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Chair

Mrs. Joy Smith

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● (1530)

[*English*]

The Chair (Mrs. Joy Smith (Kildonan—St. Paul, CPC)): Good afternoon, ladies and gentlemen. I want to welcome all of you to the health committee. I want to especially welcome our guests today.

We are studying the government's role in addressing prescription drug abuse.

We have four witnesses from the Department of Health.

We have Robert Ianiro, director general, Controlled Substances and Tobacco Directorate, Healthy Environments and Consumer Safety Branch. My goodness, that's a long title and a lot of responsibility. Welcome.

We have Sandra Bruce, director general, Non-Insured Health Benefits Directorate, First Nations and Inuit Health Branch. Welcome.

We have Debra Gillis, acting director general, Interprofessional Advisory and Program Support, First Nations and Inuit Health Branch, Health Canada. Welcome.

We have Dr. John Patrick Stewart, senior executive director, Therapeutic Products Directorate. Welcome.

It's my understanding that we have one presenter today. Usually we allot five to seven minutes per person, but today I will give you twenty to twenty-five minutes, Mr. Ianiro. I know the committee is very anxious to hear what you have to say.

[*Translation*]

Mr. Robert Ianiro (Director General, Controlled Substances and Tobacco Directorate, Healthy Environments and Consumer Safety Branch, Department of Health): Thank you, Madam Chair, for the opportunity to appear before the Standing Committee on Health to speak to this important issue.

My name is Robert Ianiro, and I am the director general of the Controlled Substances and Tobacco Directorate in the Healthy Environments and Consumer Safety Branch of Health Canada.

[*English*]

I am with several of my colleagues, all of whom are responsible for programs that collectively support the government's ongoing efforts to protect Canadians against the risks associated with prescription drugs.

Dr. John Patrick Stewart is the senior medical director in the Health Products and Food Branch and is able to speak to Health Canada's role in establishing and maintaining prescription drug accessibility while decreasing the risk of abuse associated with certain drugs.

I am also joined by Ms. Debra Gillis and Ms. Sandra Bruce, both directors general from the First Nations and Inuit Health Branch, who are able to speak to the range of activities under way to protect and promote the health of first nations and Inuit.

[*Translation*]

As committee members will be aware from various media reports and other sources, prescription drug abuse is a public health and safety issue in many areas across the country. It has been marked by increases in rates of consumption and, in many cases, addiction and death due to overdose. While there is little national-level data on prescription drug abuse presently available in Canada, there is growing evidence of the nature and scope of the problem.

[*English*]

You have probably heard media reports about OxyContin and fentanyl. These drugs are potent opioids frequently used for the relief of moderate to severe pain. According to the International Narcotics Control Board, Canada is currently the world's second largest consumer of opioids per capita, second only to the United States.

Opioid pain relievers have been used for the treatment of cancer pain and in palliative care settings for many years. However, in the 1990s, these drugs started to be marketed for treatment of chronic non-cancer pain, like back pain and arthritis. OxyContin quickly emerged as one of the top prescribed opioids for pain management. Unfortunately, OxyContin became very popular for non-medical use due to the euphoric high that users obtain by crushing and injecting this drug. Shortly thereafter, communities began reporting public health concerns related to the abuse of OxyContin, as well as public safety concerns related to its diversion from legal sources to the illicit market.

There is growing evidence that prescription drugs have become popular among youth, and that they increasingly represent a path to addiction for both youth and adults.

● (1535)

[*Translation*]

There is growing evidence that prescription drugs have become popular among youth, and that they increasingly represent a path to addiction for both youth and adults. According to the most recent Youth Smoking Survey, prescription drugs are now the third most commonly used group of substances among Canadian youth, after alcohol and marijuana.

[*English*]

Several overarching factors contribute to the growth of this problem.

While Canadians understand the dangers involved with illicit drug use, there is not the same understanding of the harms related to prescription drugs. Prescription drugs are commonly perceived as safe. This misconception directly affects consumer practices on use, storage, and disposal of prescription medications.

