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HOUSE COMMITTEE PROCEEDINGS

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COMMITTEE: STANDING COMMITTEE ON SOCIAL DEVELOPMENT

Tuesday, March 15, 2005

SUBJECT(S) BEFORE THE COMMITTEE:

Further Consideration of Motion No. 23 re Combating Drinking and Driving on Prince Edward Island.

NOTE:

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COMMITTEE MEMBERS PRESENT:	Wayne Collins, Chair Dr. David McKenna Wilbur MacDonald Andy Mooney replacing Hon. Elmer MacFadyen Wilfred Arsenault replacing Hon. Kevin MacAdam Hon. Robert Ghiz Carolyn Bertram
ABSENT:	Beth MacKenzie
GUESTS:	Part I - PEI Medical Society Part II - Allied Youth Part III - PEI Pharmaceutical Association
STAFF:	Marian Johnston, Committee Clerk Mary Perry, Research Assistant

Standing Committee on Social Development
Tuesday, March 15, 2005
2:00 p.m.

Part I - PEI Medical Society: Dr. Heather Morrison, Dr. Gerald O'Hanley

Wayne Collins (PC)(Chair): Good afternoon, committee members and presenters, members of the general public. Welcome to the final public hearing of the Standing Committee on Social Development as we consider Motion No. 23, Combating Drinking and Driving on Prince Edward Island. All committee members have a copy of the agenda. Do we have approval of our agenda?

Dr. David McKenna (PC): So moved.

Wayne Collins (PC)(Chair): So moved by Mr. McKenna and all those in favour say yea.

Committee Members: Yea.

Wayne Collins (PC)(Chair): Contrary, nay. We're underway with our agenda and I want to ask each committee member, as well, everyone has a copy of the executive summary that was put together by our resource person*, Mary Perry, and a copy of Bill C-16, An Act to Amend the Criminal Code on Impaired Driving*, a legislative summary of that Act. That document, I believe, was asked for at our last meeting, and the executive summary gives us an up-to-date look at where we stand at the moment in terms of a look at the various recommendations offered to the committee to this point.

Wilbur MacDonald (PC): Could we have a little time with that bill afterwards, Bill C-16?

Wayne Collins (PC)(Chair): C-16? Indeed.

Wilbur MacDonald (PC) : Discuss a little bit after.

Wayne Collins (PC)Chair: I had hoped that depending on the length of the presentations today, if there's any time left over, we could perhaps go to an in-camera session very briefly and we can discuss the executive summary and maybe we can discuss next steps in terms of how soon we can put together our report for the legislature, if that's agreeable.

Wilbur MacDonald (PC): Okay, sounds good.

Wayne Collins (PC)(Chair): All right. Thank you very much. Without further ado then, let's call forward our first presenters of the afternoon and they are representatives of the Medical Society of Prince Edward Island: Dr. Heather Morrison and Dr. Gerald O'Hanley. And we welcome you both to our Committee on Social Development. It's a pleasure to see you here and we're very much looking forward to hearing your views on this important motion, so the floor is yours. Please go ahead.

Dr. Heather Morrison: Good afternoon. Thank you very much for the opportunity to present to this committee about a very important issue and we'd like to express our views on behalf of the Medical Society of Prince Edward Island. We realize that what we are going to discuss in the next few minutes is not going to be new information to anyone. It's information I think you've heard before and we'd like to support many of the initiatives that have already been put forth by various other organizations. This is a challenging area in order to try to reduce and eventually eliminate drinking and driving.

I'm Dr. Morrison. I work as an emergency physician at the Queen Elizabeth Hospital here in Charlottetown and Gerald O'Hanley is an ophthalmologist. He is also chair of the Health Care and Promotion Committee of the PEI Medical Society, of which I am also a member, and as part of that committee, we certainly - one of the roles is to liaise with government about issues to do with health care, community health care and health care promotion. In so doing, we urge the government to adopt measures that can reduce and eliminate the incidents of driving while impaired.

My interest in impaired driving actually began quite a long time ago, and shortly after a classmate of mine was killed by a drunk driver, I became the first president of SADD - Students Against Driving Drunk - in Prince Edward Island. Actually, it was at Colonel Gray High School. At that time, it was the very first chapter of SADD in Atlantic Canada and the second only in Canada, and so I certainly

became very involved, and at that time, we actually spoke to every high school on Prince Edward Island trying to make sure that they understood what SADD stood for.

So anyway, it's nice for me to be able to come back almost 20 years later in a different role, and almost 20 years later, I see things a little differently, working in the emergency department, and maybe more clearly how much we really still need to do to reduce drinking and driving.

I'm just going to mention a number of cases here. Unfortunately, some of the worst cases are the cases that coroners see, which are fatalities at the scene and these, we, as emergency doctors, are only aware of because these people are wheeled through our department straight to the coroner's to the morgue. There's the teenager we see, driver, out drinking, at high speed, ejected from the vehicle, comes in with a head injury. There's the teenager, a passenger, drinking, ejected from the vehicle, now a paraplegic.

We have a middle-aged mature driver having a few drinks after work for a work-related function, drinking, presents with a head injury. We have a teenager out the night before with friends, like many of us have done, gets up in the morning to drive to work and has a single motor vehicle collision and comes in dazed and confused. Her alcohol level is actually still twice the legal limit. There's the young parent on a snowmobile who had a couple of beer, who is admitted to hospital with significant orthopedic injuries, alcohol level five or six times the legal limit.

These are tragic accidents, and arguably preventable. They have terrible, horrific consequences obviously for the patients themselves and their families. I also want to mention that they also take an emotional toll on the nurses in our emergency department, the orderlies, the paramedics, even the ward clerks and as well as the physicians, and often these accidents seem to happen in the middle of the night and it's at that point where I have the urge to call home to my family and to the people I love and make sure they're all home in bed safely.

One of the areas that we'd like to mention is - because this is not done very well at the moment - we would like to focus on a way to more accurately collect information about injuries related to alcohol and the emergency department, both motor vehicle collisions as well as other accidents. In essence, was alcohol a factor in the person's presentation to the emergency department?

Right now, what happens is if someone comes in with a motor vehicle collision and their main injury was a shoulder dislocation, for example, the discharge diagnosis is recorded as shoulder dislocation, possibly secondary to an MVA, but we do not record on the discharge diagnosis necessarily that there was alcohol involved, and we don't want to - and the same thing would happen if someone was out drinking at a bar, fell down, cut their head. They come in, they're intoxicated, we sew up their head and they leave. The discharge diagnosis is laceration. So we aren't keeping statistics or have no way of accurately keeping statistics on who is actually presenting to the emergency department drinking or intoxicated.

We can go on to various examples of people who are brought in with suicidal thoughts, but when they get there, they actually have been drinking all day and also we put on the discharge diagnosis, suicidal thoughts or depression. One of the contributing factors, certainly, to their presentation was that they were drinking all day. So we feel that we don't want to necessarily collect the information in association with one particular person because we want to protect everyone's, certainly, confidential.

