

Table of Contents

	Page
Health and Wellness Issues	2
Drug Information and Update	5
National and Provincial Issues	12

Health and Wellness Issues

Eat to Lower Your Cholesterol

Having high blood cholesterol is a risk factor for developing heart disease. But did you know that you can reduce your cholesterol level by making smart food choices? It's true. Being active and not smoking are other important factors in controlling your blood cholesterol.

Dietary cholesterol is the cholesterol found in foods that come from animals - meat, dairy, seafood and eggs. You eat dietary cholesterol, but it does not all become blood cholesterol. Blood cholesterol refers to the level of cholesterol in your blood. Most of it is made in your body.

Dietary cholesterol is not the main factor when it comes to increasing your blood cholesterol level. Foods that contain lots of saturated and trans fat are the true culprits.

Here's how to make nutritious choices to help lower your blood cholesterol.

1. Eat less saturated and trans fat - Decrease your intake of deep foods that are high in saturated and/or trans fat, which raises blood cholesterol levels. Read Nutrition Facts panels and choose foods that contain no trans fat. Read ingredient lists and avoid foods that contain partially hydrogenated fat or vegetable shortening.

Replace foods that are high in saturated and trans fat with better choices:

Instead of...	Try...
Deep fried foods	Baked, roasted, grilled, steamed, stir-fried or broiled items
Baked goods made with hydrogenated oils, (most commercially prepared cakes, pies, cookies and donuts)	Whole grain baked goods made with healthy oils
Fatty meats	Lean meat, poultry, fish, legumes, nuts
Cream	Milk
Butter	Oil (olive and canola oil are best bets), soft non-hydrogenated margarine

2. Choose more unsaturated fat - Canada's Food Guide recommends consuming 30 to 45 mL of unsaturated fat each day. This includes foods like non-hydrogenated margarine, oil, salad dressing, nuts, seeds, and avocado.

3. Get more fibre - Fibre, especially the soluble type that's found in oats, barley, oranges, and eggplant, can help lower cholesterol levels. Aim to get 10 grams of soluble fibre every day.

4. Know how much cholesterol is too much - If you are healthy, the amount of cholesterol you get from food (dietary cholesterol) usually has little impact on your blood cholesterol level. For heart health, aim for less than 300 mg of dietary cholesterol a day. However, if you have heart disease, high cholesterol, diabetes or a family history of heart disease, aim for less than 200 mg of cholesterol a day.

5. If you have high cholesterol, add plant sterols to your diet - Plant sterols naturally occur in vegetables, fruit, nuts, and beans. However, they are found in very small quantities. Studies show that regularly ingesting two grams of plant sterols each day can help lower unhealthy cholesterol levels. This amount is almost impossible to consume through food alone. Instead, look for foods enriched with sterols (the ingredient list will say “plant sterols” or “plant stanols”), such as non-hydrogenated margarine, yogurt, juice, and supplements.

Source: Heart and Stroke Foundation, September 2012

Number of Physicians Still Growing

Over the past five years, physician supply has increased three times faster than the Canadian population, an increase reminiscent of the 1980s. According to a new report by the Canadian Institute for Health Information (CIHI), the number of physicians rose to more than 72,500 in 2011, representing an increase of 4.1% over 2010. From 2007 to 2011, the number of physicians increased 14%; the Canadian population grew only 4.7%.

The rise in physician numbers was also seen in each province. Nova Scotia, Newfoundland and Labrador and Quebec demonstrated the highest physician-to-population ratios with 240, 231 and 231 physicians per 100,000 inhabitants, respectively. Saskatchewan and Prince Edward Island had lower ratios at 181 and 178 physicians per 100,000, but still increased.

Despite the overall growth in the number of doctors, the split between general practitioners (GPs) and medical/surgical specialists has remained relatively stable over the last five years. In 2011, 51% of all Canada’s doctors were GPs while 49% were medical/surgical specialists.

The overall number of doctors graduating from Canadian universities is also rising steadily across all areas of practice. In 2011, more than 2,500 physicians graduated from Canadian universities; this represents an increase of 4% from 2010. At the same time, the number of internationally trained Canadian physicians is also rising.