The second factor relates to inappropriate prescribing practices. Prescribers, including those from the College of Physicians and Surgeons of Ontario, have acknowledged that their lack of knowledge and training for pain management has contributed to the growth of the problem. According to a Canadian study conducted in 2009 on curricula in health professional education, veterinary students receive five times the training on this subject than medical students.

[*Translation*]

As a result, some Canadians leave their physicians' offices with prescriptions for inappropriate or excessive quantities of powerful medications without proper information about these drugs, and without the appropriate follow-up from their healthcare team.

[*English*]

As a consequence, the demand for treatment for opioid dependence has increased in many jurisdictions. In Ontario, admissions to publicly funded substance abuse centres rose by 129% between 2004 and 2011.

Finally, lack of awareness of safe storage and disposal practices is an important driver. There is evidence that the home represents a common point of access to medications for abuse for many Canadians. Many unused and expired medications remain in unlocked medicine cabinets, making them vulnerable to diversion and abuse.

For example, the results from the 2011 Ontario student drug use and health survey indicated that 67% of youth in Ontario who reported misusing prescription drugs obtained them from within the home as a result of a prescription from a family member.

Effectively combatting prescription drug abuse requires a coordinated and comprehensive response across a broad range of sectors.

Federal, provincial and territorial governments share responsibility for addressing prescription drug abuse. The provinces and the territories are responsible for the delivery of health care services, which includes providing treatment services, and through regulatory colleges and licensing bodies for establishing training requirements and practice standards for health professionals.

This point is reinforced in the recent national prescription drug abuse strategy developed by the Canadian Centre on Substance Abuse, called First Do No Harm.

[*Translation*]

Provinces and territories have expressed willingness to collaborate with Health Canada to address the issue. Early opportunities for collaboration to support better collection and sharing of information, and improve prescribing practices, were recently endorsed by federal, provincial and territorial ministers of health this past October.

● (1540)

[*English*]

Health Canada's role in preventing prescription drug abuse supports that of the provinces and the territories. This is realized through our role as a regulator under the Food and Drugs Act and the Controlled Drugs and Substances Act, and as a service provider for first nations and Inuit.

I will take a few moments now to speak about Health Canada's role in ensuring the overall safety of drugs on the market, including safeguards that are in place to promote proper use. Under the Food and Drugs Act and its regulations, a new drug will be issued market authorization if, after a risk-based decision-making process, Health Canada determines that the drug demonstrates an acceptable level of safety, substantial efficacy, and high quality.

The regulations require that a manufacturer file a new drug submission with substantial data to support the safety, efficacy, and quality of the drug for its intended use.

[*Translation*]

Based on the information submitted, Health Canada scientists determine whether the data meet the current standards to support approval and whether a drug should only be available through a doctor's prescription.

[*English*]

Information on addiction and abuse potential is taken into consideration during the review process. If a drug has a significant risk of addiction and/or abuse, substantial data supporting the efficacy of the drug must be shown in a serious condition, such as severe pain, to justify the risks.

Additionally, through the approval of the final product monograph, information on the potential for addiction and abuse is communicated to health care providers and consumers. Physicians are advised to prescribe and handle such drugs with caution, assess patients for their clinical risks for abuse or addiction prior to prescribing the drug, and routinely monitor patients for signs of addiction and abuse.

The product monograph further contains information for the consumer about the dangers of a drug with addiction and abuse potential. Patients are advised to take the medication only as indicated by the treating physician, to tell their doctor if they have questions or concerns about addiction or abuse, and to keep the medication safe, and to never give it to anyone else as it may be abused and cause serious harm, including death.

Manufacturers may also be required to implement a specific risk management plan as a condition for approval. Such plans may include monitoring of events related to abuse and addiction once the drug is on the market, as well as education materials for health care professionals and patients.

Once a drug is on the market, Health Canada monitors its safety through surveillance of serious side effects reported within and outside Canada. As new information becomes available about side effects, the product monograph is updated to inform physicians and patients about the new safety information. The risk management plan can also be altered to address changes in risks, or a drug can be removed from the market if experience with the drug shows that its benefits no longer outweigh its risks.

