

**THE
PARLIAMENTARY DEBATES
OFFICIAL REPORT**

IN THE SECOND SESSION OF THE FIFTH PARLIAMENT OF THE REPUBLIC OF TRINIDAD
AND TOBAGO WHICH OPENED ON NOVEMBER 27, 1995

SESSION 1997—1998

VOLUME 11

SENATE

Tuesday, May 26, 1998

The Senate met at 1.31 p.m.

PRAYERS

[MR. VICE-PRESIDENT *in the Chair*]

LEAVE OF ABSENCE

Mr. Vice-President: Hon. Senators, I have granted leave of absence to Sen. The Hon. Brian Kuei Tung from sittings of the Senate with effect from today, while he is out of the country on Government's business.

SENATOR'S APPOINTMENT

Mr. Vice-President: Hon. Senators, I have also been advised that his Excellency, the Acting President, has appointed Dr. John Bharath a temporary Senator with effect from May 26, 1998 and continuing during the absence from Trinidad and Tobago of Sen. The Hon. Brian Kuei Tung.

OATH OF ALLEGIANCE

Dr. John Bharath took and subscribed the Oath of Allegiance as required by law.

PAPER LAID

Financial Statements for the Trinidad Nitrogen Company Limited for the year ended December 31, 1997. [*The Minister of National Security (Sen. Brig. The Hon. Joseph Theodore)*]

ARRANGEMENT OF BUSINESS

The Minister of National Security (Sen. Brig. The Hon. Joseph Theodore): Mr. Vice-President, today the Senate should deal with Private Business. However, I seek leave of the Senate to deal with "Bills Second Reading" under "Government Business" today, instead of Private Business.

Agreed to.

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INTERPRETATION (AMDT.) BILL

Order for second reading read.

The Minister of Health (Dr. The Hon. Hamza Rafeeq): Mr. Vice-President, I beg to move,

That a Bill to amend the Interpretation Act be now read a second time.

Mr. Vice-President, the purpose of this Bill is to allow for the Schedule to the Interpretation Act to be amended to allow Regional Health Authority doctors to carry out medico-legal functions which are at present, only performed by doctors in the Government service.

Mr. Vice-President, there are certain medico-legal functions that by law are required to be performed by doctors in the service of the Government. One would recall that in 1994, with the creation of the Regional Health Authorities Act, the employment of doctors now comes under the purview of the Regional Health Authorities. As such, the Government is no longer employing doctors. All the employment is being done by the Regional Health Authorities by the power vested in them by that Act of 1994. It is also the intention that in time, all the doctors who are presently employed by the Government, will be transferred to the employ of the Regional Health Authorities.

Mr. Vice-President, as I said, it is required in law that certain medico-legal functions be performed by medical officers in the employ of the Government. Some of these functions include functions under the Coroners Act. The Coroners Act empowers medical officers with the responsibility to view a dead body and if he considers it necessary, in the following instances: to make an anatomical examination of the unburied body of any deceased person within his district, where he has grounds for believing that the person died of an unnatural cause; where such person died while confined as a prisoner in any prison; where he is directed by the coroner within whose district the body is, to view the body or where an inquest is prescribed in respect of such death.

As I said, there are other instances where these duties are required to be performed by a medical officer in the service of the Government. With the movement of the medical officers to the Regional Health Authorities, the Interpretation Act at this point in time, only defines a medical officer as a medical practitioner in the service of the Government. What this amendment is seeking to do, is to ask for “medical officer” to include an officer in the employ of the Regional Health Authority. The amendment says that “medical officer” must mean

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“medical practitioner in the service of Government or in the employ of a Regional Health Authority established under the Regional Health Authorities Act.”

Mr. Vice-President, I beg to move.

Question proposed.

Sen. Elizabeth Mannelle: Mr. Vice-President, I rise and I would probably make as brief a contribution as the hon. Minister did, on this Interpretation (Amdt.) Bill. I must say it is a pleasure to see the Minister of Health in the Chamber piloting a piece of legislation. I do not believe I have seen him here in the past two years piloting legislation; he has come in to make statements regarding various situations in the country, but we are glad to see him. We do not know if we may ever see him again. I hear there is a Cabinet reshuffle taking place, so let us just welcome him here on this occasion.