We don't want people to feel like they can't come to the emergency department when they've been drinking, but it would be interesting, I think, for us as a whole to get a better sense of how many injuries, both on and off the road, we have if we have better numbers of how many people are actually presenting to all our emergency departments across the province with alcohol being a factor.

Dr. Gerald O'Hanley: As part of our exercise at the start of every year when we organize, as a committee, about health care and promotion, we try to look at - we're just a little group and we're about maybe the size of this committee or perhaps a bit smaller, so we have to think about what we can do with our small resources in this province to try to make a difference in terms of the well-being of Islanders.

So we do what you'd expect. We look at causes of death in this country and in the province and we try to see what we can do something about. There's cardiovascular disease and you know we've talked about cigarette smoking. I think we were here last year and thank you very much. We were - cancer - the same sort of issue. Respiratory problems, but injuries crops up as being very important and what really strikes this is when we start to drill down on this type of thing is the age group that's involved.

If you start looking at when people - the reasons that they die - between the age of one and 35, it's injuries. So what strikes us is that if we can make an impact in this area, we can make an impact in terms of people living much, much longer than we can get if we're trying to focus down on, say, cancer or cardiovascular disease, which occur in the older age groups. So we try to drill down a little farther on injury deaths and we find that it breaks out a third. Collisions are a third, falls are a third and other is the other thirded category, so if we drill down on collisions, we look and see the curve is quite U-shaped.

Kids between 16 and 19 are very much the highest age group per kilometer driven and then it kind of bottoms out for a while in the age groups and then starts to rise in people that are 75 or over, so we'd like to focus on that group on the left-hand side, our teenagers. So what will we look at? We look at improvements in graduated licences and we think that PEI, is really in the forefront of trying to do this type of thing and we'd like to look at the other causes of why our young people pass away from collisions. Is it speeding? Certainly, we think that part of the problem is they don't wear their seatbelts. As indicated here, you see the fractions of people that are unbelted, people that are unbelted and ejected from the car and the high risks that are associated with fatality in that situation and the large fraction that are unbelted and drinking in combination.

We had quite a line-up of folks that wanted to sit at this end of the table and we told them there wasn't a whole lot of room. The coroner put his hand up and he wants us to mention a couple of things. You've seen this information from Mr. Miner. In the past two years, we've had - I think Mr. Miner showed you 44 fatalities with 15 definitely involved alcohol. The coroner wants to echo that. He gave me a big, long list to go through. I won't betray any confidentialities, but I'd like to read some numbers: 269 milligrams per cent; 152 milligrams per cent; 246 milligrams per cent and two children left without parents; 166 milligrams per cent, 134, 149, 242, 135.

So my next-door neighbour, in physical medicine, in rehab, finds this to be quite a tragic problem. He admits at least 10 Islanders annually with severe head injury and probably between one and five with severe spinal cord and he thinks alcohol is involved in at least half of the cases in these collisions. He points out that these folks have severe psycho-social and economic burdens. The burden of being injured at 16 and 19 and being paraplegic is probably $3.5 million or $4.5 million.

At the end of the day, when you're at the doctor's office, you ask for a prescription and I don't know that we have one to give, but we do have a few suggestions we'd like you to consider. One is the Canadian Medical Association is on record as supporting a decrease in the tolerance down to 50 milligrams per cent, or .05, rather than the current .08. I wouldn't elaborate unless you wish to question me in that area, but I think there's some definite scientific support for that level, and there are also some jurisdictional reasons for doing this. It's easier to enforce at that particular level than if we get people up around the 100 range. Like if you're .09, as I understand it, you will not be brought to court because it's pretty close to .08.

We concur with the use of ignition interlocks as another mechanism to try to get to the problem of recidivist people who continue to drink and drive. We support the continued upgrade of roadside test devices that are digital - in other words, that you can get a read out somewhere below .05. As I understand it, the current alert readings just give you a warn - in other words, kind of a pass/fail sort of thing - and it's at the .05 level, so if we want to go to zero tolerance, for instance, for our young drivers, we don't have the device that tells us, well, they've been drinking. If they're at .04, they're going to blow a pass instead of a fail on the alert. So as I understand it, there are only two of these devices so far on the Island and we'd support the roll-out of this. Probably ideally, I think you'd want that in every car that's checking for these individuals. And as Dr. Morrison said - and I'd like to emphasize - we'd like to provide mechanisms to track alcohol-related deaths and injuries much more carefully than we're currently doing.

That's the thrust of our presentation, and we'd certainly be happy to try to entertain any questions. We realize that you're in the dark and it's after lunch, so we'll try to keep this as brief as we can.

Wayne Collins (PC)(Chair): Well, Dr. O'Hanley and Dr. Morrison, I want to thank you both very much for your fine presentation here today and Dr. Morrison, I think you would have really been delighted recently if you had attended our last meeting. It was an evening meeting and we were very privileged to have a presentation from a young Dave McKenna, who is the president of the Colonel Gray High School SADD chapter and he outlined to us about a very rejuvenated, active body there at Colonel Gray right now, and we also saw a film that was produced at the high school by Gordie Cox as well. So some tremendous things have happened and most encouraging and for you to tell us you were the first president of SADD to see how far SADD has come and the great work it's done in recent years is just tremendous. So with that, I'm going to open it up to our committee members for questions and comments and I'm taking a list. We'll begin with Dr. McKenna.

Dr. David McKenna (PC): My first question is on your - you said you want to do something at the hospital to monitor the number of injuries or whatever. What can you do now? Are you legally obligated to measure the blood alcohol for someone who comes in?

Dr. Heather Morrison: No. In fact, we only are legally allowed to do so if it's going to affect our clinical management of that patient and we think it will affect our management, our treatment, of that patient. Certainly, there's lots of incidences where people come in and, for instance, a person who fell down at Myron's and they tell us - I had quite a few tonight, Doc, whoopsy, you know. Now I have a cut on my head. So sometimes, we don't need to. They tell us and it doesn't affect what we do on that particular instance, but we also aren't recording that on the discharge.

Dr. David McKenna (PC): No, I know you don't record that.

Dr. Heather Morrison: Yeah.

Dr. David McKenna (PC): Okay, so it really would be very hard to measure, then, exactly the number of injuries that are alcohol-related. Obviously you just go by your observations only.

Dr. Heather Morrison: Or if people - I mean, I think we need to start asking the question. I mean, certainly we ask the question or if they're ill enough that they come in with a head injury and we've had to test their alcohol level because it does make a difference in terms of their level of consciousness. We should be somehow - physicians, nurses, both - at the triage level or with the physicians, somehow be able to identify these patients and keep track of it. I mean, that's not the way it is now, but I think it's certainly - if we want to get good numbers, I think we ought to figure out a way of not doing it to be able to have someone look up and say, well, that person was drinking, but so that we have an accurate sense of it.