Several drug classes, such as opioids, central nervous system stimulants and depressants, cannabinoids, and nicotine-like compounds are already well known to be potentially addicting and have abuse liability.

To this end, Health Canada put in place a guideline to assist manufacturers in conducting studies assessing whether a new drug produces acute effects such as euphoria, or drug-liking effects that could lead to addiction or abuse. Results of such studies are required to be included in drug submissions, and help guide benefit-risk assessments and decisions relating to drug approval, scheduling under the Controlled Drugs and Substances Act, prescribing information within the product monographs, information for the consumer, and risk management plans.

Through this work, Health Canada works to establish and maintain prescription drug accessibility, while decreasing the risk of abuse associated with certain drugs. Protecting the health of Canadians remains the primary concern. Public awareness among prescribers, dispensers and patients about the problems with drugs that are addictive or that could be abused promotes good medical practices, fosters dialogue, and more importantly, helps ensure patient access to effective medications while protecting them and others from the potential harms of these types of drugs.

● (1545)

[*Translation*]

I will now speak briefly to some of Health Canada's work to ensure that First Nations and Inuit have access to health services, including mental health and addictions programs, and to prevent prescription drug abuse in First Nations communities.

[*English*]

While there is limited data available, some first nations have reported significant challenges with the abuse of prescription drugs.

To respond to the serious problem of substance abuse, Health Canada invests approximately $92 million annually in addictions prevention and treatment programming. This investment includes funding to support a network of 55 treatment centres, as well as drug and alcohol prevention services in over 550 community-based prevention programs.

Of note, in 2013-14 Health Canada worked in close partnership with the Ministry of Health in Ontario as well as the Chiefs of Ontario, and invested $2 million to support first nations communities in Ontario where the problem of prescription drug abuse is most acute.

Health Canada's investments in addictions and treatment programs are part of a larger effort to provide first nations and Inuit with a comprehensive system of mental wellness services.

Health Canada also administers the non-insured health benefits program, NIHB. It provides coverage for a limited range of medically necessary goods and services, including prescription drugs, to eligible first nations and Inuit.

[*Translation*]

Over the last decade, the non-insured health benefits program has introduced a wide range of client safety measures to prevent and respond to potential misuses of prescription drugs to help ensure that First Nations and Inuit clients can get the medications they need without being put at risk.

[*English*]

Examples of these measures include sending automated real-time warning and rejection messages to pharmacies to alert them to situations of potential misuse when a client attempts to fill a prescription that requires a pharmacist's intervention before the claim can be processed. It also includes placing restrictions on the coverage of drugs of potential abuse, including those that present health risks or risk of diversion, and introducing dose limits that limit the amount of a particular drug that a client can receive per day.

To detect patterns of potential inappropriate prescribing and dispensing and other safety concerns, the NIHB program has a formal surveillance program called a prescription monitoring program, PMP.

Though the PMP was originally introduced in 2007 to focus on clients who have been double doctoring, it has since been expanded to address clients who are on high doses of one or more drugs of concern.

Clients whose drug utilization profiles indicate that they are at high risk of misusing certain drugs—opioids, stimulants, or benzodiazepines—are placed in the PMP. Clients listed in the PMP face restrictions in terms of the approval process for these drugs.

Since November 2012, the NIHB has been using the findings of the surveillance work to engage prescribers to gain insight into the reasons behind high doses of opioids and benzodiazepines, and work with them to impose restrictions, taper doses, and encourage the use of alternative non-opioid medications as appropriate.

Preliminary results of these initiatives indicate that the impact is positive. In the last 12 months the number of high-dose benzodiazepine clients has decreased by 36%, and the number of high-dose opioid clients has decreased by 7.5%.

● (1550)

[*Translation*]

Going forward, the non-insured health benefits program will continue to monitor the use of opioids and other drugs of concern. It will continue to adjust existing limits and introduce new restrictions and measures as appropriate.

[*English*]

NIHB will also continue to work closely with physicians, other prescribers, pharmacists, and other public drug plans in our efforts to ensure the safe use of prescription drugs among first nations and Inuit clients.

