



April 21, 2016

Honourable Dr. Terry Lake
Room 337, Parliament Buildings
Victoria, B.C.
V8V 1X4

Dear Minister Lake,

Delivered via email to: HLTH.health@gov.bc.ca
With copy to: martyn.lafrance@gov.bc.ca

On behalf of the Centre for ADHD Awareness (CADDAC), the Canadian ADHD Resource Alliance (CADDRA) and BC physicians and medical professionals working in the field of ADHD, we request a meeting with your office as soon as it can be arranged to discuss how we can work together to better support British Columbians living with Attention Deficit Hyperactivity Disorder (ADHD). There is some urgency to this request due to the up-coming Pharmacare ADHD medication review.

CADDRA is a national not-for-profit organization comprised of psychiatrists, paediatricians, neurologists, family physicians and other medical and healthcare professionals specializing in the treatment of individuals with ADHD, the most common neurodevelopmental and mental health problem. CADDAC is a national not-for-profit awareness and advocacy organization supporting those with ADHD. As experts in treating ADHD, its many co-morbidities and complications, and advocates supporting those with ADHD, our organizations witness the substantial impact of this disability throughout the life span. ADHD impacts not only individuals with the disorder and their families, but also schools, places of work, and the wider community.

Publicly funded access to all of the Health Canada approved long-acting medications is a crucial part of an effective treatment plan for people living with ADHD in BC. **We understand that the Ministry of Health is conducting a review of ADHD treatment therapies and will be requesting submissions from patients, care givers and patient groups. Unfortunately there are very limited ways that medical professionals can share their clinical experiences in prescribing these medications during the review process. As experts in this field and front line workers treating patients in this province every day, we respectfully request that we be a part of the conversation and have our voices heard.**

In the past, ADHD was misunderstood as a “minor nuisance disorder” that resolved at the end of childhood. Research and knowledge over the last 25 years has transformed our understanding of ADHD. We now know this disorder to be complex and life-long in most cases, sometimes insidious, yet always pervasive impacting almost all areas of someone’s life. Untreated, it has far reaching impacts, increased incidences of school failure, school dropout, substance abuse, teen pregnancy, at fault car accidents, injuries, earlier and increased contact with the criminal justice system with increased rates of reoffending and increased mortality rates. Incidence rates of mental illnesses such as depression and anxiety greatly increase in the presence of ADHD and there is a

dramatic increase in the use of health care resources, loss of adult/parent work days, and overall productivity. ADHD represents a major loss of human capital and increase in socioeconomic costs.

On the other hand, with appropriate treatment, individuals with ADHD see improved performance at school and in the workplace, improved emotional regulation, social functioning and better overall health and well-being. When ADHD symptoms are managed, individuals with ADHD can reach their potential as valued members of our society. Many excel as entrepreneurs or scientific innovators utilizing their “out of the box” thinking, emergency responders or medical service providers, sales people or representatives of the arts and many other fields. They represent the individuals with ADHD who, have been able to find strategies, and where appropriate, utilize medication and counselling to harvest their unique strengths and other talents.

Medication treatment for ADHD is not a “one size fits all” scenario. Individuals with ADHD have unique responses to different medications. One therapy may be ineffective or create side effects in a patient, whilst another may be extremely effective and side effect free. It is therefore vital that we individualize our treatment, and have access to as wide a group of medications as possible to treat this disease.

Currently, Ritalin and Dexedrine – both short-acting medications - are the only pharmacological treatments for ADHD fully covered by B.C. PharmaCare. Concerta is the only long-acting medication that is available, but it is restricted to Special Authority Request (only for the paediatric population and only after failing on Ritalin or Dexedrine). Research studies show that long-acting medications are better tolerated, have fewer side effects, greater effectiveness and improved adherence. Long-acting medications also result in reducing stigmatization, facilitating parental control, eliminating the therapeutic gap inherent in multi-day dosing schedules and very importantly reducing diversion and abuse potential. Therefore, they are currently the most widely prescribed ADHD medications and are listed as the first-line medication treatment option by the Canadian ADHD Practice Guidelines.

Over the past several months, a number of physicians in B.C. have taken the time to write to B.C. PharmaCare about the poor access to ADHD medications in the province and have requested the opportunity to meet with officials and share their expertise. Unfortunately, none of them have received a reply that addresses their many concerns and instead have received a form letter denying meeting requests. The templated reply letters refer to the CDR “Do Not List” recommendations as a major reason for the decision to not list long-acting ADHD medications on the formulary. However, a cursory review of the BC formulary reveals many medications, including many psychiatric medications, have been added to the formulary in spite of a CDR “Do Not List” recommendation. The fact that B.C. seemingly ignores CDR recommendations when it comes to medications indicated for depression and schizophrenia, while hiding behind the CDR for medications intended to help patients with ADHD, suggests the decision is either arbitrary or biased.

A second reason posited for failing to add these medications to the formulary is economic. B.C. PharmaCare suggests that the ministry has had to make tough decisions regarding health priorities. On its surface, this explanation seems to make sense in a fiscally restricted environment. However, upon closer examination, one is again left with the impression that there seems to be a bias within the health ministry regarding ADHD patients in the province of B.C. If the decisions are related to difficult choices regarding priorities as the template letters suggest, why has no ADHD medication been provided full coverage in over 50 years? ADHD seems to be the only mental health disorder that is never made a priority in B.C.

We are sympathetic to the government being responsible for maximizing efficiencies in health care spending but we are also aware of the huge cost to society and patients of not appropriately treating ADHD. It must be remembered that ADHD is a strongly genetic condition. Many of us see children and adults in vulnerable economically stressed families, with multi-generational poverty, academic failure, alcoholism and substance abuse. Our most vulnerable are often those accessing Pharmacare. It is imperative for us to offer these individuals their best chance at altering their situation and meeting their potential.

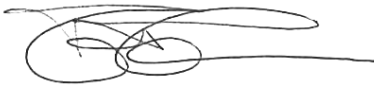
As mentioned earlier, Pharmacare intends to complete a review of ADHD medications in the very near future. We are concerned that such a review will fail to consider the real-world challenges faced by patients with ADHD unless the panel includes clinically-active ADHD experts in the province. These medication reviews tend to focus exclusively on the published literature regarding safety and efficacy. However, although safety and efficacy are

pivotal factors of future coverage decisions, we believe other factors must be considered. For example, typical medication "class reviews" fail to consider the significant impact of asking a patient with severe memory impairment to take a medication three times per day vs. a once-daily formulation. There are many other factors to consider when making a balanced patient-centered decision about coverage.

In April 2017, the World Federation of ADHD Conference will be coming to British Columbia and we, as BC medical professionals working in the field of ADHD, want to be able to speak of the great strides this government has made in supporting patients with ADHD. With that in mind, we are requesting a meeting to discuss the necessity of significant expert clinical input into the Pharmacare review of ADHD medications, including the newer long-acting ADHD medications.

We appreciate your consideration and will be in touch with your office shortly to book a meeting.

Sincerely,



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