As with the rest of the country, rural areas experienced a rise in physician numbers that outpaced population growth. Between 2007 and 2011, the number of physicians in rural areas increased by almost 10%. In comparison, the rural population grew by only about 2% between 2007 and 2011.

The demographic makeup of the workforce is also changing. In 2011, more than 36% of Canada’s physicians were women. This represents an increase of 23% from 2007. In comparison, over the same time period, the number of male doctors increased by only 9%.

Source: Canadian Institute for Health Information, November 2012

Test Your Home for Radon

Recent research by Health Canada estimates that 16% of lung cancer deaths among Canadians are attributable to indoor radon exposure, making radon gas the second leading cause of lung cancer after tobacco smoking. The good news is that it is easy to reduce the risk.

November is Lung Cancer Awareness Month. Health Canada is encouraging all Canadians to conduct a simple test to measure radon levels in their home and to take steps to reduce exposure.

Radon is a naturally occurring radioactive gas in the ground that can't be seen, smelled or tasted. It enters the home undetected through cracks in the foundation or gaps around pipes. The only way to measure the radon level in the home is to take a simple and inexpensive test, which can be purchased at most hardware stores. Health Canada recommends testing for a minimum of three months starting in the fall, when windows and doors typically remain closed.

As part of the long-term testing process, homeowners can hire a certified professional to test their home or purchase a do-it-yourself test kit. At the end of the testing period, the detector is sent to a laboratory and a report will be sent indicating the level of radon in the home. If radon levels are found to exceed the Canadian guideline, homeowners can visit Health Canada's website for information on the steps they can take to reduce radon levels in their home.

In March 2012, Health Canada released results from the "Cross-Canada Survey of Radon Concentration in Homes". This study obtained an estimate of the proportion of the Canadian population living in homes with radon gas levels above the guideline. The results from this two-year study indicate that 6.9% of Canadians are living in homes with radon levels above the current radon guideline. This estimate is also similar to the Cross-Canada Survey results from the late 1970s which showed that 5% of Canadians lived in homes that were above the radon guideline.

Source: Health Canada, November 2012

Drug Information and Update

Medication Errors: Cut Your Risk

Medication errors may sound harmless, but mistakes in prescribing, dispensing and administering medications cause countless preventable injuries each year. One of the best ways to reduce your risk is to take an active role in your health care. Learn about the medications you take, including possible side effects. Never hesitate to ask questions or share concerns with your doctor, pharmacist and other health care providers.

Medication errors that cause harm are called adverse drug events. An example is taking over-the-counter products that contain acetaminophen when you're already taking prescription pain medicine that contains acetaminophen, possibly exceeding the recommended dose and putting yourself at risk of liver damage. Another example is taking sulfamethoxazole/trimethoprim (used to treat infection) at the same time as warfarin (a blood thinner). This combination can increase your risk of dangerous bleeding.

Although medication errors can happen anywhere, most occur in doctors' offices, hospitals and pharmacies. The most common causes of medication errors are:

- Poor communication between health care providers;
- Poor communication between providers and their patients;
- Sound-alike medication names and medical abbreviations; and
- Illegible prescriptions or confusing directions.

Knowledge is your best defense. If you don't understand something your doctor says, ask for an explanation. When starting a new medication, make sure you know the following:

- What is the brand or generic name of the medication?
- What is it supposed to do? How long will it be until I see results?
- What is the dose? How long should I take it?
- Are there any foods, drinks, other medications or activities I should avoid while taking it?
- What are the possible side effects? What should I do if they occur?
- What should I do if I miss a dose?
- What should I do if I accidentally take more than the recommended dose?
- Will this new medication interfere with my other medication(s) and how?

You also have to share information with your doctor and pharmacist, especially if you're getting a new prescription or seeing a new doctor. Make sure they are aware of:

- The names of all medications you're taking, including over-the-counter and supplements;
- Any medications that you're allergic to or that have caused problems in the past; and
- Whether you have any chronic or serious health problems.

Some examples of medication errors have happened are:

- Confusing eardrops and eyedrops - "otic" is for the ears and "ophthalmic" is for the eyes;
- Chewing nonchewables;
- Cutting up pills – some medications shouldn't be cut because they're coated to be long acting or to protect the stomach; and
- Using the wrong spoon – silverware spoons aren't measuring spoons.