Madam Chair, I would like to close my remarks today by spending a few moments talking about the Controlled Drugs and Substances Act and Health Canada's role in the national anti-drug strategy.

[*Translation*]

The Controlled Drugs and Substances Act, or the CDSA, provides a legislative framework for the control of substances that can alter mental processes and that may cause harm to the health of an individual or to society when diverted to an illicit market or used illicitly. The CDSA has a dual purpose to protect public health and maintain public safety. It prohibits activities such as the production, sale and possession of substances such as opioids, unless authorized for legitimate medical, scientific or industrial purposes through regulations or exemptions. It includes offences and penalties that range from a fine to life imprisonment.

[*English*]

The CDSA has a number of regulations that are relevant to the discussion of prescription drug abuse. The regulations provide a framework to facilitate the use of prescription drugs for medical treatment.

Compliance and enforcement also form an important part of the drug control objectives of the CDSA. Health Canada is active across the regulated supply chain to verify compliance with the CDSA and its regulations.

For example, licensed dealers comply with regulations setting out reporting and record-keeping requirements, as well as security measures aimed at minimizing diversion. Pharmacists are required to maintain records of controlled substances purchased and are accountable for prescriptions dispensed.

[*Translation*]

As a final comment, I would like to highlight some of the lessons learned under the national anti-drug strategy, a strategy based on three key areas of action—prevention, treatment and enforcement—which I believe are informative in identifying actions to address prescription drug abuse.

[*English*]

Under this strategy, we have seen marked progress in discouraging youth from using illicit drugs and in supporting innovative treatment services for individuals addicted to illicit drugs.

For example, the government led a successful mass media campaign entitled “DrugsNot4Me” to raise awareness among youth and parents about the dangers of illicit drugs. This campaign saw impressive results. Youths are now more likely to say that they would refuse to take illegal drugs, and more parents engage their teens in discussions about the risks of taking drugs.

The government has also made significant progress, working in partnership with law enforcement, to prevent the production and diversion of illicit drugs.

The national anti-drug strategy and its successes provide a strong foundation upon which to support action to prevent prescription drug abuse. In light of the recent Speech from the Throne commitment to expand its scope, work is under way to assess how the prevention, treatment, and enforcement successes of the national anti-drug strategy can be applied to addressing this issue.

[*Translation*]

Thank you, Madam Chair.

[*English*]

The Chair: Thank you so very much.

We're going to go quickly into our seven-minute rounds of Qs and As.

We'll begin with Ms. Davies.

● (1555)

Ms. Libby Davies (Vancouver East, NDP): Thank you very much, Madam Chairperson.

I'd like to begin by giving notice of the following motion:

> That the Committee may meet in camera only for the purpose of discussing:
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> (a) wages, salaries and other employee benefits;
>
> (b) contracts and contract negotiations;
>
> (c) labour relations and personnel matters;
>
> (d) a draft report;
>
> (e) briefings concerning national security; and
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> That all votes taken in camera be recorded in the Minutes of Proceedings, including how each member voted when recorded votes are requested.

Madam Chair, I'd now like to address my remarks to the witnesses and ask a couple of questions.

First of all, thank you to all the officials for being here today.

Mr. Ianiro, thank you for your remarks. I want to begin by picking up on what you said in your presentation. You said at the beginning that there is little national-level data on prescription drug abuse presently available in Canada, and that there is growing evidence of the nature and scope of the problem.

I wonder whether you're aware of the parliamentary Special Committee on Non-Medical Use of Drugs which issued its report in 2002. In that report there were a number of recommendations that pertain to this issue, because it dealt with prescription and illicit drugs.

I want to find out what has been done with those recommendations and whether you're even aware of them. It was an all-party committee. These recommendations were unanimously adopted.

For example, recommendation 26 said:

> The Committee recommends that a renewed Canada's Drug Strategy include in its priorities the development of a strategy relating specifically to the misuse of over-the-counter and prescription drugs in Canada.

