bill since it last came before the house. The question arises whether the measure goes as far as it should in guaranteeing the safety and efficacy required to protect the Canadian people. I should like to put on the record what was said in an article which I picked up in a United States hospital this year. It is a very interesting article and is extremely apropos of what we are speaking about today. It reads as follows:

> The entire science of pharmacy and biopharmaceutics is based on the well-documented scientific fact that even minor changes in the formulation or an inadequate or an inconsistent formulation of a drug product can and do have profound effects on the clinical response to that product.

• (12:30 p.m.)

> To assume that drug products with the same active ingredient will always produce an equivalent clinical result is a scientifically unsupportable premise that has been repudiated by factual data and experience. No informed pharmacologist would deny that a variation in the formulation of a drug product, even though the active ingredient remained the same, could and often does produce a different biological and clinical effect. Since no two drug products have the identical formulation, varying clinical response can be expected. The very fact of standards and batch testing attest to this phenomenon, but even these are not sufficient. No official standards exist today that provide a biological performance test by which one can conclude that a particular drug product will perform as it is supposed to in the human.

I think this illustrates and points up the very difficult problem with which we are dealing here.

Now I would like to put on the record a report from the *Canadian Medical Association Journal* of July 27, 1968. It is interesting because of the fact that this bill is being brought in to lower drug prices. It reads:

> Drug prices for both prescribed and over the counter preparations showed a decrease of 4.1 per cent during 1967, compared with a slight increase over the past ten years, averaging 0.7 per cent per year. This decline in drug prices occurred shortly after the 11 per cent federal sales tax on drugs was removed. Not all items registered decreases: antiseptics were up 3 per cent in contrast to decreases of 5.1, 4.8 and 4.7 per cent in vitamins, prescriptions and laxatives.
>
> Yearly price changes for the range of drugs included in the index have fluctuated and show no definite trend, but changes have been moderate. It must, however, be kept in mind that the effects of the price levels of newly introduced drugs are excluded from these measurements.

Here we are dealing with another problem which I would like to bring up because Bill C-102 may be said to be basically an attempt to reduce certain retail prices in Canadian stores through competition injected by cheaper foreign products. It seems to me questionable whether this is an objective which parliament should encourage. Since Canadian wages are among the highest in the world and since unit costs are also high, it follows that our cost of living could be reduced across the board by fostering the importation of cheaper foreign products of all types. I wonder whether the Canadian people want that. It is questionable whether such a step would be approved by Canadians generally. I wonder what the automotive workers of Oshawa, the textile workers in Montreal, the fruit growers in British Columbia and the dairy producers in Ontario and Quebec would say about this. This is something that we must think about. We must think of the economy in which we operate, of the sacrifices we are making and of what we are doing.

However, I believe there is a much more important aspect to the possible wider importation of foreign pharmaceuticals. I refer to the health of the users. We in Canada are accustomed to a very high quality in our drugs, manufactured under approved and inspected conditions by highly qualified Canadian pharmacists. I want to say here that in my opinion the Food and Drug Directorate, with the facilities it has at hand, has done an excellent job. The Minister of Consumer and Corporate Affairs (Mr. Basford) would like to substitute for these drugs—I think this is his point—drugs of lower cost manufactured in other countries. But we require the assurance of the Minister of National Health and Welfare (Mr. Munro) that the officials of his department have the facilities to ensure that such imports will be satisfactory in every way. Nothing less will do.

I am glad the minister referred to that because I made a few notes of what the preceding speaker said. I understood him to say that for the direct determination of therapeutic equivalency the ideal method would be to compare two or more drug products containing the same amount of active ingredients in the same dosage form, by measuring their capabilities to alleviate the symptoms or to control a specific disease in human patients. Except perhaps in rare circumstances, such a comparison is neither practical nor necessary. It would be extremely costly and very time consuming even if the required personnel and facilities could be found for such investigations. I think that deals with that point. I think there is no justification for