Don't hesitate to ask questions or to tell your health care providers if anything seems amiss. Remember, you're the final line of defense against medication errors.

Source: Mayo Clinic, September 2012

Calcium and Calcium Supplements

Calcium is important for optimal bone health throughout your life. Although diet is the best way to get calcium, calcium supplements may be an option if your diet falls short. Before you consider supplements, be sure you understand how much calcium you need, the pros and cons of calcium supplements, and which type of supplement to choose.

Your body needs calcium to build and maintain strong bones. Your heart, muscles and nerves also need calcium to function properly. Some studies suggest that calcium, along with vitamin D, may have benefits beyond bone health, perhaps protecting against cancer, diabetes and high blood pressure. Evidence about such health benefits is not definitive.

If you don't get enough calcium, you could face health problems related to weak bones. Children may not reach their full potential adult height. Adults may have low bone mass, which is a risk factor for osteoporosis. Children and adolescent girls are at particular risk, but so are adults age 50 and older.

How much calcium you need depends on your age and sex. The upper limit in the chart represents the safe boundary, it's not how much you should aim to get. If you exceed the upper limit, you may increase your risk of health problems related to excessive calcium.

Calcium: Recommended Dietary Allowance (RDA) for Adults		
Men	Daily RDA	Daily Upper Limit
19-50 years	1,000 mg	2,500 mg
51-70 years	1,000 mg	2,000 mg
71 and older	1,200 mg	2,000 mg
Women		
19-50 years	1,000 mg	2,500 mg
51 and older	1,200 mg	2,000 mg

Because your body needs vitamin D to absorb calcium, some calcium supplements contain vitamin D. A few foods naturally contain small amounts of vitamin D, such as canned salmon with

bones, and egg yolks. You can also get vitamin D from fortified foods and sun exposure. The RDA for vitamin D is 600 international units a day for most adults

Your body doesn't produce calcium, so you must get it through other sources such as:

- Dairy products, such as cheese, milk and yogurt;
- Dark green leafy vegetables, such as broccoli and kale;
- Fish with edible soft bones, such as sardines and canned salmon; and
- Calcium-fortified foods and beverages, such as soy products, cereal and fruit juices.

Even if you eat a healthy, balanced diet, you may find it difficult to get enough calcium if you:

- Follow a vegan diet;
- Have lactose intolerance and limit dairy products;
- Consume large amounts of protein or sodium, which can cause your body to excrete calcium;
- Have osteoporosis;
- Are receiving long-term treatment with corticosteroids; or
- Have certain bowel or digestive diseases that decrease your ability to absorb calcium, such as inflammatory bowel disease or celiac disease.

Several different kinds of calcium compounds are used in calcium supplements. Each compound contains varying amounts of the mineral calcium, referred to as elemental calcium. Common calcium supplements may be labeled as:

- Calcium carbonate (40% elemental calcium)
- Calcium citrate (21% elemental calcium)
- Calcium gluconate (9% elemental calcium)
- Calcium lactate (13% elemental calcium)

The two main forms of calcium supplements are carbonate and citrate. Calcium carbonate is the cheapest and therefore often a good first choice. Other forms of calcium in supplements include gluconate and lactate.

To determine which calcium supplement may be best for you, consider these factors:

- Amount of calcium - Elemental calcium is key because it's the actual amount of calcium in the supplement. It's what your body absorbs for bone growth and other health benefits.
- Tolerability - Calcium supplements cause few, if any, side effects. Side effects can sometimes occur, including gas, constipation and bloating.

Calcium supplements can interact with many different prescription medications, including blood pressure medications, synthetic thyroid hormones, bisphosphonates, antibiotics and calcium channel blockers. Ask your doctor or pharmacist about possible interactions.

Your body must be able to absorb the calcium for it to be effective. All calcium supplements are better absorbed when taken in small doses (500 mg or less) at mealtimes. Calcium citrate is absorbed equally well when taken with or without food and is a form recommended for

individuals with low stomach acid (more common in individuals 50 and older, or if taking stomach acid blockers), inflammatory bowel disease or absorption disorders.

