

Drug Quality Program

brought in his report, this must be included and be complementary to the plan.

The Progressive Conservatives have long advocated the need for paramedical staff to supplement the offices of the nation's physicians. Such staff could reduce the workload of doctors and allow them to treat more thoroughly patients requiring attention for problems now being treated by an excessive reliance on mood-modifying drugs or tranquilizers. According to the Canadian Medical Association, one-third of all prescriptions issued by Canadian physicians during a recent survey were for mood-modifying drugs such as amphetamines, barbiturates, tranquilizers and anti-depressants, and over half of such prescriptions for mood-modifying drugs were repeat prescriptions.

To deal with the cost of these drugs is tangential to the major issue, I submit, Mr. Speaker. What is needed is a policy to increase paramedical aid to physicians so that they can deal more thoroughly with their patients, thereby reducing the degree to which mood-modifying drugs are needed as treatment in such cases. To eliminate the need for costly drugs is better than to merely reduce drug costs.

It is my hope, Mr. Speaker, that the Minister of National Health and Welfare will act shortly to give free drugs to the disadvantaged Canadians and to institute a program of paramedical aid for doctors. Such measures are necessary to fill the gap left by the extended drug quality assurance program he announced today. Only then can the federal government hope to achieve its stated aim of reducing the cost of drugs to the public.

I hope that the minister is not setting up guidelines that later can be used in a compulsive way to make the doctor prescribe only drugs which appear on the Food and Drug Directorate's list.

Again, I appreciate the minister's motive for taking a very timid step. I note that the minister speaks about the clinical efficacy of drugs. I am sure that his department realizes that the therapeutic equivalency of a drug is much more difficult to determine than the analysis or inspection of manufacturing facilities.

Mr. David Orlikow (Winnipeg North): Mr. Speaker, the people of Canada have been concerned about the price of prescription drugs for a dozen or more years. They have been calling on governments, federal and provincial, to take action to bring about a sharp reduction in the cost of prescription drugs. From the studies that have been made it is obvious that the substitution of generic drugs could go a long way toward reducing the cost of prescription drugs.

Prescription drugs are unlike any other consumer item; the consumer has no choice as to the prescription he gets. Almost exclusively it is the doctor who decides what particular drug shall be used. Doctors have felt, with a good deal of justification, that they could not take a chance on substituting a generic drug for a well known brand name drug because they had no assurance that the substitute drug would be as safe and as useful as the brand name product.

[Mr. Rynard.]

When the special committee set up to examine this question met five or six years ago, we suggested that unless the federal government would implement a system of widespread testing and communicate the results to the doctors and the pharmacists, it would be impossible to reduce substantially the price of prescription drugs to consumers. Events have proven that we were right. Therefore we welcome this move by the government to set up a testing organization and information service so that doctors will be in a position to know, when they prescribe a generic product costing perhaps one-half or even one-fifth as much as the brand name drug would cost the patient, that the patient is getting a prescription which is equally efficient in doing the job it is intended to do. We welcome this move. We are sorry it has taken so long and that it will take another two years to get into operation. I still do not believe this program will do the whole job which is required to bring the cost of prescription drugs down.

I still believe we shall reach a point in the not too distant future when the federal government will see the necessity for setting up a Crown corporation to manufacture certain small percentages of the most important and frequently used drugs, so that a reliable price yardstick can be established enabling doctors and patients to know what the price should really be instead of what they are having to pay at the present time.

[Translation]

Mr. Romuald Rodrigue (Beauce): Mr. Speaker, the drug quality assurance program the minister has just announced deserves special attention, and I trust it will allow the achievement of its objectives, namely the sustained quality of drugs and lower prices for the general public.

Those are worthy objectives. The Canadian people are certainly entitled to drugs of the best possible quality at a reasonable cost.

The program rests on four points; to my mind, it is a start, and should receive much more attention on the part of the department.

The minister mentioned the fact that retail sales of prescription drugs amounted to over \$271 million in 1970. The volume of sales itself indicates the great importance of adequate surveillance by the Food and Drug Directorate and the Department of National Health and Welfare so that the Canadian people may be well protected.

I am amazed to hear that the Food and Drug Directorate does not inspect the 104 firms more than once every three years and that it will only be from 1973 on that the inspections will be made once a year. This demonstrates without any doubt the inefficiency of the inspection department. This failure could have been corrected a long time ago. Having noted this failure, the minister states that inspections will be carried out once a year, from 1973 on. Here is another proof of the inefficiency of certain departments which seem lost, unable to correct an unbearable situation. Where a decision has been made to improve the situation, they only proceed at turtle pace.