Recommendation 27 said:

> The Committee recommends that the Government of Canada assist and encourage the provinces and territories in the development and maintenance of comparable real-time databases so as to track better the prescribing and dispensing of commonly misused prescription drugs.

There was another recommendation—I'm just pulling out a few—that "consideration be given to integrating questions on licit and illicit substances in every cycle of the Canadian Community Health Survey, every two years."

These are not new issues. These were identified more than a decade ago. I realize that the current government wasn't the government then, because this is from 2002. Nevertheless, it seems to me that it's a place to begin and it's a place to have some accountability as to whether or not there has ever really been follow through on the good work of a committee of that day. It's a bit surprising to hear you say today that it was only now, in October, that the provinces and territories are saying that they're willing to work on this issue. This report is more than a decade old.

What has been done in that time period specifically on the recommendations I just referenced?

The Chair: Who would like to answer that?

Mr. Robert Ianiro: I can begin.

To start, I would say that we are aware of the report the member has referenced. I would say generally that the challenges and recommendations that were made at that time continue to be the case today.

When the national anti-drug strategy was introduced in 2007, replacing Canada's drug strategy, it was refocused, given reports from law enforcement that indicated at that time there were significant issues with illegal production of synthetic drugs, such as ecstasy, and even some concerns around marijuana grow operations. There were also concerns at that time that youth and vulnerable populations were seen to be at risk from illicit drug use, and the government then focused its activities and investments on dealing with this critical public health and safety challenge.

As I indicated and the member indicated, the government has announced in the Speech from the Throne that it is committed to expanding the national anti-drug strategy to address the growing problem of prescription drug abuse.

A clear commitment has been made to address the issue. I think we'll be able to leverage the experience and the knowledge and the best practices from the national anti-drug strategy in our efforts.

● (1600)

Ms. Libby Davies: I'd like to be clear, though, because what I remember is that in 2007 the Conservative government dropped harm reduction, a very important pillar of the four pillars. They did that; that's on the record. There was nothing done on these recommendations.

Was the drug strategy amended to include the need for a real-time database, for including this information in the Health Canada survey, or making this a priority? I don't see that. There is a lack of accountability here; even the present government didn't address this beginning in 2007, other than to drop harm reduction. This has had a lot of serious consequences in Canada.

Mr. Robert Ianiro: I do think that progress has been made in particular in the areas of first nations and Inuit. My colleague, Ms. Bruce, can probably speak to some of the advancements made in that area.

With respect to the surveys, questions relating to prescription drug abuse have been included in surveys. It's part of how we're continuing to monitor and figure out the specifics of the problem. There are still significant data gaps from a pan-Canadian perspective. Many of the recommendations that were made at that time, as I said, continue to exist today.

Ms. Libby Davies: What is the status now of OxyContin? My memory tells me that it's now basically delisted, at least from the federal list. Am I correct?

Mr. Robert Ianiro: On OxyContin, perhaps I could ask my colleague, Dr. Stewart, to speak to—

The Chair: I'm afraid your time is up. Perhaps if someone else wants to pick that up, that would be great.

We'll now go to Ms. Adams.

Ms. Eve Adams (Mississauga—Brampton South, CPC): Thank you very much, Madam Chair.

If an individual comes forward to you and offers you an illicit drug, heroine or some such drug, it's pretty clear to everyone around the table that's an obvious hazard. The challenge we face with prescription drugs is that it comes in a medicine bottle. Somehow, when an opioid, a stimulant or a depressant is handed to you and it's in a medicine bottle, I think the concern is that children especially aren't quite aware of how large that threat is.

Could you tell me a little bit about some of the metrics that are being used to monitor how large this problem is, how aware parents are of this problem, and the sources of that data?

The Chair: Go ahead, Dr. Stewart.

Dr. John Patrick Stewart (Senior Executive Director, Therapeutic Products Directorate, Department of Health): I can speak from the licensing perspective around labelling.