Dr. David McKenna (PC): Go ahead, Gerry.

Dr. Gerald O'Hanley: I think the only capacity we have now is, as you would think, by a chart review, which would be extremely cumbersome, very time-consuming and right now, I don't think we have the human resources to do that. But that would be the only way that's available to us at the moment.

Dr. David McKenna (PC): I guess what I was looking at, seeing that our impaired driving levels are coming down in the province fairly substantially over the last number of years, I was just kind of curious if you're seeing that, less injuries, less numbers coming out of the hospital as well because of that. I just wondered is that going along with what you see in the emergency room?

Dr. Heather Morrison: I'm not sure. I mean, I certainly - I've only been at the Queen Elizabeth Hospital for two and a half years and so I don't think I've noticed a decrease and sometimes, especially on a Thursday, Friday night, just as for interest's sake, myself as well as other physicians have sometimes gone through our charts and have counted up how many patients we think are there because they were drinking.

Dr. David McKenna (PC): Okay.

Dr. Heather Morrison: And it is a significant number of our presentation to the department.

Dr. David McKenna (PC): But they're probably not driving, most of them. Not all of them were

driving.

Dr. Heather Morrison: Not all of them were impaired driving.

Dr. David McKenna (PC): At least they've got that message, yes.

Dr. Heather Morrison: Exactly, so it's not all focused on driving, but there are certainly examples where people have come into the department, they are not brought by - a lot, oftentimes, if there's a significant accident, police are there, they know there's been drinking involved, but not all the time. There's certainly many examples of single-vehicle accidents brought in by someone else. We know they're drinking, but we don't report it.

Dr. David McKenna (PC): Thank you.

Wayne Collins (PC)(Chair): Mr. Arsenault?

Wilfred Arsenault (PC): Thank you, Mr. Chair. I'm not a regular member of this committee. I was just drafted from the minors for today, and the question may have already been asked, but when we talk about an alcohol presence or an alcohol level of .08%, I believe that's what we call it, does that include one drink or is it one drink will bring you up to that level?

Dr. Gerald O'Hanley: You know what I better answer to that question - is I don't know. If you want me to speculate, it would depend (a) on the size of the person. If I go out with, say, Minister Ballem afterwards, I have to watch things a little more closely than perhaps he would

Wilfred Arsenault (PC): We used to go with him, but we don't anymore.

Dr. Gerald O'Hanley: I haven't been able to show him the light yet, but we're still working on it. I believe, though, it's more than one drink to get you to that. Like I say, I better say I don't know, but -

Dr. Heather Morrison: I mean, people come in and swear up and down they only had two beers, but if they only had two beers, their limit shouldn't be five or six times the normal, but it depends, maybe, on what kind of beer mug they were drinking out of. I'm not sure, but it seems to vary.

Wilfred Arsenault (PC): Thank you.

Dr. Gerald O'Hanley: And it depends, of course, on the type, whisky versus beer. If it's two beers, it may be just equivalent to an ounce of whisky or thereabouts.

Dr. Heather Morrison: And different nationalities actually have certain - Asian populations lack an enzyme that helps break down alcohol. Not all Asians, but certainly there's a large portion of an Asian population who lack an enzyme that we certainly see. Not so much in this province, but in Toronto, we saw it much more frequently.

Wayne Collins (PC)(Chair): Further questions from committee members? Mr. MacDonald?

Wilbur MacDonald (PC): I just have the one on reducing from .08 down to .05. Would you do that over time or would you do that, you know, just go right down to .05 or would you gradually reduce that in people?

Dr. Gerald O'Hanley: I guess what you folks as legislators would have to ask yourselves is if this is true and if people are - if we're losing lives between .05 and .08, how long do we want to wait and how many people do we want on that list. That would probably be society's question it would have to ask itself.

Wilbur MacDonald (PC): I think we had a presentation where they said they didn't lay charges under 1.0, yeah, so actually, it's -

Dr. David McKenna (PC): (Indistinct)

Wilbur MacDonald (PC): So I think that's a very significant -

Dr. Gerald O'Hanley: Which, as you point out, is twice what we're asking for now.

Wilbur MacDonald (PC): Yeah, that's right.

Wayne Collins (PC)(Chair): Doctors, I can recall a time before it was mandated for people to buckle up and I remember there was a gentleman - I think he was from Kings County, I forget his name - but he went all across PEI and he actually got the signatures of 17,000 of age Islanders protesting to the mandatory seat belt legislation and now today

we have mandatory seat belt legislation. Most people - I think it's 70 plus percent - adhere to it in the main. But we just recently upped the fines to it. I think it's $200 now if you're not belted in, plus you lose some merit points on your license. And still I see that statistic that you put up there, the number of people injured or killed by being unbelted and thrown from the vehicle. What more could we do, should we do, in that regard? How far?

Dr. Gerald O'Hanley: How do we effect a change in culture? I recall - I see Robert Ghiz's name here - his father came to us as a medical society and he said: You know, we have some pretty divisive issues, but the thing that's breaking caucus or that may split us down the middle, is seatbelts.

How did we get to the situation where our drinking and driving rate is decreasing? It's initiatives that come from people like Dr. Morrison, who decided when they were a student that maybe they could make a difference.

I think it's a story that you think globally, but you act locally. All you can do is raise your voice, say this is wrong, try to show people where the problems are. It's an education process, and education is long and drawn-out and it requires a culture shift, although at some point, enough people believe that it's wrong to go unbelted and then we call it peer pressure.

It's like smoking. Smoking now is not the right thing to do anymore, where it was before. How do you affect a culture shift? You folks are the experts on how to mold public opinion. We're just the voices crying in the wilderness to try to indicate which subjects you might want to tackle, I think.

Dr. Heather Morrison: One example where, certainly, a law has affected some change. I did not want to wear a bicycle helmet. I mean, none of us probably wanted to wear a bicycle helmet growing up and none of us usually did, probably. But now you rarely see a child out there without their bicycle helmet on. That's a cultural change. That's a change and that's hopefully going to become a habit as adults for them that has also been aided by law, by a legislation that has helped parents put their helmets on their children.

Wayne Collins (PC)(Chair): Well, doctors, again, I thank you very much. We appreciate your presence here today and your very thoughtful recommendations. Thank you.

Dr. Heather Morrison: Thank you.

Dr. Gerald O'Hanley: Thank you.

Part II - Allied Youth - Michael Minard, Melissa McCabe

Wayne Collins (PC)(Chair): Our next presenters today we'd like to call forward to the public hearing table are two students, Michael Minard from Westisle High School and Melissa McCabe from Three Oaks High School, and they're representing the group Allied Youth, AY. I'm pleased to see them with us today and I believe you have a little computer set up. We'll give you a couple of minutes to get set up, then, all right?
Introduce yourselves and your organization.