It's not definitive, but there may be a link between calcium supplements and heart disease. More research is needed before doctors know the effect calcium supplements may have on heart attack risk. There is similar controversy about calcium and prostate cancer. Some studies have shown that high calcium intake from dairy products and supplements may increase risk whereas another more recent study showed no increased risk of prostate cancer associated with total calcium, dietary calcium or supplemental calcium intakes.

As with any health issue, it's important to talk to your doctor to determine what's right for you.

Source: Mayo Clinic, September 2012

"Pollen Allergy" Recall

The natural health product "Pollen Allergy" (NPN 80035736), now sold as "Tongqiao Biyan Pian," is being recalled from the Canadian market after testing conducted by Health Canada identified levels of arsenic that exceed allowable limits. It also contains low levels of chlorpheniramine (an antihistamine) and acetaminophen. None of these ingredients are listed on the label.

Children and adults who are exposed to arsenic may experience side-effects such as stomach pain, vomiting, diarrhea, muscle cramping, weakness, skin rash, numbness or tingling and loss of movement. The risks associated with consumption of the amounts of acetaminophen and chlorpheniramine in Pollen Allergy are for consumers who are hypersensitive to either of these ingredients.

Pollen Allergy was widely distributed to retailers across Canada. Health Canada is monitoring the recall and will update Canadians if new safety information is identified. Canadians who have used Pollen Allergy should contact their health care professional if they are concerned about their health.

Source: Health Canada, October 2012

Interaction of Proton Pump Inhibitors with Methotrexate

Health Canada has advised that the labeling for methotrexate and Proton Pump Inhibitors (PPIs) is being updated to include information on a potential interaction between these products. The new information will be in the "Warnings and Precautions" section of the labeling.

Methotrexate is used at high doses in the treatment of cancer and at much lower dose in the treatment of autoimmune diseases. Proton pump inhibitors are acid reducers used in the treatment of heartburn or acid indigestion.

The use of high-dose methotrexate and of PPIs at the same time by patients may increase the amount of methotrexate in the blood leading to side effects. The possible risks to health include

kidney failure, low red blood cell count, inflammation of the digestive tract, irregular heartbeat, muscle pain, infections, and diarrhea.

While a definite association between PPI use and an increase in methotrexate has not been confirmed, there have been a number of studies suggesting a possible interaction between them. Health Canada will continue to evaluate the scientific evidence as it emerges and take appropriate action as needed.

Health care practitioners are reminded that PPIs, in general, should be prescribed at the lowest dose and for the shortest duration of therapy appropriate to the condition being treated. As noted in the drug labels, a temporary withdrawal of the PPI may be considered by the healthcare practitioner in some patients receiving treatments with high-dose methotrexate.

The following proton pump inhibitors are available in Canada:

- Dexlansoprazole (brand name Dexilant)
- Esomeprazole (Nexium and its generic equivalent)
- Omeprazole (Losec and its generic equivalents)
- Lansoprazole (Prevacid and its generic equivalents)
- Pantoprazole (Pantoloc and Panto IV, and their generic equivalent(s))
- Pantoprazole/magnesium (Tecta)
- Rabeprazole (Pariet and its generic equivalents)
- PPIs are also available in combination with other drugs. For example, Vimovo contains esomeprazole and naproxen.

Source: Health Canada, October 2012

Promising New Stroke Drug

A team of Canadian scientists and clinicians at the Calgary Stroke Program at Foothills Medical Centre and University of Calgary's Hotchkiss Brain Institute (HBI), have demonstrated that a neuroprotectant drug, developed at the Krembil Neuroscience Centre, located at the Toronto Western Hospital, protects the human brain against the damaging effects of stroke.

This landmark clinical trial was a randomized, double-blinded, multi-centre trial that was conducted in Canada and the U.S. The study evaluated the effectiveness of NA-1(Tat-NR2B9c) when it was administered after the onset of small strokes that are incurred by patients who undergo neurointerventional procedures to repair brain aneurysms. This type of small ischemic stroke occurs in over 90% of aneurysm patients after such a procedure, but usually does not cause overt neurological disability.

