The drug bill: To the Americans it’s only a start

Charlotte Gray

Last Nov. 19 Senator Allan MacEachen rose in the Upper House as television cameramen clustered outside its magnificent oak doors. In the Senate press gallery, the security guard blinked as an unprecedented number of reporters crowded onto benches that are usually empty. They were there for the final Senate vote on Bill C-22, amendments to the Patent Act affecting prescription drugs. The bill had been slowing government business and creating a political storm for 17 months.

But MacEachen, the Liberal leader in the Senate and chief strategist of those opposing the bill, couldn’t resist a final tease. Wearing a foxy grin as he rose to address his colleagues, his speech was laced with hints that the Liberal senators were still considering killing it.

For 30 minutes, he railed against the bill, “sought more by President Reagan, the Mulroney government and the multinational pharmaceutical lobby than by the people of Canada”. In the end, 32 Liberal senators abstained and, to the government’s relief, the bill passed. The announcement that it had received Royal Assent was telexed to Washington the same afternoon.

Two weeks before this drama unfolded, I visited Washington to see how the Americans viewed our prescription-drug struggles. What substance was there in MacEachen’s assertion that the bill resulted from pressure by Reagan and multinational pharmaceutical companies?

I spoke to staffers from the Trade Representative’s Office and the House Energy and Commerce Committee, and to Jay Kingham, senior vice-president of the Pharmaceutical Manufacturers Association (PMA). What emerged quickly from these conversations was the feeling that, in American eyes, the Patent Act amendments did not go nearly far enough.

“It’s a step forward”, said Kingham, “but it doesn’t impress us. It’s certainly no giveaway to the industry.”

Under the terms of the new act, producers of brand-name drugs will have patent protection for new drugs for up to 10 years from the time the drug is patented. In return, the brand-name drug companies promise to double spending on research and development to 10% of sales within a decade. The companies and the Conservative government successfully resisted efforts to have that commitment written into the legislation.

In the US, the industry is dissatisfied because it wanted tra-

Mossinghoff is fond of listing the 25 countries that the PMA has identified as having inadequate intellectual-property protection, a list that includes most middle-income countries, such as Mexico, Argentina, Brazil, South Korea and Portugal, plus Canada.
Nitroglycerin sustained release tablets

Prescribing Information:
Nitroglycerin sustained release tablets (convenient t.i.d. dosage)

Therapeutic class/efficacy: Anti-anginal agent
Indications: Nitroglycerin sustained release tablets are indicated for the prevention of attacks of angina pectoris associated with anginal effort. Contraindications: Nitroglycerin sustained release tablets are contraindicated in patients with severe anemia, increased intracranial pressure, increased intracranial pressure and hypertension. Nitroglycerin SR is also contraindicated in patients with known dysosynchrone to organic nitrate therapy.

Data on the safe use of Nitroglycerin SR during the early phases of myocardial infarction (in patients in which medical and laboratory findings are unstable) are insufficient to establish safety. The use of Nitroglycerin SR in patients with congestive heart failure requires careful clinical and laboratory monitoring. Nitrate dependence may occur in patients with chronic use. To avoid possible withdrawal effects, the administration of Nitroglycerin SR should gradually be reduced over 4-6 weeks. In the 1970s the middle-income countries overtook the industrialized countries in merchandise exports.

Higher dosages of Nitroglycerin SR are used. Headache may be treated with concomitant administration of mild analgesics. If headache is unresponsive to such treatment, the dose of Nitroglycerin SR should be reduced or the use of the product discontinued.

Less frequently, postural hypotension, an increase in heart rate, faintness, flushing, dizziness, nausea and vomiting have been reported. Symptoms and treatment of overdose: Symptoms of overdose are primarily related to vasodilation, including cutaneous flushing, headache, nausea, dizziness and hypotension. Methemoglobinemia is also possible. No specific antidote is available. Treatment should primarily be symptomatic and supportive. Dosage and administration: Adult: Recommended initial dosage is 1 tablet 3 times a day before breakfast, late afternoon before meal and before retiring. Dosage may be increased progressively up to 2 tablets 3 times a day. Availability: Sustained release tablets of 2.6 mg — Bottles of 100 and 1000.


Full prescribing information available on request.