Michael Minard: Okay well first of all thank you for having us in today. My name is Michael Minard. I'm the Provincial President of the Allied Youth Organization and this is Melissa McCabe and she is the International Co-President of our organization. So Melissa if you'd like to just talk about the school you are from and -

Melissa McCabe: I'm from Three Oaks Senior High and I'm in Grade 11.

Michael Minard: I'm also, I'm in West Isle Compost High School, Grade 11 as well and this afternoon we're going talk to you about how our program effects alcohol use among PEI teens.

So first of all just to kind of introduce our programs to you. Allied Youth is a youth organization with local groups or posts across Prince Edward Island. At the current time we have approximately 20 to 25 posts and within those posts we have approximately 800 plus members at this time.

Each post is headed by Youth Executive and an adult advisor. This Youth Executive consists of a president, vice president, secretary and a treasurer and they basically lead the post. They give the post direction, lead in post projects, at rallies they help to lead as well in that type of thing.

Allied Youth members carry out projects and take part in activities based around three points. First of all, community involvement and that is a very

strong, strong component of our program. To give you an example of community involvement, my post actually last year, we carried out a very successful fund raiser for the Stewart Memorial Hospital in Tyne Valley. We raised $3,200 to buy a AED, a defebrillator for the hospital. And than there's countless other examples of post getting involved in their communities. From the O'Leary Bloomfield post they sent cards to the veterans on Remembrance Day. So each post really has their own way that they are able to fit in with their community and really cater to the needs of their particular communities.

Under leadership development - another very strong component of the program. One major point within leadership development is our public speaking competitions. During the spring of each year each region within Allied Youth - and we have four regions across PEI - carry out a public speaking competition and from that winners are selected to go to our provincial competition as well now we have a partnership with the Lions Clubs where we send - the first place winner from each region actually goes to a Maritime wide competition that the Lion's Club put on. So that's within leadership development. As well as of course the leadership within the post that I mentioned with the post executives and there's the provincial leadership which is my board. We're the Provincial Youth Board and we carry out and lead the provincial activities. So our rallies, our conferences, all of the events that we do on a yearly bases.

And finally healthy lifestyles. And this is going to be the major part of our presentation this afternoon. That is our alcohol and drug education programs. Also like our peer education program that Melissa is going to tell you a little more about here in a moment. And other things, posts go on activities. They go and they go to ski hills, they go to - most post do physical recreation at ever meeting, that type of thing. So we work that into our program as well.

Melissa McCabe: What is Peer Education? Peer Education Program is an Allied Youth Alcohol and Drug Information Program. It's delivered by approximately 300 high school students to approximately 2100 Grade 7 students across the province every year. And that's been going on for about 38 years now. What it is, is the high school students are trained at an overnight training session on how they can lead a classroom session to educate the Grade 7 students and they go to the Grade 7's and they teach them for a total of 200 minutes in four different sessions about the issues drugs and alcohol and peer pressure and how they can deal with that. Because peer education is delivered by high school students, people who the Grade 7 students look up to, conversation and discussion is much more comfortable and the students feel much more free to ask the questions that they may not ask an adult.

Michael and I were both peer educators and we can both testify that, that's very true. The students tend to really respect their peer educators and as (Indistinct) was saying earlier she's - nearly anyone she asked in Grade 12 can still remember who their peer educator was when they were in Grade 7, so it shows what a big impact it has on the Grade 7 students.

Michael Minard: And it's really important to note as well that the peer education program is in every high school and every junior high school across PEI. So every Grade 7 student is taking part in this program and receiving this education from their peers and really kind of making that connection with someone that they tend to look up to. So at this point we just have a brief video just to kind of show more of our program, show you a little bit more about the Peer Education and Allied Youth Programs.

(Video played)

Wayne Collins (PC) (Chair): Very good.

Michael Minard: So to get into the rest of the presentation now. How does Allied Youth effect alcohol use in teens? First of all, and one of the strongest points, is positive role models that we provide. And of course the example given there is Provincial Youth Board and what we do is we show to the students who are coming into the program and not really sure where their going to go in life and make the choices and that type of thing, we give them the role models of the Provincial Youth Board. The Provincial Youth Board a very, very important part of our Provincial Youth Board is that we are all 100 per cent alcohol, drug, tobacco free. So we provide the example to them that you can still be popular. You can still have fun. You can still have a great time and make friends and see lots of different things

without giving into the peer pressures behind alcohol and drugs and tobacco and still really be kind of a successful person that people can look up to. So we provide that role model.

Our activities that once again show that you don't need alcohol or other drugs to have a good time - all of our events, once again, 100 per cent alcohol and drug and peer pressure and smoking and all of those things 100 per cent free of all of those things. Nothing. We show them that, you know, we have a rally and at our rallies we have a guest speaker, we have - they come in, they might talk about alcohol or drugs, we might have a testimonial where inmate at the correctional institutes actually comes in and talks about how alcohol or other drugs negatively, in fact, impacted their lives and come in and talk to our members about that and it really gives them a prospective on that. And than in our rallies we normally have some things for recreation. So whether it's a karaoke or if it's a dance sometimes or we have other recreation from - you saw it on the video - skiing. Different things we provide for them to do to have a good time and they don't have alcohol for it and it just shows them, you know, I can have fun without these pressures.

Finally once again our informative sessions. That's our sessions on alcohol and drugs from people from Addiction Services. For example at our provincial conference we have people come in from Addiction Services of East Prince Health and talked about the services that they provide and the different cases that they see within families and different things that happen as a result of being under the influence of alcohol and that type of thing.

Melissa McCabe: How does Peer Education affect alcohol use in teens? It's delivered by peers. So the information is presented to the Grade 7 students by some one whose just a little bit older than them and their kind of just like the big kids who have already been through it and they can sort of give testimony to what issues they are facing in high school. It provides junior high school students with the knowledge of the negative affects of alcohol and drug abuse through informative sessions presented by their peers. So it's basically what I already said. It's very effective the fact that it is presented by someone just slightly older than the people who are receiving it .

Michael Minard: And of course that is the most important point is that they are, the junior high school students really do look up to and we know this, that they look up to high school students. And whenever I was in junior high I was looking up to the high schools who were coming in and telling me about peer ed, telling me about the effects of these different things that come in and kind of be a negative influence on your life. And of that around - of the lives of those people who are around you as well.

Melissa McCabe: Yes, and that information really seems to stay with people as you can tell from me and Michael because we became Peer Educators ourselves.

The education - the alcohol and drug information provided to both the junior high and high school students. Student leaders provide a sound mix of education leading to positive decision making. I know that when I went to the training session to become a Peer Educator myself, I was amazed by the information facts that I learned for my own personally knowledge from that training session and again to be able to present that to the Grade 7 students. It was a very effective experience for me.

