

national drug agency.² Our recent study³ showed that the current system of listing drugs for reimbursement on the basis of estimates of how well they will work in routine medical practice is seriously flawed. We found considerable differences between provinces in their drug review processes. Furthermore, reviewers were making decisions (to list or not list new drugs in their formularies) without having the information they considered “necessary” for such decisions. Probably in direct relation to these 2 factors, we identified wide differences between provinces regarding drug acceptances and refusals. We also found that not all provinces have the resources to do adequate evaluations of new drugs.

There is a need to replace the present flawed system with a national drug agency that would evaluate pre-marketing data and, eventually, post-marketing use of new drugs, according to scientifically appropriate methods and documented policies and procedures.³

With the agreement of federal and provincial ministers of health, the Canadian Coordinating Office on Health Technology Assessment is setting up a Common Drug Review initiative⁴ to carry out such evaluations of new drugs. But is this the best choice for developing and overseeing

this extremely important function? The placement and oversight of a national drug agency needs to be debated now.

We believe that a national drug agency must be publicly responsible, free-standing, credible and capable of attracting an expert leader in this highly specialized assessment field.

Roy West

Professor
Memorial University of Newfoundland
St. John's, Nfld.

E. Keith Borden

Pharmacoepidemiology Consultant
Toronto, Ont.

Jean-Paul Collet

Associate Professor
McGill University
Montréal, Que.

Nigel S.B. Rawson

Senior Researcher
Center for Health Care Policy
and Evaluation
Minneapolis, Minn.

Robert S. Tonks

Professor
Dalhousie University
Halifax, NS

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3. West R, Borden EK, Collet JP, Rawson NSB, Tonks RS. “Cost-effectiveness” estimates result in flawed decision-making in listing drugs for reimbursement. *Can J Public Health* 2002;93:421-5.
4. *An introduction to the Common Drug Review (CDR)*. Ottawa: Canadian Coordinating Office for Health Technology Assessment; 2002. Available at: www.ccohta.ca/entry_e.html (accessed 2003 Feb 5).

Competing interests: Dr. Borden has acted as a consultant for Leo Laboratories. Dr. Collet provides consulting services to various pharmaceutical companies. Dr. Rawson has received unconditional grants from Rx&D.

A reply from SMARTRISK

I was distressed to see that *CMAJ* had elected to publish “Taking risks with injury prevention,”¹ a “commentary” that not only contained numerous inaccuracies but unfairly represented the valuable work of SMARTRISK and called the integrity of the organization into question. I was particularly distressed given that SMARTRISK was not contacted to verify the facts prior to the article's publication.

There are some points that need to be made so that they become part of the public record.

SMARTRISK is keenly aware of the need for evidence-based action and a strong link between research and practice.

SMARTRISK has in place a Research Advisory Committee with re-

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spected researchers from a multitude of backgrounds, including epidemiology, psychology, human development and behaviour, engineering, public health, emergency medicine, economics, public policy, evaluation and education. In addition, SMARTRISK has a full-time PhD Manager of Research and Evaluation, who works with respected, independent consultants to design and implement comprehensive evaluations of our programs, including the SMARTRISK Heroes show.

SMARTRISK is committed to building on the current capacity of the existing injury prevention research community. To that end, we have secured a private-public sector partnership between SMARTRISK, the Canadian Injury Research Network (CIRnet), the Canadian Institutes for Health Research (CIHR) and the Insurance Bureau of Canada. SMARTRISK will facilitate a 6-member multidisciplinary team — chaired by 2 of Canada's most respected researchers, Dr. Cam Mustard at the Institute for Work and Health and Dr. Rob Brison from Queen's University — tasked with engaging researchers in a priority-setting and capacity-demonstrating process over the coming year.

SMARTRISK does not receive any public funding for the staging and delivery of SMARTRISK Heroes. All past and current evaluations have been financed from corporations such as Ford of Canada and Royal & SunAlliance.

Some of the projects that SMARTRISK is working on do receive government funding. One example of public-sector funding is our longstanding partnership with the Ontario Ministry of Health and Long-Term Care, which predates the most recent funding announcement of 1999. These recent funds, which have been entrusted to SMARTRISK, have been leveraged with private-sector funding and utilized throughout the province. Working in partnership with ministry officials from the Public Health and the Emergency Health Services branches, we have supported a multitude of injury prevention activities, in-

cluding providing scholarships and bursaries to Ontario injury prevention practitioners to attend national and international conferences as well as academic prizes to budding injury prevention researchers, to name just two. Regular meetings are held with ministry officials to review our progress to date on specified deliverables and to develop ongoing plans based on provincial stakeholder feedback. A number of communication vehicles exist to provide provincial stakeholders with regular updates on our progress as well as to provide opportunities for input.

SMARTRISK has also brokered private-sector funding to support the Atlantic Network for Injury Prevention, the British Columbia Injury Prevention Research Centre and the Injury Prevention Centre in Manitoba to support economic burden studies in their respective provinces.

The reputation of a charity is its very lifeblood, and the publication of unsubstantiated claims runs the risk of threatening its continued existence. We therefore appreciate this opportunity to set the record straight.

Carol Jardine

Chair
Board of Directors
SMARTRISK
Toronto, Ont.

Reference

1. Pless B. Taking risks with injury prevention [editorial]. *CMAJ* 2002;167(7):767-8.

[The author responds:]

Although readers must decide for themselves whether my commentary¹ “contained numerous inaccuracies” or “called the integrity of the organization into question,” clearly, I disagree with the first point, although one of my references (4) was not a good example of an evaluation study. As for integrity, I agree that SMARTRISK has many good intentions, as the letter from Carol Jardine indicates. However, in view of SMARTRISK's awareness of “the need for evidence-based action,” it seems reasonable to question the lack of

readily available, peer-reviewed evaluations of Heroes, its flagship program. Indeed, the basic “risk-taking” message, my overriding concern, begs for evidence that it is not harmful. These expectations seem entirely reasonable given the Research Advisory Committee that has been assembled and the staff committed to this end. These are resources few other organizations have the luxury of devoting to evaluation.

The paragraph regarding SMARTRISK's relations with the Ontario Ministry of Health and Long-Term Care lists activities that may be commendable but that also deserve formal evaluation. If SMARTRISK aims to be in the vanguard of safety groups in Canada, it must use some of the generous funds the ministry gave it to evaluate programs and thereby provide guidance for others. But any evaluation that is not fully shared with others through peer-reviewed publication is of limited value.

The main target of my commentary was not SMARTRISK but the ministry. I was troubled by the ministry giving so much money with so little required by way of justification or assurances of productivity, and apparently without considering the possibility that some of what SMARTRISK does may not have the intended effect.

Barry Pless

Professor of Pediatrics, Epidemiology
and Biostatistics
McGill University
Montréal, Que.

Reference

1. Pless B. Taking risks with injury prevention [editorial]. *CMAJ* 2002;167(7):767-8.

[SMARTRISK replies:]

Following from Barry Pless' response,¹ I believe there are 4 facts that must be shared.

1. There *are* evaluations of the SMARTRISK Heroes program, including 2 comprehensive evaluations conducted by qualified, independent organizations.^{2,3} The evaluations are consistent in their results, indicating