Certainly, when a drug comes in for approval and it's clear that it has addictive or abuse potential, we spend a fair bit of time looking at the labelling and ensuring that when the product is authorized on the market the labelling is clear to both the prescribers and the pharmacists, and that in part three of the product monograph for consumers or patients, the risks of abuse and the potential outcomes of that abuse are clear, so if they're looking for information around the product it's there in the product monograph. We also make recommendations around how it should be stored, how it should be disposed of, and that sort of information. That information allows consumers, if they look for it, to be aware of the dangers of leaving the product around for others to use who don't understand those risks, and for the actual user to not inadvertently use it inappropriately and run into issues associated with that.

Mr. Robert Ianiro: If I may add, Madam Chair, I can provide some specific data on surveys that have been conducted. There are a few and I'll try to work through them quickly.

One is the Canadian alcohol and drug use monitoring survey, what we refer to as CADUMS. This is a general population survey of alcohol and illicit drug use among Canadians 15 years of age and older. According to the results in 2012, there was an estimated 410,000 Canadians who reported abusing a psychoactive pharmaceutical, including opioids, stimulants, tranquilizers, and sedatives. To refer back to one of the previous questions, we have incorporated questions in our national surveys to determine the extent of the issue of prescription drug abuse.

An additional survey is the youth smoking survey, a school-based survey of Canadian youth in grades 6 to 12. It captures information related to tobacco, alcohol, and drug use. That survey includes a little under 51,000 students who represent approximately three million youth. According to those results, in 2010-11, five per cent of students reported using psychoactive pharmaceuticals to get high.

There also was the Ontario student drug use and health survey, a population survey of Ontario students in grades 7 through 12. In 2011 the survey captured over 9,000 students. According to that survey, 14% of Ontario youth reported using an opioid pain reliever non-medically at least once in the past year.

The results of these surveys indicate that prescription drugs are the third most commonly used substances in the general population, and again, as I mentioned in my opening remarks, among youth they are only behind alcohol and marijuana. There are similar statistics that have come out of some studies in the United States for youth as well .

● (1605)

Ms. Eve Adams: This obviously is an issue that will require the collaboration of the provinces and territories. Can you tell me what work is under way to ensure that the provinces and territories are involved?

Mr. Robert Ianiro: Absolutely. There is no doubt, as I mentioned, that it's a shared responsibility. Some work is already under way. In fact at the recent health ministers meeting, the federal, provincial and territorial health ministers actually endorsed a proposal that provides early opportunities for collaboration in some of the areas of concern that need work. Better collection and sharing of information is one area. Improving prescribing practices across jurisdictions is another.

There is already clear momentum upon which to build. I think there is a commitment from the federal level, as well as our provincial and territorial colleagues, to start tackling this problem which I think all appreciate exists and which we need to turn our attention to.

Dr. John Patrick Stewart: I would just add that at more of an operational level, now when we approve an new opioid and it reaches the NOC stage, when it gets to notice of compliance, we're making sure that we're sending out information to a number of affected parties, provincial-level bodies as well as pharmacists and physician associations, so that they are aware that a new opioid or a new change in indication has hit the landscape of opioid medication. They can reflect on that and better prepare how they might strategize at a provincial level to ensure that this product doesn't end up being abused, or they can risk manage how this might roll out and be used with the various hospital levels and patient groups.

Ms. Eve Adams: One of the surveys you mentioned was Ontario based. Is there currently a forum to exchange information with the provinces when it comes to data on prescription drug abuse?

Mr. Robert Ianiro: I would say generally that's one of the challenges. First of all, even having the data available is a challenge. Then, of course, there's finding a way of sharing it.

One of the challenges that exists with prescription drug abuse information is that it's not collected in every jurisdiction. In the jurisdictions where it is collected, it's not always collected in the same manner. This is one of the key areas of focus, the information gaps and the sharing of that information, and collecting that information in a way that is uniform and consistent so that it can therefore be used to compare and to come up with interventions.

That is one of the challenges. I think that's something we would look at working into the introduction of prescription drug abuse activities under the national anti-drug strategy.

Ms. Eve Adams: In terms of international comparators, which countries are leading the way in actually aggregating data on this subject matter?