Michael Minard: Okay so the results of our programs. We have many, many different positive results. First of all we increase the awareness among youth about alcohol use and abuse and the negative impacts both have on their lives. So that's through, as I had mentioned before, about the inmates coming from the correctional institutions. Talking about how it's negatively impacted their lives and where they have wound up because of that. To the other - like I had mentioned the Addiction Services coming in or just other session leaders coming in - maybe we have a motivation speaker from time to time. Motivational speakers actually come in and they'll talk about this. They give us the facts, they present the information to the AY members in a way that they feel comfortable with it, that it makes far a more effect delivery.

Melissa McCabe: Activities that are provided for youth to get involved in free of the influences of peer pressure, alcohol and drugs. So again that's our conferences and our rallies and the fact that we're demonstrating as people who are going out and having fun up there have a good time as

leaders and we're free of peer pressure and alcohol and drugs.

Michael Minard: Youth make more positive choices given the relevant information on the topics of drug and alcohol. So it's not only that it's been provided by the high school students, it's also that we are giving them the information and we are channeling it through the high schools students so that they are actually more tune into it. We find in our experience that's how it has been. That they're more in tune with it and it's - when it comes from the high school students it seems to make it all that much more effective that we are giving them that information.

Melissa McCabe: The opportunity for youth to gain important skills such as leadership, team development and social development. Through my participation in the Allied Youth Program I'd have to say that the skills gained are absolutely invaluable. It gives many opportunities to students, demonstrates the positive role models and so on as we already said.

Michael Minard: And I find like for myself something that's really strong for me is whatever I first started AY, I was actually in Grade 7. I went right into the program and that first year was president of my local post in Ellerslie and whenever I started out I really said you know I was really kind of - I like to work by myself and I thought you know well if I want to do something right I got to do it myself. And AY's kind of expanded that for me, so now I know you know by delegating responsibility and by working as part of a team that it really makes a much more effective use of your time and makes the end result that much better and that many more people involved with it and the perspective that they can offer is an invaluable thing and that's something that I gained from the program.

Melissa McCabe: Fun - through the various travel opportunities, friendships gained and the rallies in general members are provided with a positive environment for personal growth.

Travel opportunities - every year there's a international conference where the delegates have the opportunity to travel to another province and have a conference with students from Newfoundland and we also sponsor a exchange opportunity every year where we send one of our Prince Edward Island delegates to Newfoundland and one of their delegates comes here. They go to the Newfoundland conference and the Newfoundland delegate will come to our conference. So they get to see kind of a different part of the country, different culture and how the Allied Youth Program is a little bit different over there.

Friendships gained - the friendships that you gain through the AY Program, I would personally have to say is an extremely important part of it. Not just because it's your friends, I mean, the people you met through the program, they'll have the same kind of interests as you and it's important that you can met people your own age who are also not into drugs and alcohol and tobacco.

The rallies in general - it's a place for people to go on Friday night, you can go to a dance, have a good time with your friends and you know that you don't have to worry about there being drugs or alcohol or anyone pressuring you when you are there.

Michael Minard: Okay. So that concludes the formal part of our presentations and any questions that you'd like - that you have for us.

Wayne Collins (PC) (Chair): Indeed, Michael and Melissa, I want to thank you first of all before we go to our questions and thank you very much for a very fine presentation here today. You know one of the secondary benefits of serving on these standing committees I find is that when we are consulting Islanders we sometime run across many times tremendous young people like yourselves who come forward whether it's Allied Youth or SADD and talk to us about their activities and the kind of good work that your doing and it's most heartening I know and I'm sure I speak on behalf on all members here when I say you see organizations like yours that are thriving on the Island and we're delighted to see that happen. And you know sometimes especially when we're talking about the effects of impaired driving on Prince Edward Island, instances and that, it's sometimes the things that can not be documented that are all very important as well.

Over those many years of peer education with Allied Youth, how many were effected positively by the information that was exchanged, by the example that was offered by the older high school

student that has stayed with that young person and perhaps set them on a course of life in terms of making positive decisions so that they never did wind up on a police plotter as an impaired driver. So those are the things we will never know but I can tell you sometimes the things that are so very much important are the things that we can not see or document on paper. So having said that I want to turn it over to our committee members if they have any questions or comments that they would like to offer to these young people.

Wilbur MacDonald (PC): I have a couple of questions.

Wayne Collins (PC) (Chair): Yes Mr. MacDonald.

Wilbur MacDonald (PC): Just so very pleased because I have been a Lions member for 35 years or so, and to think, and I know that at the annual meeting of the Lions Club that one of the major things is the public speaking. And I must say I think both of you have been there.

Michael Minard: Yes.

Melissa McCabe: Yes.

Wilbur MacDonald (PC): I thought so. You've done a great job and that's a great thing for us as Lions members. We are very, very pleased with that. It's wonderful to see. You can see right here how that has helped you people. Thank you.

Wayne Collins (PC) (Chair): Ms. Bertram did you want to say something.

Carolyn Bertram (L): I would just like to, it was a wonderful presentation. Just have a question - how did you get involved or why did you get involved?

Michael Minard: Well I was in Grade 6 and there was a AY meeting that was going to be open to the elementary school students, anyone who's really interested in AY and they came in and talked to us about the program and told us about the different things and at that point I was really interested in the leadership part of it. I enjoy leadership, I enjoy doing those types of things. Once I heard about all of the different opportunities to lead in the program and to really be able to have a voice in something I think that really drew me into the program. Was something I felt like, you know, I can go into AY, I can have a voice as a young person and it's an organization that many people know of and that many people - a lot of people have a lot of respect for our program and it's something that they really look up to is our AY program.

Melissa McCabe: For me, I was in Grade 6 too and I had some friends that were older in Grade 7 and 8 and one weekend they said, oh we're all going to Mill River for this Allied Youth conference and I was like, oh I want to do that next year. So the next year I joined my junior high post and Mrs. Stacey Thane, who was on the video she was my advisor and she was very encouraging and she encouraged me to run. First I was vice president in Grade 8 and than she encouraged me to run for president - like my older friends they were the ones that became Youth Board members and I was like, oh, I want to do that too so I ran for Youth Board and so on.

Carolyn Bertram (L):I just wanted to mention the peer education. I think that's invaluable in the school systems. As you say the age - students in Grade 7 can identify with -

Melissa McCabe: If anyone has seen the Guardian today there was this article it says "Don't mess with success, leave Peer Ed alone". And just to quote this girl - she was the leader of the Bluefield High Peer Education Group - and she says in her article, "Young students of Prince Edward Island have the right to know the dangers of alcohol, tobacco and drugs and I feel that Peer Education program does an excellent job delivering this information to students in an effective manner. Therefore the Peer Education Program should remain as it is and it's Lynn Marie Nantes from Kelly's Cross and it just shows how much like - what's the word I'm looking for - how much people really want this program. She wrote this big article just -

Wayne Collins (PC) (Chair): Mr. Arsenault, I'm sorry, Carolyn.