In the clinical trial, patients were randomized to receive either Tat-NR2B9c or a placebo. Those treated with Tat-NR2B9c showed a reduction in the amount of brain damage sustained as a result of the aneurysm repair procedure. Also, in patients who had a ruptured brain aneurysm, which comprise a population of patients at very high risk of neurological damage, those treated with

Tat-NR2B9c all had good neurological outcomes, whereas only 68% of those treated with placebo had good outcomes.

Currently, the stroke drug t-PA is the only widely approved acute stroke therapy. It works by unblocking the arteries to the brain; however, this treatment is only beneficial for a portion of stroke victims. It also has serious potential for side-effects, including bleeding in the brain.

“Through our lab research and clinical trial, we now have a better method of predicting whether a stroke drug may be effective in humans and we now have the evidence that there is a neuroprotectant that can prevent damage in the brain caused by reduced blood flow,” said Dr. Tymianski, inventor of NA-1 and one of the study’s authors. “The benefits of this can be explored not only for stroke, but for other conditions such as vascular dementia.”

Source: University of Calgary, October 2012

Fast-tracked Drug Approvals

Drugs streamed into Health Canada’s accelerated review process are more likely to be withdrawn from the market or earn a serious safety warning than those that undergo the standard review, according to a recent paper out of York University.

The study is the first of its kind undertaken in Canada. It tracked a total of 434 new active substances (NASs) approved by Health Canada between 1995 and 2010, examining how many subsequently acquired either serious safety warnings or were withdrawn from the market for safety reasons. The NASs were then compared to see whether a difference in safety existed between those that had gone through Health Canada’s standard 300 day review period versus the 180 day priority process.

The standard process drugs had a one in five chance of either having a serious safety warning issued or being withdrawn from the market for being unsafe. However, a drug going through the priority process has a greater than one in three chance of having the same outcome.

Some drugs are moved into the priority process because they provide major therapeutic advances for serious illnesses, such as cancer, HIV/AIDS, and multiple sclerosis, and thus may be put through with a lower benefit to harm safety ratio. The study found that these priority drugs, and the types of diseases they treated, did not account for the difference in safety issues.

The study concludes that new products that offer major therapeutic advantages should be embraced, even with the significant gaps that exist about their safety, but because most NASs do not fall into this category, clinicians and patients should be using these drugs very cautiously.

Source: York University, October 2012

PROLIA - Risk of Atypical Femoral Fractures

Amgen Canada Inc., in association with Health Canada, would like to inform the public of new important safety information related to the risk of unusual thigh bone fractures associated with the use of PROLIA. PROLIA (denosumab) is used to decrease the risk of broken bones in postmenopausal women who suffer from osteoporosis. It is specifically prescribed for women at high risk of breaking bones or those who are unable to take other osteoporosis medicines.

Some people have developed unusual fractures in their thigh bone while receiving PROLIA. These fractures are called "atypical fractures". Atypical fractures are very rare. They can occur with minimal or no impact to the thigh area.

Atypical fractures have been reported very rarely, in less than one in 10,000 patients treated with PROLIA. Patients with a potential fracture complain of dull, unusual aching pain in the thigh, hip or groin area.

Amgen Canada has worked with Health Canada to update the safety information for PROLIA and has sent a letter to health care professionals to inform them of this new important safety information.

Source: Health Canada, November 2012

ZOCOR - Risk of Muscle Problems

Merck Canada Inc., in consultation with Health Canada, would like to inform the public of important safety recommendations on dosage related to the increased risk of muscle problems, particularly with the 80 mg dose of ZOCOR[®] (simvastatin; also sold as generics). An increased risk of muscle problems within the recommended dose range for ZOCOR[®] can also be seen when taken with certain other medicines.

ZOCOR[®] is used to lower the levels of cholesterol and fatty substances called triglycerides in blood and to reduce the health risks associated with coronary heart disease. The regular use of the 80 mg dose of simvastatin has been associated with an increased risk of muscle problems, particularly during the first year of treatment. The recommended simvastatin dosage is 5 to 40 mg/day. Take your medication as prescribed and do not change the dose unless directed by your physician. The 80 mg dose is only for patients who have been taking this dose chronically with no muscle problems or for patients at high risk of heart disease who cannot tolerate other cholesterol lowering drugs.

