Testimony of Shabbir Imber Safdar, Executive Director of the Partnership for Safe Medicines
315 Montgomery St, Suite 900, San Francisco, CA 94104 – shabbir@safemedicines.org – (703) 679-7233
November 13, 2019 - Hartford, CT

My name is Shabbir Imber Safdar, I am the Executive Director for the Partnership for Safe Medicines, a sixteen year old not-for-profit that studies the problem of counterfeit medicine in America. The Partnership accepts no corporate members, but consists of other not for profits representing the drug supply chain, from the manufacturers to the distributors to the pharmacists to patient advocates.

I am here today to talk about what we have learned studying counterfeits and previous attempts at importation for the last sixteen years. We spend our time studying trials of counterfeiters, Canadian, Chinese, and others. We work with families that have lost family members to counterfeits, either because they contained fatal ingredients or in some cases, they died from the cancer that went untreated because their medicine was fake.

There have been three other attempts in Illinois, Minnesota, and Maine to import Canadian medicine from licensed vendors up north. None of those programs are running today, and they all endangered American patients. Before you make policy on this, you should ask yourself, why did they fail? Those programs all promised big savings, but it never materialized. Why didn't they save money?

In each case, these programs run up against a number of realities. The first is that Canada in one ninth the size of America, and their medicine supply is not large enough to supply Florida, much less even 20% of Americans. Canada has little to no manufacturing capacity of their own, so it's nearly impossible for them to "ramp up" if America buys up their inventory.

Canadians, for their part, are already experiencing drug shortages and are terrified at what will happen as these American plans start up. Right now Canadian patient groups, pharmacists, and wholesalers are all petitioning Health Canada to put controls on the export of medication to America because of proposed legislation like this.

Additionally, American and Canadian medicines are not interchangeable products. The medicine made for Canada is typically made in a single production run and shipped into Canada once a year. The amount they receive is based upon a rolling 3-5 year average of Canadian usage. They can't simply tell a drug company to "up their order next month because the Americans are taking more."

The second problem is that it's both legally impossible as well as incredibly expensive to license Canadian pharmacies and wholesalers. Today, the board of pharmacy in Connecticut and every other state holds the power of license revocation over any pharmacy or wholesaler in the state. In addition these entities have significant assets at risk in the state.

When a typical Board of Pharmacy inspector arrives at a pharmacy or warehouse, they have to let them in or their license is at risk. Connecticut inspectors have no such power in Canada, and the Canadian pharmacy regulators have already said they want no part of plans like this. You cannot effectively inspect or even regulate an entity that you don't have any authority to inspect. Nor can you threaten to suspend their license if they don't rectify problems found during inspections.

Legislation being proposed in Connecticut and other states supposes that any entity in Canada that has a wholesale or retail pharmacy license is safe to import from. That has been proven to be not true.

From 2008 to about 2012, the licensed Canadian wholesaler Canada Drugs and several other wholesale rings facilitated the trafficking of injectable medications supposedly from Canada to American cancer,

eye, osteo, and other medical clinics in America. These drugs weren't Canadian and occasionally when the FDA got their hands on them before being given to patients, they found they were counterfeits with no active ingredient. Their known customers in Connecticut are shown on this map I've attached.

These are the entities that legislation in Connecticut and elsewhere expect to import medicines from. They've already proven to be unsafe for Americans.

Everything that I have learned by studying the experiments in Illinois, Minnesota, Maine, and from the Canadian wholesale market says that if you pass this law and create a market for Canadian labelled medication, someone will sell you Canadian labelled medication and you won't be able to tell the difference. Testing and inspections are very expensive. All the previous states underfunded inspections and didn't even bother with chemical testing. If they had fully funded both of these, they would have seen no savings in the price difference.

If enacted, importation in this state will always find a willing Canadian seller, not necessarily a safe one. Other states have already proven this is the logical outcome of plans like this. It will be dangerous to ignore those results.

