

## Medical marijuana program “a sham”: lawyer

A Toronto lawyer who launched a Charter of Rights and Freedoms challenge of Canada’s Medical Marijuana Access Regulations (MMARs) says the program is doomed to fail.

Alan Young, who represents 7 seriously ill clients and a caregiver, presented his arguments to the Superior Court in Toronto in September. A decision is expected this month.

He says that by requiring physicians to serve as the program’s gatekeepers, the new regulations are unfair to patients because seriously ill people will have a difficult time finding a physician to support their application to use marijuana. “When you don’t have access to supply, permission to use doesn’t mean much,” he told *CMAJ*. “Only a few get in [to the program], and then there are no drugs. It’s a sham.”

The CMA and other groups have already asked the government not to place physicians in the gatekeeper role because of potential liability issues.

Young has challenged the MMARs under section 7 of the Charter, which

protects the security and liberty of the person. He says the regulations place constraints on an individual’s liberty to choose and on the security of the person’s health. His clients’ medical conditions include AIDS, hepatitis C, epilepsy and multiple sclerosis.

If the court finds in his favour, Young is sure there will be an appeal. And if it finds against him, Young says he will appeal if he can find funding. Much of his current financial support comes from US commodities broker George Soros and the Marijuana Pilot Project in Washington, DC.

According to Young, Ottawa should revert to its former approval system in which physicians provided information

about an applicant’s health and Health Canada made the decision about eligibility to use marijuana legally. “Now doctors are making recommendations when few have the knowledge,” says Young.

He’d also like MMAR registrants to have access to the government-funded marijuana being grown in a mine shaft in Flin Flon, Man.

Federal Health Minister Anne McLellan says its quality makes it unsuitable for use, but Young says “it is safer than any product on the black market. It’s shameful that Health Canada exposes immune-impaired people to more health risks.” — *Barbara Sibbald, CMAJ*

## New UK rules for potassium chloride

British hospitals have been ordered to use a more diluted form of potassium chloride following the first-ever detailed study of adverse incidents in the UK, and additional controls will be added in specialist wards.

The National Patient Safety Agency (NPSA) says that at least 13 patients have died or been paralyzed because of accidental overdoses involving the drug since 1985. In the last 6 months, 3 people have died. Potassium chloride, which is employed during the lethal injection of prisoners in the US, is used in small doses to treat patients who have low levels of potassium.

The NPSA was created a year ago to coordinate efforts across the UK to report and learn from adverse events that occur within the National Health Service. — *CMAJ*

## No direct-to-consumer drug ads: CMA

The CMA has made it official: it staunchly opposes the use of direct-to-consumer (DTC) advertising of prescription drugs in Canada.

There are restrictions on DTC advertising of drugs in Canada, but not in the US, where the DTC approach has had a huge impact (*CMAJ* 2002;167[3]:289). There, sales of the 50 drugs with the biggest DTC advertising budgets accounted for 48% of the US\$20.8-billion increase in retail spending on prescription drugs from 1999 to 2000. Improved sales of the remaining 9850 drugs accounted for the rest. In 2000, Merck spent the same amount (US\$161 million) on DTC advertising for one drug, rofecoxib (Vioxx), as Dell spent advertising its computers.

In a position statement approved in September, the CMA says it wants Canada to maintain its stricter rules because DTC advertising makes viewers think of prescription drugs as consumer goods, not as chemical products that deliver specific health benefits. “What we are really opposed to is the no-holds-barred American-style advertising,” says Dr. Claude Renaud, the CMA’s chief medical officer.

The position statement says DTC advertising “may not provide enough information to allow consumers to make appropriate drug choices” because it ignores information about competing products. As well, the ads may drive up the cost of care and strain the patient–physician relationship if a request for an advertised drug is refused.

Renaud says the new statement makes official a position the CMA had already taken in letters to federal ministers of health. The position statement says DTC advertising is used because of its mass-marketing potential, not to inform consumers. The statement was approved in September because Ottawa may start reviewing the issue this fall. There is also concern that the current federal industry minister — former Health Minister Allan Rock — has not formally opposed DTC advertising. “That worries us,” says Renaud. — *Patrick Sullivan, CMAJ*



Viagra sales have zoomed along