When simvastatin is taken with certain other medicines and grapefruit juice, an increased risk of muscle problems can be seen. Since the administration of ZOCOR[®] with many other drugs can increase the risk of muscle problems, it is particularly important to tell your physician if you are taking any drugs prior to starting ZOCOR[®]. While taking ZOCOR[®] you should avoid drinking large quantities of grapefruit juice (more than 1 litre daily).

Source: Health Canada, November 2012

National and Provincial Issues

PROVINCIAL ISSUES

Ontario: Providing Better Tools for Cancer Screening

Ontario is integrating screening reminders for breast, cervical and colorectal cancer into one co-ordinated system, improving cancer screening outreach for Ontarians. The province supports screening for breast, cervical and colorectal cancer through mammograms, Pap tests and a simple take-home test for anyone aged 50 to 74 with no history of colorectal cancer. Starting in early 2013, a co-ordinated system for all three cancers will mail screening reminders to patients as well as follow-up letters.

Quick Facts

- Evidence shows that regular screening for breast, cervical and colorectal cancer is effective in detecting cancer at early stages.
- In July 2011, the Ontario Breast Screening Program was expanded to include screening for high risk women aged 30 to 69 through yearly mammograms and MRIs.
- Ontario provides the online “Time to Screen Tool”, www.health.gov.on.ca/en/public/programs/cancer/screening, so people can find out when to start screening, and talk to their family health care provider about how to get screened.
- Cancer Care Ontario is leading the development of an online Personalized Cancer Risk Profile, which will use medical and family history to measure cancer risk and link those at higher risk to prevention supports, screening or genetic testing. The online profile is expected to be available in 2014.

Source: Ontario Ministry of Health and Long-Term Care, October 2012

Ontario: Healthy Homes Renovation Tax Credit

The passage of the Healthy Homes Renovation Tax Credit Act will allow Ontario’s seniors to renovate their homes so they can live in them safely and independently longer. Seniors who own or rent homes, and people who share a home with a senior relative, will be able to receive the new tax credit worth up to \$1,500 each year. The credit will make it more affordable to complete home renovations and installations to help seniors stay in their homes more safely and comfortably, and prevent falls and injuries. It will also help reduce pressures on more costly hospital and long-term care services.

Helping seniors live independently at home longer supports the Ontario government’s Seniors Care Strategy and is part of its Action Plan for Health Care to help ensure Ontario’s seniors get the right care, at the right time and in the right place.

Quick Facts:

- [Examples](#) of eligible home modifications include stair lifts, walk-in bathtubs and ramps.
- Homeowners should save their receipts for eligible expenses made on or after October 1, 2011.
- Seniors at all income levels can qualify for the tax credit.
- From 2012 onward, the tax credit can be claimed on the Personal Income Tax return for 15% of up to \$10,000 in eligible expenses per year.

Source: Ontario Ministry of Health and Long-Term Care, October 2012

Ontario: Government Launches 2012 Progress Report

Today, over two million more Ontarians have a family doctor, thousands more nurses are on the job and 23 new hospitals have been built or are underway. Those are just a few of the highlights in Ontario's 2012 Progress Report. The annual Progress Report details Ontario's accomplishments in putting patients first, while ensuring the future sustainability of our health care system.

The government is driving improvements by finding new and better ways to deliver health care. These initiatives include:

- Making it easier than ever to get your free flu shot close to home, through your family doctor, nurse-led flu immunization clinics and participating pharmacies. Specially trained pharmacists can give the flu shot to Ontarians, age five and over.
- 24 nurse practitioner-led clinics are open and two more will open this year.
- Over 215,000 more Ontarians received home care last year, helping seniors who want to live independently do so while freeing up hospital beds and staff in hospitals and long-term care centres.
- 200 Family Health Teams were created working to provide health care services to 2.8 million Ontarians, including 42 new teams in the North.

The Progress Report shows Ontario is on the right track. Ontario has an Action Plan for Health Care to ensure families get the best care where and when they need it, while ensuring better value for health dollars. Action Plan initiatives underway include:

- Patient-based hospital funding, so that hospitals are funded based on how many patients they see, the services they deliver, and the quality of those services.
- The Seniors Care Strategy to help seniors stay healthy and live at home longer.
- Expanded availability of smoking cessation programs to addiction treatment centres.
- Home care for 90,000 more seniors, including three million more personal support worker hours.