Mr. Vice-President, this Bill appears to be simple, and it is actually. The issue deals with allowing a greater number of medical practitioners to assist in certain functions, particularly under the Coroners Act as the Minister outlined. As many of us may recall, in August of last year, the country was faced with some very disturbing situations where dead bodies were left lying in the public's view for a number of hours because of some confusion or mix-up with contacting the District Medical Officer (DMO).

I have an article here from the *Daily Express* of Tuesday, August 19, 1997. The headline is “Family angry over delay by DMO.” In this article, the family of one Ermintrude Phillip was quite grieved at the fact that her body lay on the Beetham Highway for quite a number of hours. There is another article in the *Daily Express* of the following day, August 20, 1997. In that article it was revealed that there was a delay in contacting the DMO because his pager was not working; the battery had failed. Indeed, that article raised the issue of the police not following the procedure prescribed in contacting the DMO or the County Medical Officer if the DMO were unavailable.

Mr. Vice-President, there is also another article, even more disturbing and tragic, on page 3 of the *Daily Express* of Tuesday, August 26, 1997: “Pregnant woman dies.” That article reported a situation in Laventille where a pregnant woman collapsed and remained in a shop for about four hours before someone came to examine the body and have it removed to the mortuary. Clearly, we had these very disturbing situations taking place last August. The Minister comes today

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to present this amendment Bill, which we hope would prevent the occurrence of these situations.

As I read these articles and as I recall from the discussions around the time of these incidents, there was more than one issue that resulted in these circumstances. As I mentioned earlier, there seemed to be some confusion with the police in terms of the procedure to be followed. Indeed, in an article of Wednesday, August 27, 1997 of the *Daily Express*, the Minister of National Security, Sen. The Hon. Brig. Joseph Theodore, launched an investigation into the procedure that took place when that pregnant woman, Ms. Ifill, died in Laventille. In fact, the Minister is stated as saying that they would come up with some good answers as to why that situation happened and would seek to prevent it.

Mr. Vice-President, this amendment would enlarge or increase the number of doctors who could be contacted, I believe. In addition to that, I suggest we must ensure that the protective services—police and fire—know the procedure to be followed when these situations occur. In addition, in one of these articles one of the medical practitioners who went to view the body did not look at the body because it was not in his area and he was not on call for that area and so, could not examine the body. This is quite disturbing.

I understand that you must have districts and doctors assigned to certain districts. But certainly, if there is a delay in contacting the doctor in a particular district and there is a dead body on the streets, the doctor from another district in that circumstance, can examine the body. I wondered if the Minister of Health could perhaps comment on that and whether or not that is a procedure that can be used, and whether we need legislative amendments to incorporate that.

1.45 p.m.

Mr. Vice-President, this Bill, as the Minister stated, is one that is necessary to give some more teeth to the Regional Health Authorities Act, as doctors move from the public service to these regional health authorities. I recall sometime last year, when I was commenting on some financial appropriations for the Ministry of Health, it appeared that only death excited the Minister of Health. I remember it stated that when someone died—I think a union official died from Dengue-related fever—an investigation was launched.

Again, I recall two years ago when a weatherman died from some mix-up of facilities that an investigation was launched. At the time I said it seemed as though death spurs on the Minister of Health to action. Here, again, we have amendments that deal with death, corpses and dead bodies. I wonder if, perhaps, this is really more than I thought at the time. We would prefer that life, not death, would inspire the Minister of Health. Again, last weekend I think we heard about organ transplants or legislation coming to make it easier for persons to donate their organs upon death. Good Heavens, this is becoming very macabre, in any event.

Mr. Vice-President, I take this opportunity, since it is the first time we are actually seeing the Minister of Health, to ask questions which are relevant to this legislation and which go beyond the targeted area of the definition of medical officers. To what extent is this move of personnel from the public service to the regional health authorities going according to plan? It is very good to bring a piece of legislation to put some teeth to that process but we need to know whether, in fact, medical practitioners are moving over to the regional health authorities as planned.

I know there were some concerns in the regional health authorities with respect to a pension fund or something like that. I would appreciate it if the Minister would respond to that concern. I sought to raise these issues before but the Minister of Finance evaded and avoided all questions with respect to health. Since the Minister of Health is here today, perhaps he could respond to that.

Indeed, perhaps in his winding up he could give us a very brief summary in terms of how the whole health sector reform programme is going. I have some concerns in this area. I have raised them in this House and they have not been specifically addressed. Therefore, since the Minister is here and dealing with this piece of legislation, which is part of that whole health sector reform programme, he could update us with respect to whether the conditionalities have been met.

