the associated environmental health hazards and are seeking full disclosure and information on available products.

The minister indicated previously, and again during the debate, that the regulations controlling proprietary medicines will contain provisions enabling the regulatory authorities to respond rapidly to changing scientific and technological advances in the drug field. This implies that the regulations will contain sections enabling a continuous monitoring program and scientific analysis of data pertaining to the manufacture, quality, safety and effectiveness of proprietary medicines.

As I indicated at the outset, it is impossible to assess the effectiveness of the bill unless more substantial information is applied. I would like to ask some questions on this point: the minister may wish to make note of them and respond at a later time. Who makes the regulations under the Food and Drugs Act? Is it the minister? Is it the governor in council? What input do these bodies affected by the legislation have? The minister has made reference to the provinces. How extensive has consultation been with the provinces with respect to their pharmacy acts? As I recall, the minister said there seems to be some agreement, and I am sure he recognizes that we must have some indication as to their agreement with the whole principle of self-medication as enunciated by the minister in including this present bill under the food and drugs regulations.

Have the various provinces amended their present pharmacy acts so that we can be certain that this new format will be included in that for which the provinces will be responsible? Since this is under a new division—I think the minister mentioned this—of the Food and Drugs Act, does this imply that proprietary medicines are subject to all the regulations existing under the food and drugs regulations? Will there be other, separate regulations with respect to proprietary medicines? I think this is most important because there are some differences. The minister indicated that there will be a schedule, and he mentioned some of them; but will there simply be a list of drugs which can be included as proprietary medicines? Will there be a list of thousands of proprietary medicines in the form of a schedule? I am not quite clear on that and I hope the minister can enlarge on it.

I think the minister is also aware that at the present time there are hundreds, probably thousands, of proprietary medicines in existence. I will comment in a moment or two on the quality assurance of drug program; but does the minister visualize a similar type of program in terms of the safety and efficacy of these various drugs under the proprietary medicines bill? Another matter is, Mr. Speaker, that it is not unusual to see rapid changes in proprietary medicines. The minister made some reference to that question but did not say how he plans to monitor them. Will there be consultation with the industry to ensure such monitoring?

● (1240)

I want to ask the minister about drug identification numbers. I am sure he is well aware of the controversy which arose when that particular regulation was introduced. I have received a good deal of correspondence about it and have talked to many people involved in pharmacy. A lot of people felt that the program was costly and the results of questionable value. I should like to ask the minister whether anything will be done about the drug identification numbers program as it presently exists. I am sure there are many other questions that will be raised. As I indicated previously, if we are to have input of value with respect to this type of legislation, I think it is most important that the regulations be made available to interested parties.

The minister has not made reference to the safeguards he plans to ensure the quality, safety and effectiveness of drugs if we are to provide the Canadian public with safe and effective proprietary medicines. I now want to say something about the QUAD program. I know the minister is aware that I have not been too happy with the government's performance in managing the quality of drugs in Canada. I spoke on this matter on April 3, 1973, in the House. I believe the Canadian public has been misled and that those people involved in the health care delivery systems in the industry, and even in this House, have been misled.

I want to remind this House that when the present government first embarked upon a program of quality drug control it was introduced as the quality assurance of drug program. When the program was introduced, the Canadian people were informed that quality would be guaranteed, and this has been a permanent impression with the majority of Canadians. I want to bring to the attention of hon. members, however, that shortly thereafter the government reversed its decision and introduced the drug quality assessment program. I am certain the minister recalls his difficulties with that particular program. The minister has yet to tell the Canadian people that there is no guarantee of the quality of drugs. At this time the health protection branch is simply testing drugs at random and has not fulfilled its commitment to the Canadian people to guarantee the quality of all drugs.

I have referred to the secrecy aspects of the existing legislation and the necessity of abolishing this archaic approach. I have also stressed the importance of the quality of drugs. There is a third area that has received little of no government attention, however, and that is the problem of drug reactions. Let me put the question in its proper perspective. I should like to quote from the summary of an article entitled "Drug Reaction Control" which was written by Campbell and Napke, the latter person being chief of poison control and adverse reaction programs of the Department of National Health and Welfare. This article which was published in June, 1974, begins with these words:

> The incidence of drug adverse reactions (DAR) in hospital patients varies according to the intensity of monitoring from a low of 5 per cent to a high of 35 per cent. As many as 5 per cent of monitored patients may suffer DAR on admission to hospital, while more than 3.5 per cent of in-hospital deaths have been drug-attributed.

From this, the direct and indirect costs due to this problem are readily apparent. As I indicated, the government's initiative in this area is essentially zero, despite the introduction of this bill and the implication that by listing the ingredients the problem will vanish. I want to emphasize that there are two principal bodies which have called for this legislation, in my view. The first is the health care delivery system because of the growing awareness of drug adverse reactions and interactions, thereby creating a