LETTER FROM MONTREAL

Drug test dilemma

Canada would like to do its own drug screening, but money is scarce

by Fred Poland

The recent furor over the safety of cyclamates (SN: 10/25, p. 369) raised into bold relief some of the problems of Canada's Food and Drug Directorate—the counterpart of the Food and Drug Administration in the United States.

"Who knows," says a wistful John Munro, the Minister of National Health and Welfare, "one of these days we may have to take action that does not originate in the United States." His cryptic remark reflected in part a shortage of funds available to the FDD to carry out or sponsor the types of scientific and policy studies on which difficult decisions on food and medical product safety can be based.

The Canadian Government did end up following the U.S. precedent by banning the sale of all products containing cyclamates. But Munro and other officials responsible for the FDD would like to see Canada attain a position of much lesser reliance on work done elsewhere—in this case by government and industry scientists in the United States.

The FDD has been handicapped by limitations of both funds and staff. Its staff currently numbers about 950, and its 1969-70 budget is $12 million. This is $3 million higher than the previous year's figure, but FDD officials still feel it is inadequate for the type of job that should be done.

This, they point out, compares unfavorably with the resources of the U.S. Food and Drug Administration, which this fiscal year is operating on a budget of some $72 million and with a staff of nearly 4,500.

It now appears that at least partial relief of the problem is in sight. Munro says that a decision has been made to add from 150 to 200 additional persons to FDD's staff in the next few months.

One of the major projects the FDD would like to initiate with the expanded staff capability is the testing of new drugs on a generic rather than brand basis. This is a target of pressure from the public, which favors actions to keep costs down with the arrival of a Medicare program much more comprehensive than anything yet started in the United States.

Evaluation of generic drugs would require the development of an extensive new inhouse testing capability at the FDD, which has decided that contracting out the evaluative work would cause too many problems. Since the Canadians generally go along with U.S. approval of drugs, brand-name products are available, but generic versions, which are cheaper, can come from countries other than the U.S., and they have to be tested.

Another new project with far more certain status is a study of the sugar-substitute saccharin. Less than two weeks after the cyclamate decision Dr. Ross Chapman, the FDD director general, announced that saccharin will be given detailed study to determine whether it too can produce any harmful effects in living organisms.

Another food additive much in the consumer-safety news recently, monosodium glutamate (MSG), will not become the subject of a study by the FDD, Dr. Chapman says. Several weeks earlier Canadian manufacturers of baby foods that contain MSG announced that they would discontinue sales of the MSG-flavored products, as did their U.S. counterparts.

Canada has a past record of moving conservatively in the face of scares about foods and drugs. The Government does not have to act under the gun of a counterpart of the Delaney amendment, passed a decade ago in the United States, which requires removal from the market of any food additive shown to cause cancer in animals.

In the cranberry scare in the U.S. a decade ago, the FDD here issued no statement. The offending substance—a weed-killer called aminotriazole, which caused thyroid cancer in rats—turned out to have been used by some American farmers in a prohibited way. The situation was not the same in Canada, and the panic died down without any action from the FDD.

In the thalidomide crisis, circumstances were a bit different. Canada had been slow to give full approval to the drug. After the FDD followed Washington in banning the drug it was discovered that few abnormal births had occurred in Canada because the substance was still on clinical trials and available to few people compared with its wide use in Germany. Ottawa's conservative approach—and luck—had paid off, as did similar conservativeness in the U.S.

In the recent cyclamate matter, the FDD was handicapped not only by a lack of its own scientific evidence to support any decision it might have made prior to Washington action, but also by the absence of any independent scientific body to turn to for a quick outside appraisal—as the FDA had in the National Academy of Sciences. There is no such group in Canada.