Carolyn Bertram (L): Did you say you were the international president of PEI.

Melissa McCabe: Yes.

Carolyn Bertram (L): So you had mentioned that you do an exchange with Newfoundland and Prince Edward Island.

Melissa McCabe: Yes.

Carolyn Bertram (L): Is there any opportunities in terms of international travel?

Melissa McCabe: Originally, as it said on the video, AY started out in the United States and it use to be a very, very wide program. The first year that it existed they had over half a million members and it was all over Canada and the United States and it's slowly shrinking. So really the only connection that we have right now is PEI and Newfoundland.

Carolyn Bertram (L): Really.

Melissa McCabe: But it's still just classified as International AY.

Michael Minard: There is a few posts in Texas and actually coming up on our 75th year which is in 2006 we're going to be having a our conference, our international conference will be taking place in the New England states. The location hasn't been disclosed yet, but we're all waiting for that. But it will be held - sounds like the New England states. So it provides us that opportunity as well to go down there.

Wayne Collins (PC) (Chair): Mr. Arsenault and then Dr. McKenna.

Wilfred Arsenault (PC): Thank you Mr. Chair. I don't have a question because your presentation was very clear, very informative and very well presented. Youth today has a challenge in itself in today's society to grow up - it's a difficult, it's a very difficult path. Amongst the opportunities of today there's also the down side of it with some of the situations that certain families are into. Obviously with the focus that Allied Youth has you're on the right track and the more publicity you can do for yourselves the better, because you have the opportunity to reach some of this youth that is having a hard time and you will have a better influence on this age group because they look up to the peers and you are the peers as far as they are concerned, much more than we as adults. So the only thing I can say is keep up the good work.

Michael Minard: Thank you.

Melissa McCabe: Thank you.

Wayne Collins (PC) (Chair): Dr. McKenna.

Dr. David McKenna (PC): Thank you, Mr. Chair. A great presentation, Michael and Melissa. Just two quick comments - that video, was that just done this year?

Michael Minard: That was done -

Melissa McCabe: Two years ago.

Michael Minard: Yes, two years ago.

Dr. David McKenna (PC): Two years ago.

Michael Minard: Yes.

Dr. David McKenna (PC): It looks pretty current. You were in a couple of times. Question I have is on the graduated licence. Are you people drivers right now?

Michael Minard: I am.

Dr. David McKenna (PC): You are a driver.

Melissa McCabe: I'm not yet.

Dr. David McKenna (PC): You're not yet.

Melissa McCabe: Working on it.

Dr. David McKenna (PC): Do you think the graduated licence should be changed a little bit more, strengthened and that. Maybe we should have like, for instance, less people in the car when it's a young driver or maybe the curfew at midnight. Have you any comments or any thoughts on that.

Michael Minard: Personally now my opinion on that is that there are two very different roots that can be followed. One is to go to the graduated licencing and the other is to expand things so that make young people aware of the different things that can happen. And I think that if there is more emphasizes put on to our programs, maybe it's second delivery in the Grade 9 level to kind of strengthen and reinforce that with the young people. I think that could make a difference as well. So maybe with, in conjunction with the two with expansion and that type of thing and the graduated licencing, I think that's the kind of the

direction that we can move into.

Melissa McCabe: I would have to say I think the key would be giving youth the information, giving them the facts.

Dr. David McKenna (PC): I think BC - I think it's BC - they retest people after a year or something like that out there as well. Just to get your experience beforehand and they retest you again for the final licencing. You won't want to consider something like that here I don't think. You just want to get the experience - like I think we want more time behind the wheel before you get the licence because they get the more experience that way.

Michael Minard: Maybe the year - like currently it's a six month period with beginners and the driver training and that type of thing. Maybe it's bumped up to a year and than there would be that much more experience before us as young people go out by ourselves on the road.

Dr. David McKenna (PC): Okay and the final comments. Just that article in the Guardian I kind of looked at it today too. Is there rumors out there that the program is going to be cut Why was that written I guess? I was just curious by this.

Melissa McCabe: Well they're re-looking at all their programs right now, right.

Dr. David McKenna (PC): They're just advocating in advance I guess.

Michael Minard: Right.

Dr. David McKenna (PC): Okay. Thank you.

Wayne Collins (PC) (Chair): Regarding that situation about the program cuts or anything of that nature, how is AY funded - the Peer Education Program?

Melissa McCabe: How is it funded?

Michael Minard: Currently we receive, most of our funding is from the Department of Education. We have a grant of $34,000 per year and that is - then that goes to all of our programs and different rallies and functions and that type of thing. And than we also receive a donation each year on a commitment from the Credit Unions of PEI in the amount of $15,000 currently per year.

Wayne Collins (PC) (Chair): Yes.

Melissa McCabe: And of the government money, the 34 that we get, 17 is the Peer Education.

Michael Minard: So we have that commitment to the Peer Education program that their board, which is kind of a subcommittee of the Advisory Board of AY, they receive a dedicated $17,000 of that.

Wayne Collins (PC) (Chair): Yes, and so perhaps this letter writer was hearing some rumbles of any cuts or anything of that nature. Is that what might of precipitated the letter? I'm wondering.

Melissa McCabe: This article, she's actually the leader of the Peer Ed, she's a Grade 12 student.

Dr. David McKenna (PC): Oh she is.

Melissa McCabe: Yes. It's just that they are doing the program renewal and looking over all programs that they are just trying to make sure don't cut us.

Wayne Collins (PC) (Chair): A concern has been expressed.

Dr. David McKenna (PC): I'm sure the coordinator of the department will make sure it doesn't get cut. Just on the Peer Ed though, you don't have to be a Allied Youth member to do it.

Melissa McCabe: Oh no not at all.

Dr. David McKenna (PC): Because my daughter did that this fall as well.

Michael Minard: It is.

Dr. David McKenna (PC): Actually I thought I saw her in the video. That's why I was curious. But I don't think she's Allied Youth but she did do the Peer Education program this year.

Melissa McCabe: Yes. All the high school students can apply.

Dr. David McKenna (PC): Yes.

Michael Minard: And in most schools it's either

selected from the either Grade 11 or 12 population or in other schools, like in my school you just apply and than they just go through the list and based on your academics and that type of thing they select the students for that.

Wayne Collins (PC) (Chair): So I would take it then - not to belabour the point too much - but you say of the $34,000 that AY receives from governments, $17,000 of that is dedicated to your Peer Education programs, right.

Michael Minard: Right.

Wayne Collins (PC) (Chair): So other portions of the Peer Education programs province wide also have to be funded as well, is that correct?

Michael Minard: That is our funding I believe.