With those few words, Mr. Vice-President, we on this side support this piece of legislation. There is really little reason for us to be against it and we are certainly pleased that some effort is being made to avoid these disturbing incidents with pregnant women and corpses remaining in the public's view for hours.

Thank you, Mr. Vice-President.

Sen. Rev. Daniel Teelucksingh: Mr. Vice-President, I too, like Sen. Mannette, would like to extend a most gracious welcome to our hard-working Minister who heads one of the most important portfolios. [*Desk thumping*] I rise to support the Bill which appears purely cosmetic, but as Sen. Mannette and some of us recognize, this Bill leads to some very serious matters relating to the role of medical officers, as the hon. Minister pointed out, which has to do with coroners' responsibilities.

I ask the question, and from that question to point out at least one of the activities in an RHA—the Minister will know which one—which needs some definition and clearer examination. The question is: What is the relationship—that is at the heart of the Minister's presentation—between medical officers and the regional health authorities? What is the relationship now between medical officers who function within the bounds of an RHA but are not in its employ? Those who perform—to use the Minister's term—medico-legal functions but are not under their purview and not in the employ of an RHA.

There are certain activities that have been taking place and I think we need some clarification, since the decentralization of the monitoring and supervision of health responsibilities that have taken place in this country. There are certain activities taking place within certain regional health authorities and I ask the hon. Minister if he could make some clarification on one such activity. Who is responsible for monitoring? How much is a particular RHA aware of activities within its bounds, although those personnel engaged in these activities are not under the actual employ of that particular RHA?

I bring to the notice of the hon. Minister one of the very significant issues pertaining to public health, that is the testing of HIV/AIDS vaccine. What is quite disconcerting, Mr. Vice-President, are the conflicting statements by medical officers who seem to be in two different camps that both contradict each other and leave the population uneasy. Therefore, there is need for the Government to set the records straight, not only with the population, but with the agencies—they must be within some regional health authorities—dealing with the subject of clinical trials in the search for an AIDS vaccine.

It is reported, Mr. Vice-President, that Trinidad and Tobago is one of the 11 sites in the world selected for preparedness for AIDS vaccine trials in the future.

Did the Parliament or the Government of Trinidad and Tobago authorize our selection for HIV trials? Are we aware of the implications to have clinical vaccine trials done among our people in Trinidad and Tobago? To what extent is the Ministry of Health involved in this? Why must human guinea-pigs come primarily from Third World countries such as ours? Are we ready for human experimentation in Trinidad and Tobago? Mr. Vice-President, who is responsible for preparing this population, not only HIV patients, but healthy persons for possible repercussions in any HIV vaccine trials?

We ask: Who will be the subjects of these trials, healthy people, AIDS victims or a subculture susceptible to AIDS? Standards must be carefully considered before beginning trials of vaccines in human volunteers, who themselves may revert to producing even new strains of the disease.

1.55 p.m.

Mr. Vice-President, the question is, who knows? The regional health authorities? You tell me. There are medical officers who are engaged in this kind of study. Indeed, it is a terrifying thought for a community selected for experimentation, but unaware of the dangers of possible resistant mutant viruses. The question is: How do we plan? Are the regional health authorities and the Ministry of Health planning to monitor volunteers for testing of vaccines? We need to know this. So far, the experimental HIV vaccine in phases 1 and 2 are clinically deficient. There is too much uncertainty surrounding future vaccine trials here in Trinidad and Tobago. Unless we set proper procedures in place, I have serious reservations for HIV vaccine testing in this country. I hope that the report of the newly appointed Ethics Committee will be laid in Parliament and that no decision for HIV/AIDS trial vaccines be taken without the knowledge of the Parliament and the people of this country.

I thank you very much, Sir.

Sen. Martin Daly: Mr. Vice-President, I am learning that if one wants to make even the smallest improvement in life in Trinidad and Tobago, one has to live long, talk hard and say it often. I am not going to let the opportunity pass to express my disgust, again, at the fact that every so often in the course of a year we have dead bodies lying on the streets which cannot be moved because there is no medico-legal person to attend to the matter. It amazes me that no one shares my disgust other than, apparently, some of my colleagues on this Bench. What made me resolve to mention it again—at the risk of repetition, it is certainly

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relevant to this Bill—is not only have we become insensitive, uncaring, materialistic, only interested in short-term political gain, but we have now become pompous as a nation.