Source: Ontario Ministry of Health and Long-Term Care, October 2012

Nova Scotia: New Healthcare Legislation

Nova Scotians will continue to have fair and equal access to the health care they need with legislation introduced in November. The new Insured Health Services Act safeguards Nova Scotia's single tier, publicly funded health-care system by ensuring equal access to health care for Nova Scotians, and reaffirms this government's commitment to the principles in the Canada Health Act.

The new legislation will replace the 39-year-old Health Services and Insurance Act, the provincial legislation that guides the health insurance program. This Act was enacted in 1973 and the health-care system has evolved significantly over the past four decades. The modernized legislation will better reflect today's health-care system and ensure that health care remains fair and available to all Nova Scotians.

While it maintains many aspects of the old act, the new Insured Health Services Act will:

- introduce a new appeals board for patients;
- support collaborative models of care;
- provide explicit prohibitions against queue jumping, extra billing and user fees;
- place limits on direct billing;
- support alternative funding arrangements for health-care providers; and
- eliminate reimbursements for services provided outside the provincial plan.

Source: Government of Nova Scotia, November 2012

NATIONAL ISSUES

First Canadian List of Authorized Clinical Trials

The Government of Canada announced they will create a web-based list of Health Canada authorized drug clinical trials in patients. This list will provide information to patients, healthcare providers, and the public about clinical trials that have been authorized by Health Canada. It will make information about drug clinical trials easier for Canadians to find and use so that they can make informed decisions about their health. When ready, the list will be placed on Health Canada's website.

Health Canada will continue to encourage sponsors to register their clinical trials on the two publicly accessible registries currently available. These registries, which are part of the World Health Organization's Register Network, collect and display international clinical trial information and can be searched free of charge.

Health Canada is committed to providing updates on progress related to clinical trial registration and disclosure, and feedback will be taken into consideration as the project moves forward.

Source: Health Canada, October 2012

New Rules to Address Prescription Drug Abuse

In conjunction with National Addictions Awareness Week, the federal government announced tough new licensing rules that aim to clamp down on the diversion of controlled release formulations of oxycodone products, prescription drugs that are at a high risk of abuse.

Under the authority of the Controlled Drugs and Substances Act (CDSA), Health Canada will now impose tough new conditions on the licences of dealers who manufacture and distribute products that contain the controlled release formulation of oxycodone. For example, dealers will be required to report spikes in sales and changes in distribution patterns, in addition to Health Canada's current requirements to report loss and theft. If evidence of abuse is uncovered, action can be taken, up to and including the revocation of their licence to deal in certain types of medications. If required, matters could be referred to legal authorities.

Federal action is only one component of tackling prescription drug abuse. Medical practitioners who prescribe drugs fall under provincial and territorial jurisdiction. Provinces and territories are encouraged to speak with their local medical associations about the topic, and to strengthen provincial and territorial practices to fight prescription drug abuse, which include establishing training requirements, setting scopes of practice for physicians and other practitioners, and monitoring prescription practices.

If provincial and territorial governments agree they are unable to control this issue within their own jurisdiction, the federal government is open to considering additional oversight at the federal level to further combat the risk of drug diversion.

Source: Health Canada, November 2012

Canada Moves to Strengthen Drug Safety

Currently in Canada, internationally accepted high quality standards, known as Good Manufacturing Practices (GMP), are required for the production of pharmaceutical drugs. To make sure that the health and safety of Canadian consumers and their families are even more protected, the active ingredients (AI) in these drugs will be subject to these same standards. An AI is the ingredient or combination of ingredients in a drug that delivers a health benefit to a patient.

The amendments to the *Food and Drug Regulations* will extend GMP requirements to apply to all active ingredients used in drugs for human use sold in Canada, no matter where in the world they are produced. The amendments will also create a new record-keeping requirement in order to trace the AI from beginning to end in the manufacturing process.

The international community of pharmaceutical regulators and manufacturers has developed and adopted GMP guidelines specifically for AI. These amendments will bring Canada into line with its international partners. Health Canada is taking steps now to make the necessary changes to establish this new approach.

Source: Health Canada, November 2012