Wayne Collins (PC) (Chair): That is strictly for AY though.

Michael Minard: Yes that is. That's all the funding that AY Peer Ed receives is through that $34,000 and then just within our budgets at AY. That's how the money is divvied up there.

Wayne Collins (PC) (Chair): All right. Thank you very much on behalf of all members of the committee. Are there any further questions or comments? I was going to present each of you with one of these Prince Edward Island pins, but I noticed Michael you already wearing one. So what I would like to do on behalf of our committee on Social Development is to present to each of you one of these pins which is - I've not seen this pin before, pretty rare - this is a pin of the Legislative Assembly of Prince Edward Island with Province House on it. So it's a pretty rare pin. Thank you for coming in today.

Michael Minard: We also have just a little information brochure here. I'll just kind of -

Part III - PEI Pharmaceutical Association - Neila Auld

Wayne Collins (PC) (Chair): Please thank you. And will you are doing that, Michael, I'm going to call upon our third and final presenter of the afternoon. Neila Auld, Ms. Neila Auld if she would come forward to our hearing table. And Ms. Auld you're here today - I have it as the PEI Pharmacy Board, but is there - is that the hat you are wearing today?

Neila Auld: Yeah, I know I have a few hats but that's the one I'm wearing.

Wayne Collins (PC) (Chair): That's the one today. Well Neila, I'm going to turn things over to you. You can tell us a little bit more about yourself or about your organization and the floor is yours now.

Neila Auld: Thank you. I'm the registrar, which is the same idea as an executive director for the PEI Pharmacy Board which is the regulating body for the profession of pharmacy in PEI. We do licensing and setting regulation and practice standards for pharmacies and pharmacists with the primary mandate of public protection. Rather than duplicate what a lot has already been said, I'm simply going to indicate how pharmacy does and can play an extended role in addressing impaired driving, whether it be alcohol or drug induced.

Most people associate the pharmacist with prescription drugs, providing them counseling among potential side effects, checking for interaction with other prescription drugs or disease conditions. This is indeed a very important role of the pharmacist. There are standards of practice that each and every pharmacist and pharmacy must comply with both federally and provincially with regards to the provision of prescription drugs. These include where they are stored, how they are dispensed, what labeling occurs, what auxiliary labeling is needed for additional caution and documentation on computer profiles for each individual patient. There is so much more and what we can offer as a profession is critical to ensuring appropriate drug use and informing the public of PEI on issues related.

Pharmacists today - first I'll deal with prescription drug area - Pharmacists today have a minimum of five years of university education specializing in drug and drug utilization. National standards practice have been developed for consistency of practice throughout Canada, via the Neutral Recognition Agreement between provinces and territories. We presently have legislation before our own government to adapt these standards for our profession here on PEI. Pharmacist's education is based on national competencies for entry to

practice all curriculum, the national exams. Student training programs are all based on these. Prince Edward Island Pharmacy Practice is meeting the same standards that are expected from each and every province and territory in Canada except we're still waiting for the legislation that's permitting it, but they are following it.

In this, our expectations of consultation, dialogue with the patient, a requirement to check the drug profile, discuss any potential disease interactions, allergies, potential side effects of drugs or interactions and more. This is the law. With regard to non-prescription drugs. Also in law is the expectation of what a pharmacist does in relation to non-prescription drugs. This is an extremely important area of drug adverse effects and/or drug disease interaction that most non-professionals do not understand or comprehend. Again, a nationally harmonized program sees non-prescription drugs scheduled for location and standards for their sale according to their intended use and risk potential to the public.

In Prince Edward Island the Pharmacy Board has been attempting to have these lists schedule made legislation in PEI. We are the only province without non-prescription drugs scheduling but have assurances that they will soon be enacted. The adoption of these nationally harmonized drug schedules and the scheduling system will be an important step in PEI to decreased the incidents or potential for adverse drug reactions particularly with regard to non-prescription drugs.

Drugs are scheduled in this process - just to give you a brief idea of what it's about. All drugs are scheduled through a filtering process by an expert national committee into four different schedules based on relative risks to the patient.

Schedule (1) is prescription, the other three are non-prescription.

Schedule (2) is pharmacy only behind the dispensary and the pharmacist must be involved in the sale.

Schedule (3) is pharmacy only and the patient may self select but a pharmacist must be near by the product and available for consultation.

Schedule (4) is considered unscheduled products that are available in any retail outlet. In all cases the pharmacist must meet a set of standards with the sale of any non-prescription drug that includes where they are located, be it accessible for consultation. Mandatory was Schedule (2). Ensure confidentiality when discussions are held with the patient and for documentation on patient profiles.

This legislation will ensure that Islanders have access to professionals when choosing to consider self selection of non-prescription products. Pharmacists intervention can detect potential errors in self treatment, interactions with other drugs, prescription and non-prescription, inform the patient on potential side effects or side effects that be compounded in combination with other drugs, disease states or alcohol. For example, many liquid cough medicines contain alcohol as a base and some consumers are not even aware of that. Pharmacists can identify abuse potential as well that is becoming increasingly an issue for both prescription and non-prescription drugs.

In addressing impaired driving concerns many are unaware of the contribution drugs and/or disease states can have. Be it pain relievers, antihistamines, antidepressants, cough medicines and conditions such as Alzheimer. That said, the profession is aware and this is one of the many reasons that the pharmacist is the best person to obtain both prescription and non-prescription drugs.

Presently in PEI, as I said, we have no drug schedules. The patient is certainly is not going to receive a through assessment from the clerk in the corner store when considering the purchase of certain non-prescription drugs. There is no check and balance where a profile is reviewed or a consultation occurs to see if the product is what they need or whether a referral to a physician is more appropriate. The pharmacist can document the consultation and the purchase. They can follow up to see if the treatment is working and they can advise on appropriate use and potential side effects as well as any alternate choices that may be more suitable.

In closing, the best thing I feel this committee or government can recommend with regard to the pharmacy professions contribution to improving drug use for optimal health outcome and a reduced risk of a patient's cognitive senses when driving is to support the proposed legislation and encourage Islanders to choose one pharmacy for

all their prescriptions and also non-prescription needs so that a complete profile of their drug and disease state is available for review in making additional purchases. And also to work with pharmacy to educate the public on the importance of not just prescription drugs but all drugs including non-prescription drugs and seeking knowledgeable sources of information before choosing to take them.

Wayne Collins (PC) (Chair): Ms. Auld, I thank you very much for that presentation. Are there any questions or comments from the committee members related to what we've heard. Yes, Ms. Bertram.

Carolyn Bertram (L): Drug scheduling. Just how would that work?

Neila Auld: What it is, is there's a national system where there's and (Indistinct) committee.

Carolyn Bertram (L): (Indistinct) or something?

