Pharmaceuticals: Lecture Outline

Introduction

- 1. Historical Development of Pharmaceuticals
- 2. Modern Uses & Canadian Health Care

- 3. Doctors & Pharmaceuticals
- 4. Critiques of the Medical-Industrial Complex

Conclusion

- 'Pharm' from Greek
 -.
- plants standard medical curriculum until 1900 – still used, i.e. cancer drug taxol
- early use of metals as therapeutic agents, i.e. copper, mercury, sulpher

- 20th century shift from plants to chemicals
- era of therapeutic optimism
- 1950s-60s new medical innovations & increase in sales
- Stats: by mid-1950s US drug firms marketing 400+ new drugs per year; number of prescriptions nearly 4 times 1930s

- 1921: Canadian Dr Frederick Banting & medical student Charles Best developed insulin
- 1923: Banting won Nobel Prize
- beginning of series of hormonal discoveries & treatments

- 1928: Alexander Fleming, London medical researcher at London Hospital – grew mould spores found to be effective against infectious disease
- penicillin first massproduced antibiotic

Modern Uses & Canadian Health Care

- Canadian industry worth \$2 billion
- Huge growth post-1940s due to antibiotic revolution + meds for psychiatric patients
- large scale production + increased globalization -Connaught Laboratories
- Profitable, low-risk
 manufacturing sector

Modern Uses & Canadian Health Care

- 300 million prescriptions written yearly in Canada
- Elderly & women misprescribed & overprescribed
- 1/3 2/3 antibiotics unnecessary or inappropriate
- 5-23% hospital admissions from drugrelated illnesses

Modern Uses & Canadian Health Care

- Prescription drugs not under Canada Health Act
- Average Canadian family spends \$1,210. year on prescription drugs
- Drug expenditures rose from \$1.3 billion in 1980 to \$12.3 billion in 2001
- cost of drug-related hospital admissions = \$256 million to \$1 billion per year

Doctors & Pharmaceuticals

- Canadian doctors prescribe drugs to 21-86% office patients
- 6-10 prescriptions given for each hospital visit
- doctors with higher prescription rates: males, isolated rural, solo practitioners

Doctors & Pharmaceuticals

- 41% Ontario doctors 'skilled' re use of antibiotics
- Pharmaceutical literature major source of information re drugs for 28% Canadian doctors
- Drug companies regularly give information, samples, gifts to doctors

 The more likely they were to use drugs even when not using drugs was the best option

 The more often they sympathized with a 'commercial' view of the value of a given drug

 The more likely they were to prescribe antibiotics inappropriately

 The more likely were they to use more expensive medications when equally effective but less costly drugs were available

Critiques: The Medical-Industrial Complex

- Lobbying, promotion vs research
- Research focus on big-profit medications
- Costly variations on existing products

"The development and introduction of 'new" drugs appears to have more to do with profitability than with medical value. From January 1988 to December 1991, a total of 271 new patented drug products were marketed in Canada for human use. Out of that number only 13, or less than 5%, were felt to be either "break through" medications or substantial improvements over existing therapies..."

Joel Lexchin, 1991

Critiques: The Medical-Industrial Complex

- Role of federal government as industry regulator problematic - ties between Health Products & Foods Branch & Pharmaceutical Manufacturing Association
- increasing policy emphasis on market principles + globalization
- Canada in weak position due to branch-plant economy

Critiques: The Medical-Industrial Complex

- developing countries often cannot afford essential drugs, i.e. antibiotics, AIDS drugs
- drugs sometimes sent to countries without directions in native language
- drug-dumping on 3rd World
 case of the Dalkon Shield
 IUD

The Legacy of Thalidomide

- 125 Thalidomide babies born in Canada in 1962
- Drug not fully licensed so government liable money paid to victims 1992
- DES synthetic estrogen hormone for women – serious health problems for 400,00 Canadian DES offspring

http://archives.cbc.ca/health/public_health/topics/88/