Every time some foreign journalist comes here and writes the truth about us, we get into a state of high indignation. Bad report from the British Broadcasting Corporation (BBC)! Well, in the context of this Bill, if you think someone from the BBC or any other news reporting organization happens to be in Trinidad while a dead body was lying unattended on the streets, and you expect them, when they see that, to say that Trinidad is a great place because the roti is succulent, the girls are pretty and carnival is nice, you are deluding yourself. There is no blandishment that you can offer anyone who is purporting to be civilized, to overlook the presence of dead bodies on the road that cannot be moved because there is a complete failure of Government with a capital "G". We must expect to get bad reports from these organizations, because that is a mark of not being civilized.

Now, all this Bill does is show, again, how absurd we are as parliamentarians; what I say is disconnected between the work we perform here and the reality out there. This Bill is not going to increase the number of people who are available to take care of this problem. This Bill is merely correcting a drafting oversight. That is to say, you have a cadre of people who are medical officers and part of that cadre of people now come under the purview of the regional health authorities, so having moved them out of the definition of medical officer, we are now moving them back in. It is just six of one and half a dozen of the other.

I would have expected if we are a civilized country, that the Minister of Health would come and tell us—he must be aware because he has spoken about it, he has spoken about the medico-legal duties. I would expect him to come here and say what is his plan to bring us back to an acceptable level of civilization, where we cannot tolerate dead bodies lying on the road. I am trying to stimulate some sense of shame in all of us, that in this country that we say is so sweet and so great, that we have these hallmarks of barbarity and lack of civilization. This is not going to solve the problem.

I would like the Minister to tell us, having agreed to this amendment, which we must, how is this, or any other measure that he has, going to put a complete stop to the shame and disgust of dead bodies lying on the roads and in houses without being able to be removed because there is a failure of Government. It is autopilot government. Bodies lie there forever and ever and ever, and get bloated and get

maggots and get flies. And we come here in our jackets and ties and pass another amendment, while we have maggot-riddled bodies lying on the roads.

Please, ladies and gentlemen of the Government, show that we are different from everybody else we had before. Let us start moving towards civilization. Let us forget about all the other public relations you do. The best public relations you can do for the country is start making us civilized again.

Thank you, Mr. Vice-President.

The Minister of Health (Dr. The Hon. Hamza Rafeeq): Mr. Vice-President, I thank the Senators for their contributions and for their support to this simple amendment. I want to say to Sen. Elizabeth Mannelle that, as a result of the Cabinet reshuffle mentioned by herself, if I am not here, I assure her that there will be someone equally as competent. *[Laughter]*

Mr. Vice-President, there are some issues which were raised by the Senators opposite to which I would like to respond. Maybe I should respond to Sen. Teelucksingh's issues first. He dealt with the issue of HIV vaccine trials and he did say that there are contradicting statements coming from different quarters. I want to place on the record that no decision, insofar as vaccine trials, has been taken so far by the Government of Trinidad and Tobago. The only decision that has been taken is that Cabinet has appointed an Ethics Committee to look at and consider all the issues involved in HIV vaccine trial testing and make a recommendation to Government. That is the only decision that has been taken by Government so far.

Sen. Prof. Spence: I wonder if the hon. Minister would tell us—*[Inaudible]*—or plants or microbes and so forth.

Dr. The Hon. H. Rafeeq: The committee that has been appointed was appointed specifically to look at HIV vaccine trials.

Sen. Rev. Teelucksingh: Mr. Vice-President, I want to repeat: who gave permission for Trinidad and Tobago to be one of the 11 countries for vaccine trials?

Dr. The Hon. H. Rafeeq: I do not know who selected those 11 countries, but it was certainly not the Government of Trinidad and Tobago. Trinidad and Tobago is being considered by other people to be one of the possible sites for vaccine trials. We still have to give the permission for that to happen.

Sen. Rev. Teelucksingh: I would like to know who are the other people? It seems as though the impression here is that this matter is settled already; Trinidad and Tobago is one of the sites.

