attempt to deal effectively from a position of strength with fish buyers from the United States.

For the first year it managed to increase the price of fish to fishermen at the lakes materially—somewhere between one-third and 50 per cent. By contrast, the last two years have been years of difficulty. First, we had the mercury problem; second, there was the change in value of the Canadian dollar which effectively reduced the price by 10 per cent. Serious overfishing, particularly in Lake Winnipeg, has resulted in a marked reduction in the quantity of fish which the province will allow to be taken from that very important lake. As a result of that, in the case of the start of the difficulties poor design of some equipment in the new plant at Transcona resulted in serious miscalculations about inventory, with a serious loss of fish. There was a shortfall run amounting to several millions of dollars over a period of two years.

• (2220)

The federal government has agreed to meet half of that loss as an exceptional measure and has asked the provinces to do likewise. If the provinces match the federal government, the fishermen on the lakes will not suffer in terms of price. We have had difficulties in respect of management as well as problems in respect of marketing in the United States. Hopefully, these are challenges that the corporation will be able to overcome in the long run.

DRUGS—AVAILABILITY OF QUAD PROGRAM DATE TO BULK PURCHASERS, PHYSICIANS AND OTHER HEALTH PROFESSIONALS

Mr. J. R. Holmes (Lambton-Kent): Mr. Speaker, I had hoped that because of the importance of this matter the Minister of National Health and Welfare (Mr. Lalonde) would be in the House this evening. However, I am glad to see that his parliamentary secretary is here.

On February 28 I asked the Minister of National Health and Welfare the question which appears on page 1757 of *Hansard*, namely, if he would table in the House the various investigative studies, including those relating to bioavailability, which would substantiate the claims presented in the QUAD' 72 publication.

Again on March 8 I raised the question in the House which appears on page 2020 of *Hansard*. On that occasion I pointed out the necessity of presenting the scientific data supporting the claims of the QUAD publication to the professionals responsible for prescribing drugs, in order to allay the apprehension which had developed between the minister and his top departmental officials concerning the therapeutic equivalents of drugs.

It may be that I did receive a portion of this information last Monday. Although I will not attempt to comment on how to summarize the analytical data, as suggested by the minister in his accompanying letter, I would like to comment on the program itself because of the possibilities it offers to the professions, the industry and, above all, the consumer, particularly if it can be developed in the proper atmosphere, an atmosphere which must be devoid of political overtones such as those in the minister's statement of March 13. If I may, Sir, I should like to quote the last paragraph of that statement as an example of what I refer to as political overtones. The statement is as follows:

> The government feels that QUAD is sufficiently valuable that we are prepared to take whatever action is necessary to ensure that achievement of its goals is not thwarted.

I think that is a classic example of this attitude on the part of the government. I can assure the House that a program which is scientifically oriented and so closely related to the expanding field of biopharmacology must be nurtured and allowed to grow without intervention by political decisions.

I concur, also, with the initial concern of the government to evolve a plan which would reduce the cost of drugs to the Canadian public. Indeed, we should pursue that goal. I also assure Your Honour, from personal experience, that the fundamental question which must always be answered is: Does the patient have an effective drug? In clinical practice the problem is one of effectiveness, and it may be a difficult decision to determine whether chemical assay percentages of plasma concentrations are the best indicator of drug effectiveness. Clinical evaluation of a drug must be an important component of investigation. The government should join with the industry and the academic community to establish this setting and promote research in areas such as improving drug monitoring techniques, encouraging additional pharmacological research and ensuring optimum drug utilization and rational prescribing. I could give a classical example of the introduction of L-Dopa in the treatment of Parkinson's disease in the United States, in which there was a definite correlation between industry, the government and the academic community.

The government also has the responsibility to reduce the cost of drugs, and an equal responsibility to ensure that they are effective and safe, which implies that the information must be made available to prescribers, as well as patients, on their use and efficacy. In the report the minister indicates that the program was built upon four cornerstones; chemical analysis, comprehensive evaluation of manufacturing capability, measurement of clinical effectiveness, which is equated with bioavailability, and publication of the data.

Unfortunately, as one peruses the statement it has taken on an aura analogous to the scriptures, where truths are presented throughout the 17 pages and one has the impression he would be branded as a heretic if he questioned the conclusion. I would suggest, Sir, that in an area which is exploding with knowledge the minister should welcome the critics with their searching questions, their doubts and concern for improving drug quality.

As an example, Dr. R. J. Withey, when he was with the food and drug directorate, reported at the fifth annual symposium of the Canadian Association for Research in Toxicology that the matter of bioavailability was not yet settled. Following studies of administration of chloromphenical, by different doses and different routes, to pigs, he concluded there was no difference between the dosage formulations or the selected routes of administration based solely on bioavailability and suggested at that time the performance of a drug be assessed in terms of its pharmacoid activity rather than in terms of bioavailability.