

society in general, self-medication with over-the-counter drugs are common in adverse drug reactions.<sup>61</sup> The 1990 Ontario study also found that some physicians' lack of training in geriatric prescribing, dual prescribing systems in hospitals and in post-discharge care, increased drug sensitivity among seniors and improper storage also contribute to adverse reactions.<sup>62</sup>

The British Columbia workshop identified the need to help seniors understand and use medications correctly and appropriately. They spoke of the urgency of encouraging and assisting physicians, pharmacists and nurses to provide and monitor medications wisely.<sup>63</sup> The Ontario study and a number of witnesses recommended the development of a "smart card" to facilitate drug utilization, monitoring and review.

The evidence suggests that control of this problem would also represent reductions in health care costs through reduced costs for provincial drug programs and avoiding procedures, hospitalization and even institutionalization related to the misuse of medication. The National Advisory Council on Aging says that most of the increased cost of provincial drug programs for seniors (approximately 90% in some provinces over the past 5 to 10 years) has been due to the rising cost of drugs (an increase nearly 54% over 5 years).<sup>64</sup>

The Pharmaceutical Manufacturers Association of Canada informed the Committee that the November 1989 report of the Patented Medicine Prices Review Board says that manufacturers' prices of patented medicines rose on average by less than the Board's Guidelines, which are based on the Consumer Price Index.<sup>65</sup> They pointed out that medicines are the smallest and most cost-effective component of health care costs. Nevertheless, The Pharmaceutical Inquiry in Ontario found that the Ontario Drug Benefit has been the fastest growing health care program in that province, experiencing an average annual increase of 20.4% between 1978 and 1988. While Ontario residents aged 65 and over receive free drugs from the provincial plan, the Inquiry says that some groups, mainly the working poor and people with extraordinary drug costs due to severe chronic disease or disability, do not have adequate access to needed drugs.<sup>66</sup>

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<sup>61</sup> *Health Care for the Elderly: Today's Challenges, Tomorrow's Options*, Report of the CMA Committee on the Health Care of the Elderly, 1987, p. 32.

<sup>62</sup> *Prescriptions for Health*, *op. cit.*, p. x.

<sup>63</sup> Province of British Columbia Ministry of Health, *op. cit.*, p. 7.

<sup>64</sup> Brief, p. 18.

<sup>65</sup> *Minutes of Proceedings and Evidence*, Issue No. 53, p. 108.

<sup>66</sup> *Prescriptions for Health*, *op. cit.*, p. ii.