Dr. The Hon. H. Rafeeq: I assure you, hon. Senator, that is not so. We have given no permission as far as HIV vaccine trials are concerned. As I said, there are organizations, the UNAids and other organizations that are interested in conducting vaccine trials; they are looking at different territories. They have looked at Trinidad and Tobago and said that Trinidad and Tobago is a possible site. We still have to give permission for that to happen and we have given no such permission as yet. We have appointed an Ethics Committee to look at all the issues and then make a recommendation to Cabinet.

Sen. Rev. Teelucksingh: Thank you very much, Sir.

Dr. The Hon. H. Rafeeq: Sen. Mannette mentioned the issue of regional health authority doctors and how the movement from the Government service to the regional health authorities is going. As I said, all new employment at this point in time is being done by the regional health authorities, and so far among the junior doctors, about 50 per cent or more are employed by the regional health authorities. Those who remain in the public service are not only confined to junior doctors; there are all categories of staff, very few have transferred so far from the Government service to the regional health authorities. At present, the pension plan is being developed and we now have in our possession a draft trust deed for the pension and that is one of the areas we were waiting on before we offer the options for transfer from the Government service to the regional health authorities. We are also in discussion with the relevant unions as far as this issue is concerned.

Mr. Vice-President, I assure you that as a citizen of the country, I am also horrified when dead bodies are left at the side of the road, but the Ministry of Health held discussions with the Ministry of National Security in an attempt to resolve this issue. I wish I could have said today that I can make a categorical statement that it will never happen again in the future, but all I can say is that we have had discussions, we have put systems in place, we will monitor the situation and we hope that it will not happen in the future. I think these are the issues that were raised.

Mr. Vice-President, I beg to move.

Question put and agreed to.

Bill accordingly read a second time.

Bill committed to a committee of the whole Senate.

Senate in committee.

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Mr. Chairman: The Bill before us has two clauses. I just wish to draw your attention to the fact that there was an amendment made in the House of Representatives on March 27, which has been circulated. So the Bill before us is as amended by the House of Representatives.

Clauses 1 and 2 ordered to stand part of the Bill.

Question put and agreed to, That the Bill be reported to the Senate.

Senate resumed.

Bill reported, without amendment, read the third time and passed.

2.10 p.m.

PHARMACY BOARD (AMDT.) BILL

Order for second reading read.

The Minister of Health (Dr. The Hon. Hamza Rafeeq): Mr. Vice-President, I beg to move,

That a Bill to amend the Pharmacy Board Act, Chap. 29:52, be now read a second time.

Mr. Vice-President, the purpose of this amendment is to allow for shops and supermarkets to be able to sell certain pharmaceuticals. At present the sale of pharmaceuticals is governed by two pieces of legislation mainly: firstly, the Pharmacy Board Act and secondly the Food and Drugs Act.

For the purposes of the Pharmacy Board Act, pharmaceuticals are classified under three schedules. The First Schedule contains items such as glucose and petroleum jelly and these are for free sale. The Second Schedule consists of items that are normally referred to as over-the-counter drugs and consists of items such as paracetamol, vicks, listerine and so forth. The Third Schedule contains items that have certain poisons in them and require prescriptions in order to be sold.

At present, the drugs that are mentioned in the Second Schedule are sold only in pharmacies or in certain shops that are registered by the Pharmacy Board. What this Bill seeks to do is to allow for shops and supermarkets around the country to be able to sell drugs listed in the Second Schedule after being registered with the Ministry of Health and paying a registration fee.

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I will go through the Bill briefly. In clause 3 the word “rural” is deleted, as I said, to allow for shops and supermarkets throughout the country to be able to sell these drugs. The definitions of “shop” and “shopkeeper” are given. Clause 4 gives the procedure by which a shop may be licensed. It also deals with the penalties involved for breach of this Act and clause 5 also deals with penalties. Clause 6 deals with the amendment of the schedules:

“The Minister may by Order, after consultation with the Council of the Pharmacy Board, amend the Schedules.”

This will be subject to negative resolution by Parliament. Clause 7 lists the revised Second Schedule.

I would like to mention that this revised Second Schedule was taken almost wholesale from the existing Second Schedule but on the advice of the Pharmacy Board we have taken out certain items that were not considered safe to be sold as over-the-counter drugs.

We recognize, Mr. Vice-President, that in the Second Schedule there are drugs that are mentioned by trade names rather than by their generic composition. With the amount of drugs coming into the country at this point in time and the amount that are registered with the Food and Drug Department, we need to have a comprehensive review of all schedules and we intend to start that exercise very shortly. As I said, it is a big exercise but we intend to do that comprehensive review shortly.

