



A REASON TO HOPE. THE MEANS TO COPE.
THE SCHIZOPHRENIA SOCIETY OF ONTARIO
SOCIÉTÉ ONTARIENNE DE LA SCHIZOPHRÉNIE
UNE SOURCE D'ESPOIR, DE SOUTIEN ET D'ENTRAIDE.

Submission to the Standing Committee on Social Policy, Legislative Assembly of Ontario

On

Bill 102: An Act to amend the Drug Interchangeability and Dispensing Fee Act and Ontario Drug Benefit Act

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Background

The Schizophrenia Society of Ontario (SSO) is a provincial charitable organization working to improve the quality of life of people with schizophrenia and their families. SSO reaches over 30,000 people each year by providing support, education and raising awareness about schizophrenia and mental illness.

Schizophrenia is the most serious of mental illnesses and can deprive a person of contact with reality. One in 100 people will develop the illness in their lifetime; in Ontario that is over 120,000 people. Schizophrenia generally strikes young people in their late teens and early twenties and is referred to as youth's greatest disabler.

Treatment of Schizophrenia – The Importance of Medications

Antipsychotic medications are the cornerstone of treatment for people with schizophrenia and most people with schizophrenia will need to take medications indefinitely. Effective medication treatment combined with early diagnosis and good medical and social supports has led to improved recovery for people with schizophrenia. Today, more and more people with schizophrenia are able to lead productive and meaningful lives.

Left untreated schizophrenia generally has a tremendous impact on people with the illness, their families and society as a whole. People with untreated schizophrenia are at greater risk of coming into conflict with the law, facing incarceration and homelessness.

The Canadian Psychiatric Association's, Clinical Practice Guidelines for the Treatment of Schizophrenia (2005) indicate that:

“Pharmacotherapy with antipsychotic medications is an essential component of a treatment plan for most patients with schizophrenia”

“Medications must be individualized because the individual response is highly variable.”

“Antipsychotic medications are indicated for nearly all patients experiencing an acute relapse; the choice of medication should be guided by individual patient factors”

Bill 102

Because antipsychotic medications are the cornerstone of treatment for schizophrenia, unrestricted access to all available antipsychotic medications is critical. Accordingly, SSO has several concerns with Bill 102 that should be addressed to ensure that people affected by schizophrenia have the best possible treatment choices leading to the best chances for recovery.

1. Interchangeability

All antipsychotic medications are different, as are people with schizophrenia. While one medication may work well for one person, it does not necessarily work well for others. To optimize treatment choices, it is imperative that physicians, in consultation with their patients, have unrestricted access to all medications indicated for the treatment of schizophrenia.

Finding the right medication, or the right combination of medications is often a challenge for many people with schizophrenia. It is not uncommon for patients to have to try several medications, dosages and combinations of medications before the 'right' medication is found. SSO hears from many people with schizophrenia and their families about how their symptoms began to disappear and how their lives turned around once they found the 'right' medication. Similarly, we hear how individuals begin to decompensate and symptoms begin to reappear when they are switched to a different medication.

Because individual response to medication is highly variable, and because medication is central to recovery, therapeutic substitution as currently proposed in Bill 102 could have grave consequences for people with schizophrenia. Any decisions to switch patients from one medication to another should be a decision between patients and their physicians. Therefore, SSO recommends that no therapeutic substitutions be allowed without consent of patients (or their substitute decision maker when appropriate) and their physician.

Under Bill 102, the test for interchangeability is 'in the public interest' (Section 2.1.1(3)). However, 'public interest' is not defined in the Bill. SSO recommends that public interest be defined with consideration to the context

of the overall burden of illness and the positive impact of medication on reducing direct and indirect costs of illness.

Schizophrenia places a significant economic and social burden on individuals with the illness and their families, the health care system and the community. In 2004, the total cost of schizophrenia in Canada was estimated at \$6.85 billion. This includes health care costs, administrative costs, lost productivity and the costs of incarceration. These costs cannot be ignored when considering the 'public interest' in making decisions with regards to medication access.

2. Role of the Executive Officer

Bill 102 creates the new position of Executive Officer which holds a very high level of authority in making decisions with respect to Ontario's drug program and access to medication in Ontario, including the power to list and de-list medications, designate interchangeability, negotiate and set prices and establish clinical criteria. At present, Ontario citizens have input in these decisions through the political process and through the Minister of Health and Long-Term Care. Ontarians must be assured of the continued opportunity to provide input in Ontario's drug program through the role of Executive Officer which must remain accountable to Ontario citizens. Formulary decisions made through the Executive Officer must be transparent.

3. Speeding Up Access to Medication

Bill 102 aims to improve problems associated with slow decision making for listing medications on the Ontario Formulary by replacing the existing Limited Use and Section 8 restrictive listing categories with a Conditional Listing category, and by making rapid funding decisions on 'breakthrough drugs' for life-threatening conditions. Changes to speed up access to medications are welcomed by the Schizophrenia Society of Ontario. However, the current Bill does not address several important questions with respect to equitable and timely access to medication: 1) Will all medications receive conditional listing?; if not, what process will be used to determine which medications will be listed, 2) What is the time frame for making rapid funding decisions? 3) What is the definition of 'breakthrough' drugs and 'life-threatening' conditions?

Will schizophrenia and other psychiatric illnesses be considered 'life-threatening'? Forty percent of people with schizophrenia will attempt suicide

at some point in their life, and 10% will die from suicide, making schizophrenia a life threatening condition.

Just over one year ago, a new antipsychotic medication became available in Canada – the first injectable, long acting atypical antipsychotic. Many argue that this type of medication is a breakthrough for the many individuals with schizophrenia who struggle with medication compliance. For them, an injectable medication, without the side effects of older injectables, administered once a month enhances compliance. Would such a medication be considered a ‘breakthrough’?

Approximately 1 in 3 individuals will not respond well to existing medications and as a result timely access to new medications is important. More and more research suggests that early diagnosis and treatment enhances recovery and reduces long term damage.