Neila Auld: Well it's an international association of pharmacy regulatory authorities (Indistinct). They oversee it and each province has adopted scheduling by reference, is how it's termed so that this expert committee - they reviewed all the drugs in Canada at the start when they started the process. Now what happens is if a drug gets deregulated by Health Canada from prescription into a non-prescription status. In PEI it immediately is eligible to be sold anywhere.

Whereas in other provinces, this committee reviews it nationally and they look at it and it's kind of a, they call it a cascading process. They have a set of criteria is that drug, like a sieve, it goes through the first level. If it doesn't make it through the sieve it stays on Schedule (2) which means it must be behind the counter and a pharmacist must be involved in the sale. There is no self selection. Then if it passes through that, it goes down to the next level which is Schedule (3) which is non-prescription, pharmacy only. But it could be in a self selected area, but the pharmacist still must be on duty in that pharmacy in order for that business to sell the product. There is criteria with the sale of that as well.

Carolyn Bertram (L): That's through that committee (Indistinct).

Neila Auld: Yes and if it falls down through the sieve to the next level it becomes unscheduled which means it's available for sale in any retail outlet. So your aspirins or your Tylenol or stuff like that would - those are the types of products that would fall through into the bottom. Some of the cough and cold, but certain products stay up for clinical reasons. If Health Canada decides it's safe enough that it doesn't need to be a prescription drug, you shouldn't have to go to the doctor to get the product. But there are still - and when they're deregulating these drugs, they're doing it on the assumption that it's going to fall into this drug scheduling process but in PEI it's not.

Like we've got - just on an off topic, we've got emergency contraception that will soon be coming to non-prescription status. Where in other provinces it's going to go to Schedule (2) so that means a pharmacist must be involved with selling that product to a girl that comes in. The reason for it is the 72 hour period that you only have in order to take the product for it to be effective. But the way our legislation is there is nothing to say you couldn't go to the corner store and pick up your emergency contraception in PEI.

Wayne Collins (PC) (Chair): May I ask, is Prince Edward Island alone in that of the provinces - we're the only province that once it's no longer a prescription drug it can be sold anywhere? We're the only province?

Neila Auld: Yes.

Wayne Collins (PC) (Chair): We're the only province. Mr. MacDonald.

Wilbur MacDonald (PC): I just wanted to go back to ensure confidentiality. Not long ago I was talking to a woman who was at a drug store, I'll not mention the name and she was sitting in the waiting area and the druggist came out - I shouldn't say the druggist, one of the people there and in a very loud manner went to explain all about the drug she was taking. She had the interest of everybody sitting around her and she didn't think that was very confidential. Actually she was embarrassed. She said she wouldn't go back there again.

Should there not be a - most drug stores that I know of, they have the waiting area right where you pay the bill type of thing. Seems to me that if

we're going to have confidentiality, the customers who are waiting should be in another area. She said he was very loud and talked about the drug openly. I don't know what it was, I didn't dare ask her. She was certainly embarrassed. He embarrassed her all to pieces. I know the drug store and I know exactly - I mean the counter and the people that are waiting are so close together. It would be pretty hard to have confidentiality. It seems to me if you were paying for the drugs across on the other side you might have a bit of -

Neila Auld: Or take the patient aside somewhere else.

Wilbur MacDonald (PC): That's right. I just wish you would reinforce that confidentiality. I guess you get so relaxed after awhile it's easier to - but sometimes people are very sensitive. The other thing, you caught my mind there when you said - you were talking about drugs and you said Alzheimer. What did you mean by that?

Neila Auld: Well if you have a physical impairment of your cognitive senses and additionally you're starting to take some medication that might compound that cognitive -

Wilbur MacDonald (PC): So that's what you meant.

Neila Auld: Yes.

Wilbur MacDonald (PC): It's a combination of different drugs or something.

Neila Auld: Yeah. Like for some reason, that's just an example, there could be another physical reason that you might have some -

Wilbur MacDonald (PC): I have great confidence in druggists perhaps more so than doctors in explaining drugs out. They're very good at it. They'll ask you for example, are you taking anything else. The doctors never seem to ask that. Some of them like to write out a list I think. Thank you.

Wayne Collins (PC) (Chair): Any further questions or comments from committee members? Yes Dr. McKenna.

Dr. David McKenna (PC): On the contraceptive legislation, if you say it's ready to go it's . . .

Neila Auld: It's been in government for about two or three years. It's all done.

Dr. David McKenna (PC): And it's just more that the pharmacy practices and the scheduling. Is that the part you're trying to change or is there other things in there as well?

Neila Auld: There is a whole bunch. There is standards for licensing and all that. That's all part of the national stuff.

Dr. David McKenna (PC): There is several changes you want to put in there.

Neila Auld: Yeah. But it's all done. It's all written and ready. I just keep getting told it's coming.

Wayne Collins (PC) (Chair): May I ask, what would be the title of that Act?

Neila Auld: It's the *PEI Pharmacy Act* and then there is drug scheduled regulations, authorization regulations and standards regulations. There is three sets of legislation.

Wayne Collins (PC) (Chair): And has this been offered principally by your own people within the Pharmacy Board? Have they been given the opportunity like some other groups like the nurses or the doctors, accountants tend to work on some of their own legislation and then present it for review.

Neila Auld: This has all been done through - like we've met with Kathleen Vent and Judy Haldemann. It's all been done. It's just ready to be signed I think.

Wayne Collins (PC) (Chair): Well I thank you for bringing it to our attention today, urging us on.

Dr. David McKenna (PC): Is there anything in that legislation to - I'm looking at, you hear all these things especially in Cape Breton, I think that's where you're from originally isn't it?

Neila Auld: Oh yeah.

Dr. David McKenna (PC): About all the drugs over there like Dilodin and all the things they're able to get easier. Is there anything there to stop that from happening in your recommended act, is

that part of it as well?

Neila Auld: Well -

Dr. David McKenna (PC): Or not the Dilodin pills but a couple of those major pills that they're passing out. It won't prevent some of these things?

Neila Auld: Pardon me?

Dr. David McKenna (PC): Your changes to the act won't prevent some of these things from being sold.

Neila Auld: No. Because that's federally regulated drugs. It might help - where it will help is in the non-prescription end because as we get tougher in letting prescription narcotics get illicitly obtained, they're turning to non-prescription drugs. It's not as bad of an issue here but it will eventually come here. I know out west they're having a major problem with Sudafed, a common cold medication. You can just buy a couple of ingredients at the pharmacy and go home and cook up - it's a methamphetamine.

Wayne Collins (PC) (Chair): In relation to those drugs like OxyContin, if my memory serves me correctly, I believe recently the College of Physicians and Surgeons offered to their members or doctors on the Island guidelines to be used when prescribing those drugs. So hopefully that will help extend the time.

Well in that case, I thank you very much Ms. Auld for joining us today. We appreciate hearing the comments of the Pharmacy Board.

Neila Auld: Thank you.