There are 261 pharmacies in this country. Most of these are concentrated in the town areas. There are many rural areas that are not properly served by pharmacies and even though there is a provision by which shops can be registered by the Pharmacy Board in rural areas, they must be outside a two-mile radius of a pharmacy before they can be registered. At this point in time there are many areas that are not properly served by pharmacies.

Mr. Vice-President, we expect that when this Act comes into force that there will be between 1,000 and 2,000 outlets that will be selling these over-the-counter drugs and accessibility will be easier. We also expect that because of the structure of the supermarket trade and the competition involved, that the markup that is allowed for these drugs which, at present, I think is between 30 and 35 per cent, will be less and this will make for cheaper drugs to the consumer.

Mr. Vice-President, we know that in Trinidad and Tobago, as in many parts of the world, there is a certain amount of self-medication that takes place. As I said, in Trinidad and Tobago there is no exception. Taking two tablets for a headache, a pack of Eno or Andrews for indigestion, using a little Flavine or a plaster for a little injury or rubbing a little medicated rub on one's chest and so forth, are remedies that many people use without seeing a pharmacist or medical practitioner. By being able to go to the grocery or supermarket and get these drugs will be a great benefit to many people, especially those in the rural areas.

Concern has been expressed about the safety of the items that will be sold. I assure Members of this honourable House that there is a procedure in place for licensing of pharmaceuticals before they actually get to the shelves of even the pharmacies and, in this case, the supermarkets. Before a drug is imported the Food and Drugs Department becomes involved and there is a whole list of procedures that has to be adhered to before the drug is actually released for public consumption. Some conditions of sale are specified in the Food and Drugs Act and I want to mention here that the Ministry of Health is at this point in time, together with the Pharmacy Board, drafting regulations that will deal with issues such as storage and display of the schedules and so forth.

Mr. Vice-President, we realize that there will be a certain amount of policing that will be necessary to ensure that the shops and supermarkets and even pharmacies which sell pharmaceuticals, adhere to the conditions of sale. We have been improving the Food and Drugs Department and the Drug Inspectorate to deal with that kind of monitoring. We realize that even with the best of monitoring some drugs do slip through. We read in the newspapers recently where a particular drug has not been registered in this country but has found itself on the shelves of certain pharmacies. The best kind of monitoring will really be done by members of the public and we intend very shortly, together with the Ministry of Consumer Affairs, to launch an education campaign for members of the public.

Sen. Prof. Spence: Mr. Vice-President, I wonder if the Minister can amplify on the policing a bit because he tells us the number of places to be policed have been increased from 200 to 2,000. In my opinion that would mean a ten-fold increase in staff. Is that going to be the case with respect to the new posts that you are putting on? How many posts are you going to put on? What organization are they going to be put on to? If they are food and drug personnel will they be general people or will they be specialized in this particular activity?

Dr. The Hon. H. Rafeeq: I cannot say that there will be a ten-fold increase in the staff. What I can say is there will be an increase; I cannot say how many that will be. But, as I said, we realize that while we need policing—and the Food and Drugs Department, the Drug Inspectorate and the Pharmacy Board will be involved—we feel the best kind of policing will be done by members of the public. As I said, we will be taking consumer education very seriously.

The Pharmacy Board had written to us on several occasions and they have expressed certain concerns some of which I have dealt with. One of the issues they raised was the issue of proper labelling. When I dealt with this matter in the other place I dealt with the issue of labelling which is comprehensively addressed in the Food and Drugs Act. Maybe I should briefly mention some of them. This is the Food and Drugs Act, Chapter 30:01, section 34 on the issue of labelling. It says:

“Except as provided in this Part, the label of a drug shall carry—

- (a) on the main panel of both the inner and outer labels—
 - (i) the proper name and standard under which the drug was manufactured which, if the standard is contained in any publication mentioned in the Second Schedule of the Act, shall be stated in full or by the abbreviation therein provided; or
 - (ii) if there is no proper name, the common name;
- (b) on both the inner and outer labels—
 - (i) the name of the manufacturer or distributor of the drug;
 - (ii) the address of the manufacturer or distributor, except that where the immediate container contains five millilitres or less, this statement need not be made on the inner label;
 - (iii) where a drug is intended for internal or parenteral use, the lot number or batch number, the number being preceded by the words ‘Lot Number’, or ‘Lot’, ‘Batch Number’ or ‘Batch’, or by an abbreviation of the words ‘lot’ or ‘batch’ except on labels of Patent or Proprietary Medicines;
 - (iv) adequate directions for use in the English Language;
 - (v) the proper name, or, if there is no proper name, the common name, of each medicinal ingredient contained therein, except on official drugs, and Patent and Proprietary Medicines;

