

third goal is protection, to protect the health and rights of non-smokers.

This approach is bearing fruit. Since 1986 per capita tobacco consumption has fallen by 24 per cent. The annual decline in tobacco consumption was 7.6 per cent. This was the largest decline ever recorded and it looks like the numbers for 1990 will be even better. The tax increases announced in the latest budget should reduce the number of teenage smokers by 100,000.

The government is also a partner in the national drug strategy. The strategy was launched in May 1987 with the objective to reduce the harm to individuals, families and communities from the abuse of drugs through a balanced approach. Activities and programs to fight drug abuse are undertaken in partnership with the provinces for treatment and rehabilitation, with community based groups for education and prevention programs, with universities for research and with business through corporate sponsorship of prevention programs.

AIDS is another area where the federal government is a strong partner. The national strategy was announced on June 28, 1990, and involves partnerships in five major program areas: in education and prevention; in biomedical initiatives; in care, treatment and support; in support to non-governmental organizations; and in co-ordination and collaboration with a wide range of partners in Canada and around the world.

The government is also involved in partnerships in health and the environment. The health and the environment component of the Green Plan was developed through nation-wide consultations with individuals, communities and organizations. The partnerships developed through the Green Plan consultations include native people in addressing native health and environmental issues; communities; and international organizations such as the World Health Organization high level mission on health and the environment, OECD technology and environment program, and international program on chemical safety.

It is easy to see why many Canadians would feel that health care is threatened if it does not get ever increasing funds. It seems that there can never be enough

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resources where your own health or the health of your loved ones are concerned.

But as a society, we have to be objective about how much we spend on health, at least as objective as we can be.

Canada is the highest spending nation of all countries with a publicly-financed health care system, \$56.1 billion or 8.9 per cent of the GNP in 1989. Spending on health care is one of the fastest growing areas. Canadians are among the healthiest in the world, but increases in health spending have not produced commensurate increases in health status. The gap in life expectancy between the richest and poorest Canadians is almost two years for women and five and a half for men. This gap increases significantly if disability is factored in.

Other nations spend less and have better health status. Japan spends 6.8 per cent of GNP and has lower infant mortality rates: 5 per 1,000 live births versus 7.9 for Canada. Resources are finite; every dollar that is spent on health care has an opportunity cost. It is a dollar not spent on education, accident reduction programs or reducing illiteracy. There may be other areas where benefits, in terms of health status of the population, might well be higher.

Tough choices have to be made and they are not going to get any easier. As we learn more about the the determinants of health status, we will have to consider a broader range of allocative choices. There are other factors that affect the well-being of populations beyond health care and public health measures like education, environment and poverty.

Most of the recent provincial task forces and commissions that have examined the health system have recognized, once again, that health is not just health care.

More money is not the answer. A consensus is emerging on this, but clearly we have a distance to go. It is important that we build on this consensus. We have to challenge ourselves not to spend more but to spend better. In the end we are all seeking the same goal: a better and more equitable distribution of health status for all Canadians.

I welcome the opportunity of speaking to this motion today.