory Panel consists of 49 physicians, 17 of which have financial disclosures from Purdue Pharma. One physician disclosed 1 million dollars in competing interests, \$200,000 directly from Purdue Pharma in relation to Financial/Material Support for operating costs of a Pain Clinic.ⁱⁱ These guidelines also include an "opioid risk tool" to assist Canadian doctors in assessing a patient's risk if they are prescribed opioids. This tool was developed by Dr. Lynn Webster.ⁱⁱⁱ Dr. Webster came under DEA investigation in 2013 after 20 opioid overdose deaths occurred at his Utah Pain Clinic^{iv} In addition Dr. Webster was also investigated in 2012 by the Senate Finance Committee for payments made to him from opioid manufacturers.^v These details of our Canadian Guideline for Safe and Effective Use of Opioids for Chronic Non-Cancer Pain seem to be overlooked but are extremely troubling when these documents are recognized as "evidence based" and used by doctors across the country to prescribe opioids.

The University of Toronto pain management curriculum was criticized and investigated in 2010 after a complaint that students were provided a book by a lecturer who is member of Purdue's speaker's bureau. The book "Managing Pain: The Canadian Health Care Professionals Reference" was copyrighted by Purdue Pharma. The public also learned from 2002 to 2006, the pain course was funded by donations, including \$117,000 in unrestricted educational grants from four drug companies Merck-Frosst, Purdue Pharma, Pharmacia Canada and Pfizer.^{vi}

A study published in 2013 reported the majority of Canadian medical schools (12 of 17) have generally weak or non-existent COI policies "The faculty and student relationships with industry are very poorly regulated," said study author Adrienne Shnier, a PhD candidate at York University's School of Health Policy and Management. "This means that industry has the ability to influence the resources that are provided to medical students, and influence the information that is taught to medical students."^{vii}

Dr. Navindra Persaud also expressed concern in a similar study stating “The management of conflicts of interest is particularly important for controversial clinical topics where marketing has the potential to shape the later practices of medical students in the absence of a clear evidence base. A notable example is the use of opioids for the management of chronic non-cancer pain. Recent guidelines have highlighted the morbidity associated with chronic pain and the lack of evidence supporting the use of opioids for this indication.”^{viii}

Minister as you know, on October 30th 2013, the House of Commons Standing Committee on Health agreed to undertake a study on the federal government’s role in addressing prescription drug abuse

The Committee heard that:

- Due to an overall lack of control systems in place regarding the marketing of pharmaceuticals in Canada, physicians faced some fraudulent and aggressive marketing practices from some of the manufacturers of these drugs, which led to inappropriate prescribing practices. Consequently, one witness recommended that a “firewall” be put in place between industry, prescribers and patients
- In Nova Scotia, prescription opioids contributed to 74% of overdoses between 2007–2012.
- In Ontario, admissions to publicly funded substance abuse centres rose by 129% between 2004 and 2011. In Nova Scotia, there was a 112% increase over this period in the number of people undergoing withdrawal management for opioid dependency.

After listening to testimony the committee made several recommendations, one being Health Canada review, in cooperation with stakeholders, inappropriate marketing practices that have an effect on prescribing practices. We would like to know if this review has been conducted and if so what was the outcome?

Over the past few years the landscape of the opioid epidemic has changed drastically due to government and stakeholder’s hesitation to act. The prescription opioid epidemic which skyrocketed over the last decade created a huge market of opioid dependent people which organized crime decided to capitalize off of with the introduction of illicit fentanyl.

In Alberta from January to September 2016 there were 338 opioid overdoses 193 of these deaths (57%) were related to fentanyl and 145 (43%) were related to an opioid other than fentanyl. 49% of the people who died from an opioid overdose other than fentanyl filled an opioid prescription within 30 days of their death and 17% were under medical care for pain. ^{ix}

We need to ensure that people do not continue to be unnecessarily exposed to opioids via our healthcare system and we have adequate treatment resources for those already using in hopes to reduce the demand for opioids which organized crime is now so eager to help feed.

The Federal Government and Provincial Governments have made commitments on a variety of levels to address the opioid epidemic. Although there is one key message throughout the

governments many initiatives that is often lost or ignored: patients do not need to “abuse” opioids to have a negative outcome especially when prescribed for chronic non cancer pain. With the current pharmaceutical marketing practices and prescribing guidelines patients are having negative outcomes in opioid therapy simply by taking their medication as prescribed. Until that fact is acknowledged not only will irresponsible prescribing continue to occur but so will deaths, overdose, addiction, and stigma.

To conclude, Get Prescription Drugs off the Street Society and Mom’s Stop the Harm encourages both Federal and Provincial Governments to seriously consider examining the current relationships between the pharmaceutical industry, medical communities and regulatory agencies within Canada. Legislators must establish better policies to protect doctors, patients, and the public from being influenced by aggressive and fraudulent marketing practices. The Canadian Government must first acknowledge that prescription drugs such as opioids are not always safe as prescribed and harmful exposure to opioids could be minimized by improving the regulation of pharmaceutical marketing. Pharmaceutical companies who fraudulently marketed opioids should be held legally accountable and any fines paid be used for addiction treatment and harm reduction initiatives.

Thank you for your time and we look forward to further discussion.

Sincerely,



Amy Graves
President



Petra Shultz
Co-Founder & Leadership Group Member



MOMS STOP THE HARM
www.momstoptheharm.com

References

ⁱ In Guilty Plea, OxyContin Maker to Pay \$600 Million

http://www.nytimes.com/2007/05/10/business/11drug-web.html?_r=0

ⁱⁱ Canadian Guideline for Safe and Effective Use of Opioids for Chronic Non-Cancer Pain
Appendix A-3: National Advisory Panel (NAP)

http://nationalpaincentre.mcmaster.ca/opioid/cgop_a_app_a03.html

ⁱⁱⁱ Canadian Guideline for Safe and Effective Use of Opioids for Chronic Non-Cancer Pain
Appendix B-2: Opioid Risk Tool

http://nationalpaincentre.mcmaster.ca/opioid/cgop_b_app_b02.html

^{iv} Deaths Trigger DEA Probe of Pain Specialist

<http://www.medpagetoday.com/Neurology/PainManagement/37441>

^v Senate Finance Committee Investigates Rise in Prescription Opioid Use

http://www.painmedicineneews.com/ViewArticle.aspx?d=Guest%2BEditorial&d_id=351&i=July+2012&i_id=866&a_id=21263

^{vi} U of T revising pain course over pharma influence concerns

<http://toronto.ctvnews.ca/u-of-t-revising-pain-course-over-pharma-influence-concerns-1.589078>

^{vii} Big Pharma meets weak resistance at Canadian medical schools: study

http://www.thestar.com/news/gta/2013/07/04/big_pharma_meets_weak_resistance_at_canadian_medical_schools_study.html

^{viii} Questionable content of an industry-supported medical school lecture series: a case study

<http://jme.bmj.com/content/early/2013/06/10/medethics-2013-101343.full.pdf+html>

^{ix} Opioids and Substances of Misuse Alberta Report

<http://www.health.alberta.ca/documents/Opioids-Substances-Misuse-Report-2016-Q3.pdf>