- (vi) an expiry date if applicable or if required by these Regulations; and
 - (vii) directions as to the type of storage necessary to maintain the potency, efficacy, safety or properties of the drug, if applicable or if required by these Regulations;
- (c) on the outer label—
- (i) a correct statement of net contents in terms of weight, measure, or number; and
 - (ii) where the drug is intended for parenteral use, the name and proportion of any preservative present therein.”

Mr. Vice-President, as I said we have looked at international trends and trends within the region. Recently I attended a meeting of CARICOM health ministers and they were surprised that at this point in time Trinidad and Tobago does not allow over-the-counter drugs to be sold in supermarkets because most of the Caribbean countries have already done that. Most of the European countries, the United States and Canada have already done that to a certain extent. When we look at international and regional trends and our own experiences here where pharmaceuticals are already being sold in certain shops and supermarkets, we feel that this is the way to go. The population can benefit from easier accessibility and we also feel that eventually they will benefit from cheaper drugs.

If there are any queries that arise during the debate I will be happy to respond to them.

I beg to move. [*Desk thumping*]

Question proposed.

Sen. Danny Montano: Mr. Vice-President, when I read the Bill before us the first question that came to my mind was where is the Government going with this piece of legislation. To some, it may appear to be a fairly innocuous, simple piece of legislation and perhaps that is the intention. I cannot reach into the mind of the Minister and, therefore, I cannot know what the true intention is.

2.25 p.m.

We have heard a great deal about lobbies from the Supermarket Association and it would lead one to conclude that in all probability, that was the genesis of this piece of legislation, that the Government is moving in a certain direction in order to please a certain section of the community.

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The questions that really have to be raised, Sir, are whether or not the Bill in its entirety is to the public good, and whether or not the citizens of the country stand to benefit from the terms and conditions of the Bill?

The thing that concerns me, again, is: Where is the Government going? What signal is this Government sending, not only to people generally, but specifically to young persons in the community? I am very fearful.

Some two years ago, we debated a Bill in this Senate that allowed supermarkets to sell alcohol on weekends, on Sundays, and I see now that the Government is moving, at least in the first step—I make that point again. This is just a first step to allow supermarkets to sell certain over-the-counter drugs.

The Minister himself used the word “drug”; these are over-the-counter drugs; these are items that for the most part, are ingested, swallowed and go into your system. As such, they all present serious consequences if taken in an overdose. Now, we all know what the average citizen in our country is like; we tend to be fun-loving and so on, and very specifically, it is the propensity of the good nature of our citizens that we tend to feel, “It cannot harm me, man. It is just a little thing. It is okay.”

I feel that out of an abundance of caution we must move very slowly in these matters and I would contrast what the Minister is doing here with the sale of alcohol and cigarettes and the accessibility of alcohol and cigarettes, particularly to young persons. They are drugs. Also, nicotine is a drug and alcohol is a drug that is highly addictive and we know that. What concerns me is the making of drugs of any nature easily available to young persons.

The Minister himself referred to what is happening internationally in the sale of these sorts of drugs, but I recall that what has been happening is not so much that supermarkets are selling these drugs, so much so that some of the supermarkets are setting up small drug stores within the supermarket and there is a pharmacist to supervise the sale and accessibility of some of these drugs.

Just to emphasize some of the dangers, I received some information here from the Pharmacy Board, which I have cross-checked with the British National Formulary and what it is saying is accurate. It says, for instance:

“Eno, Andrews and Magnesia are found in Antacid preparations and should not be taken at the same time as other drugs...”

They can produce a toxic and harmful effect in combination with:

“e.g. Iron preparations, Aspirin, Cimetidine...Ranitidine (Zantax) and...”

Other things. So it is not quite as simple as one might think at the first blush.