Mr. Robert Ianiro: I would say that the U.S. does have.... I wouldn't necessarily say they're ahead of us, but since 2011 they clearly are.... We're only second to the United States, as I mentioned in my opening remarks, in terms of this challenge.

The Chair: Thank you so much.

I want to remind members and guests that questions and answers should be addressed through the chair. That's just to eliminate any misunderstandings.

We'll now go to Ms. Fry.

Hon. Hedy Fry (Vancouver Centre, Lib.): Thank you very much, Madam Chair.

I want to comment on one of the key points made in this presentation, and that is federal-provincial-territorial collaboration and the lack of information and data at a national level. However, we have information and data at many provincial levels.

If we are to talk about federal-provincial-territorial collaboration to deal with this issue, I would like to ask a couple of questions.

We now know that OxyContin is a drug of choice as an opioid, that it is highly addictive, as all opioids are, and that in fact the provinces, all of them, have asked the Minister of Health to stop allowing for generic OxyContin on its formulary and have asked the government to stop the production, wherever it could, by denying the ability of industry to make generic OxyContin.

Not only did all provincial health ministers make this request, but all provincial public health officers made this request. It is my understanding that the Attorney General of the United States made this request as well.

The government's answer to this—I know it may not have been your answer, but I'm saying it was the government's answer to this—was to allow six generic companies to produce OxyContin.

Now, if one is concerned about the use of OxyContin, its ability to be syringed up and mixed and used intravenously, all of those things, why is it that one would not have stopped the production of the generic and gone to the OxyNEO? To me this is almost enabling a problem.

Now we hear the minister saying finally, about a year later, that she's considering whether or not she would listen to the United States' pleas for this. The United States realized that they stopped generic OxyContin, and now it's going to go across the border as a problem.

I want to know why this was not listened to, if everyone says they care about the problem.

● (1610)

The Chair: Would you please address your answers through the chair.

Mr. Robert Ianiro: Madam Chair, I will turn the question over to Dr. Stewart, who I think is best placed to speak to the drug approval process in this particular case of generic OxyContin. If there is an opportunity after he responds to provide some data that we're aware of in the way of uptake of the generic OxyContin versions as well as the new version of OxyContin, I'd be happy to add that, but I want to ensure he has time to answer that part of the question. Thank you.

The Chair: Excuse me.

Yes, Dr. Fry?

Hon. Hedy Fry: Madam Chair, before that answer occurs, I would prefer to get very crisp and concise answers, because I have another question I want to ask in my period of time, if possible. Thank you.

The Chair: Thank you, Dr. Fry.

Dr. Stewart, would you, through the chair, reply.

Dr. John Patrick Stewart: Madam Chair, my response would be this. In Canada, under the Food and Drugs Act and its regulations, a drug will be issued a market authorization if, after a risk-based decision-making process, Health Canada determines that the drug demonstrates safety, efficacy, and quality under its recommended conditions of use for the intended patient population. That is the group under which we consider the information is presented.

OxyContin had a DIN, so the innovative product had a DIN on the market. The generic company, under the Food and Drugs Act and regulations, can apply as a sub-entry product if it provides both scientific evidence under pharmaceutical equivalency and bioequivalency to have a market authorization as a generic product. For OxyContin, which had already been on the market, six generic companies were able to provide that information. Our Food and Drugs Act and its regulations allow only to consider the scientific evidence around risk, safety, efficacy, and quality in the intended population.

Now, I'll speak to the comment about the U.S. approach. The U.S. food and drug regulations are somewhat different from Canada's. They do have the ability to consider implications of the product, implications that are outside of the intended use, if it has a public health issue. They have some flexibility in the way they can evaluate the evidence, and evidence that might be related to abuse deterrents outside of the intended population. Under our framework in Canada we have to focus on the intended use. Under that regulatory framework, the generic manufacturers were able to meet the bar to receive a market authorization.

Hon. Hedy Fry: May I interject?

The Chair: Dr. Fry.

