

Mr. SMITH: Mr. Jackson will speak to you in respect of poison control centres.

Mr. JACKSON: We would like to bring to your attention a brief which was submitted by the Canadian Agricultural Chemicals Association on October 17, 1962, to the Royal Commission on Health Services. This brief dealt with accidental poisoning and poison control centres. In our brief and in our conclusions we said:

The problem of accidental poisoning for all poisonous substances manufactured by industry as a whole in Canada is of the magnitude of some 12,000 cases a year for hospitalized treatments, and many thousands more for outpatient and home treatments.

These involve all chemicals and not only pesticides. I believe you have some evidence in respect of the number of cases which might be attributed to pesticides.

Our second conclusion is:

It is estimated that the volume of accidental poisoning will double in a very few years as a result of expanding usage and product lines.

Our third conclusion is:

Various hospitals across Canada are presently designated as poison control centres, but these are fundamentally ineffective due to inadequate staff and equipment, insufficient up to date data, ill-defined jurisdiction and a lack of standard operating procedures.

The fourth conclusion is:

The food and drug directorate of the Department of National Health and Welfare, though presently co-ordinating poison control measures in Canada is unable to function adequately in this connection due to lack of staff, facilities, equipment and funds.

So, we recommended:

1. The establishment of a main information centre at the food and drug directorate of the Department of National Health and Welfare, with expanded staff and facilities for more efficient cataloguing and disseminating of data to officially recognized poison control centres.
2. The establishment of an efficient and uniform system of reporting toxicological data by all manufacturers and distributors co-ordinated by the food and drug directorate.
3. The establishment of fully equipped and adequately staffed poison control centres at a few leading hospitals with nationally known telephone numbers fully publicized to the medical profession.
4. The establishment of minimum standards for designation as a poison control centre in connection with staff, documentation and consulting physicians on call.

I might add that since that time I believe considerably more effort has gone into this area and that some of these things are much improved from the early situations.

Mr. CHEVALIER: If I might add to this, we are fully aware of the jurisdictional problems between the federal and provincial governments on hospital matters. What we find now, in a sense, with the majority of the hospitals is that they like to be able to say that they have a poison control centre. I guess it has a sort of extra appeal. We feel that this is terribly dangerous, because any poison control centre really is not a poison control centre if it