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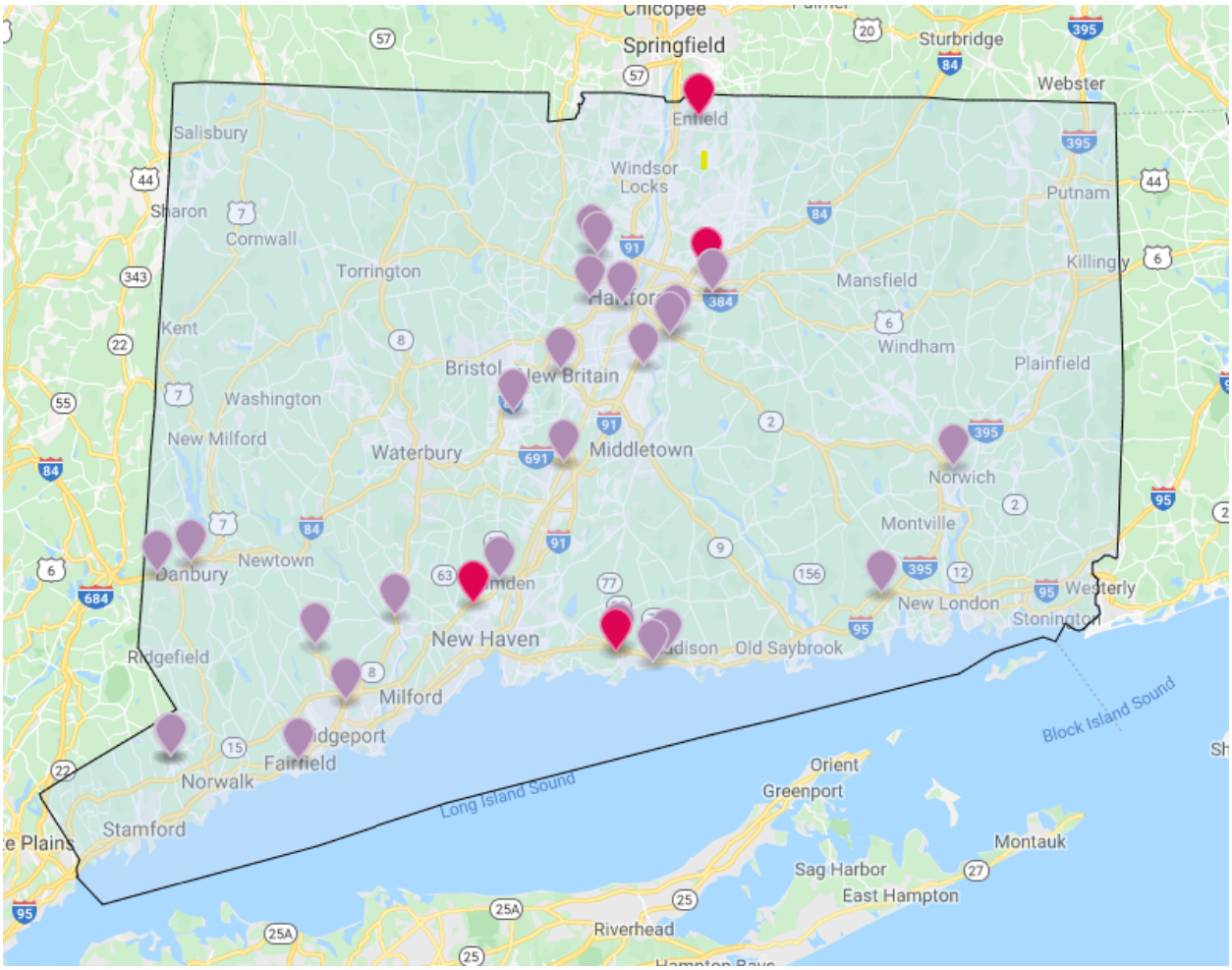

25 different medical clinics in Connecticut have been warned by the FDA over the last 15 years for buying black market medical products from unlicensed vendors. The vendors selling them were prosecuted for selling counterfeit and dangerous products. Several of them held Canadian wholesale and retail pharmacy licenses.

Connecticut also has four counterfeit victims who died from a counterfeit medicine made with fentanyl.