Mr. Allmand: Mr. Speaker, would it be in order to call it one o'clock since it is so near the hour?

Mr. Deputy Speaker: Order. It being one o'clock I do now leave the chair until 2 p.m.

At one o'clock the house took recess.

AFTER RECESS

The house resumed at 2 p.m.

Mr. Warren Allmand (Notre-Dame-de-Grâce): Just before lunch, Mr. Speaker, I was listening to the hon. member for Simcoe North (Mr. Rynard), the chief spokesman, I believe, of the Conservative party, and I was very disappointed with what he said. From his remarks I found it difficult to determine exactly what the position of the Conservative party is on this bill in general and about the high cost of drugs in particular. I felt there were many contradictions in his speech and I will deal with some of them later. When the hon. member dealt with the table the Minister of Consumer and Corporate Affairs (Mr. Basford) presented to the house on October 17, 1968, he indicated that the table could be misleading since it did not specify the strengths of the drugs listed, the implication of the hon. member's remarks being that this was unfair.

May I point out that the table introduced by the minister, which may be found on pages 1512 and 1513 of *Hansard,* was based entirely on the table forming appendix (f) to the report of the Harley committee. It is set up in the same way and the strengths of various drugs are set out in the appendix. Moreover, I understand the hon. member was a member of the Harley committee, supported its report and supported the form which this particular table took. The difference between the two tables, that is, between the table forming appendix (f) to the Harley report and the one presented by the minister on October 17, lies in the fact that the table presented by the minister has brought up to date the prices of drugs to retailers in Canada and in other countries that are listed. May I also point out that this table was used by the minister who introduced a similar bill last year. That table, in the form in which it appears on pages 1512 and 1513, has been used on three occasions. If anyone is being unfair and misleading in this matter I suggest it is the hon. member for Simcoe North. As a matter of fact, on page 1512 of *Hansard* the Minister of Consumer and Corporate Affairs clearly states that the table he is presenting is based on the table that was produced by the Harley committee.

The hon. member's remarks contain many red herrings and contradictions. At one stage he said, "We, in the Conservative party, would like to see drug prices come down." Other hon. members of his party applauded him. Later in his speech he said, "After all, generally speaking, most Canadians have a high standard of living and can afford to pay for drugs. It is only those people whose incomes are fixed or at the low end of the scale who cannot afford to pay for drugs." After hearing the hon. member's remarks one could not tell whether the Conservative party felt drug prices were too high. The party's position, to judge from the hon. member's remarks, is not clear.

• (2:10 p.m.)

At another stage he criticized the government for spending money on certain medical and drug programs and said the government was spending too much money. Later in his address he suggested that we subsidize drug prices for certain people. Again it was very difficult to know what was the policy of the Conservative party with respect to drug prices. They offered no alternative policy and I doubt that they have one.

In discussing this bill there are several points that must be emphasized and I would like to deal with a few of them. The first point which is most important is that drug prices in Canada are too high compared with drug prices throughout the world and with other consumer prices in Canada. The allegation that drug prices in Canada are too high is supported by three very thorough studies. This has been placed on the record previously. This conclusion was reached by the combines branch, by the Hall Royal Commission on medical and health services, and by the parliamentary committee on drug prices which sat for more than a year and received evidence from all parts of the country. All three of these reports said drug prices in Canada were too high and away out of line.

Certain examples can be given. One is with respect to a drug called prodnisone, which is a cortisone preparation that is sold to retail pharmacists at $17 for 100 units, whereas the same drug is sold to hospitals at $1.95 for 100 units. Many other examples like this have been put on the record and I do not think there are many people who will contest the