Hon. Hedy Fry: If that's the case, why is the minister considering that she might actually do what she was asked to do by all of the provinces? I think risk is a factor, you said, in allowing for a drug to be produced, and the risks were clear. All of the public health officers, all of the provinces, showed the risk of OxyContin, a generic drug, being given as a prescription but hitting the street. I happen to know. I was part of the SNUD committee that looked at this issue. People would get a package from their doctor and they would go out and sell it on the street.

We know the risks. I'm saying if you wanted to have risk as one of your criteria, the risks were clear. You were asked by provinces, and you say you want to work with the provinces and territories, and you were asked by public health officers. We have an evidence base as to why one should get rid of OxyContin and not allow it to continue, remove the DIN, replace the DIN, based on risk of addiction and risk of street use.

I don't understand why this wasn't done then and why the minister is musing that she just might do it now. You haven't changed your regulations.

● (1615)

The Chair: I remind you to direct your answers through the chair.

Who would like to answer that?

Dr. John Patrick Stewart: I can respond to that, Madam Chair.

Our framework is as it is. We do look at risk. We look at risks to intended patients, the ones that the drug is supposed to be used by, and we ensure that it's labelled properly. We have a parallel set of regulatory frameworks that looks at the issue around diversion and abuse. I'll turn in a minute to my colleague to speak a little bit about some of the additional measures that were put in place at the time that OxyContin was approved to hopefully reduce the potential of this product being abused, a deterrent.

Our understanding is that OxyContin as a drug is a very valuable analgesic that's used widely to manage chronic pain. There is a large burden of chronic pain illness nationally, and we've heard from many stakeholders that OxyContin plays an important role in managing those patients' symptoms. So there's a clear efficacy, a clear need, a clear patient population where it makes sense to have this product available. I'm all in support as a federal government of making sure that we can minimize the likelihood that this may be abused, and deter it.

The Chair: Thank you, Dr. Stewart.

We now go to Mr. Wilks.

Go ahead, Mr. Wilks.

Mr. David Wilks (Kootenay—Columbia, CPC): Thank you, Madam Chair, and thank you to the witnesses for being here today.

My questions will be directed to Ms. Bruce and Ms. Gillis with regard to first nations and Inuit programs.

Within my riding of Kootenay—Columbia, I have what is referred to as the Three Voices of Healing Society, which is one of the 55 centres that are funded partially by the national native alcohol and drug abuse program which you mentioned in your speech. It probably receives a portion of that $92 million that is given annually.

I'm wondering if you could talk about what the first nation and/or Inuit people seeking treatment through the NNADAP, the national native alcohol and drug abuse program, are doing as a result of their use of prescription drugs.

Also, Madam Chair, has there been an increased demand for treatment services through that program as a result of the misuse of prescription drugs in recent years?

The Chair: Ms. Gillis, would you like to answer that question?

Ms. Debra Gillis (Acting Director General, Interprofessional Advisory and Program Support, First Nations and Inuit Health Branch, Health Canada, Department of Health): Yes, I'd be pleased to answer that question, Madam Chair.

We have recently conducted a study within our NNADAP, the national native alcohol and drug abuse program, treatment centres to really look at the extent of prescription drug and polydrug use of people seeking treatment through these centres. We have found that about 30% of all people entering the treatment centres use opioids in addition to alcohol. Some could be using other types of illicit drugs as well. So it's about 30% of those.

Through the increased knowledge around prescription drugs and the increased evidence that there are actually possibilities of working with and treating prescription drug abuse as part of an overall treatment program, we are seeing an increase in the demand for prescription drug abuse treatment in the NNADAP treatment centres. We've had a very high success rate actually, Madam Chair.

In the research that we have done, we've found that 72% of the clients who entered those treatment programs with an opioid use problem left without an opioid use issue. They terminated the use. Of that small number of clients who didn't, almost 90% reduced the use.

The Chair: Excuse me, I've just been informed that the bells are ringing. I'm going to have to adjourn this meeting right now. We will not be reconvening today, because I understand the votes are going to continue, but I want to thank the witnesses so much for coming today. I'm sure we'll have a chance to have you back again.

The committee meeting is adjourned.