Aspirin also can be somewhat hazardous and this is what they are saying:

“Aspirin—reacts significantly with a number of other drugs and its interaction with ‘Warfarin’ is a special hazard. Although it has anti-inflammatory properties and is used for mild to moderate pain and fever, because of its anti-platelet activities it is used in a small daily dose...to ‘thin’ the blood of cardiac patients...however excessive use at the normal dosage...could result in difficulty to stop bleeding from a simple cut...”

“Paracetamol—Over dosage...can cause hepatic damage.”

It goes on and on and on.

One of the concerns that I have is that in the sale of cough medicines, for instance, where the Second Schedule includes cough mixtures and it specifically says, without antihistamines, narcotics and so on. The danger there is, as the Minister himself admitted to Prof. Spence, that there will be a ten-fold increase in the number of outlets selling these properties, but there would not be a corresponding increase in the number of inspectors. He also said that one of the intentions of the Bill is to increase the accessibility to the rural areas. So what is being done is reducing the ratio of inspectors and making it harder and further for them to get to those shops.

So what is the likelihood then that these matters are going to be effectively controlled and monitored? The reality is that in all probability, many of the rural areas will start selling the cough mixtures that have the antihistamines and so on, and that is where a large part of the danger lies.

Mr. Vice-President, the answer to Sen. Prof. Spence's question is less than satisfactory. If the Minister had said, in fact, that he was going to increase the ratio I may have some feeling of comfort, but, in fact, it is going the other way. That is what he indicated. We have to be seriously concerned with that.

I would like to return to the issue of alcohol and cigarettes. It seems to me to be a shocking crime on the part of the Government to be moving in the direction where it is increasing the availability of drugs and, at the same time, doing virtually nothing about the accessibility of alcohol and cigarettes to young persons. We are hearing nothing. There is an absolute silence. We have not even received a piece of legislation here that would even restrict the advertising of alcohol and cigarettes. Certainly, I would have thought that the country would be better served if the

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Government and the Minister of Health were moving in the direction to increase the inspectors rather than this direction.

Mr. Vice-President, I read clauses 4(5) and 5 which indicated that the penalty for selling any one of these drugs without a licence, or anyone selling these drugs to someone who does not have a licence, would be a fine of \$5,000 on conviction. What I wanted to draw to your attention, Mr. Vice-President, is this. In the original Pharmacy Act, Chap. 29:52, section 41 deals with the penalties. Now right up to section 41, there are several instances where the Act cites that certain actions would be an offence and section 41 defines what is the penalty for that first offence. It says that:

“Any person guilty of an offence under this Act is liable on summary conviction for a first offence to a fine of seven hundred and fifty dollars and a term of imprisonment of two months...”

So in the parent Act, we have a penalty of \$750 and two months in prison and this subsidiary legislation which is an amendment to the parent Act says \$5,000. It seems to be a little—why is it not the same thing? What is the rationale? How did it get to \$5,000? Why is it not the same thing as in the parent Act? We have had no explanation.

My last area of concern is with clause 6 where, again, the Minister is saying that it can be amended by Order and will be subject only to a negative resolution of Parliament. Mr. Vice-President, when the Government was in Opposition, there were Members on that side who objected strenuously to the use of negative resolutions. Yet, here it is we are dealing now with drugs that are potentially dangerous and the Government is saying we are going to do it by way of negative resolution.

We have just had a classic example last week when we debated the Minimum Wages Order and we saw the complications that arose by way of negative resolution, when the matters at hand are not fully ventilated and views are not sought from both sides. Both sides of the Parliament tried to make the best reasoned arguments, so that the right thing should happen, not that anybody was trying to defeat the Minimum Wages Order; they were just trying to get it right.

Now, we have a situation here where we are dealing with drugs and the Government has come back with the same clause, that any changes to this Order would be subject only to a negative resolution of Parliament. I have serious difficulty with that and I ask the Minister to explain and to justify why he has gone that route. Why has he gone that route? Why does he not want to bring any

amendment back to this Senate? What is the argument? What is the justification? He has said absolutely nothing on that and I await his response.

Sen. Prof. John Spence: Mr. Vice-President, I do not think that there is any need to go into the dangers of drugs, even over-the-counter drugs. Sen. Montano has referred to some of these, but if one reads any of the instructions for almost any tablet that one can buy, it is clear that many of them do have side effects. Of course, the argument is that one can by-pass the pharmacist and purchase these drugs because they are sold over the counter.

The fact is that even in pharmacies, in addition to the prescription drugs, there tends to be a certain number of drugs which are kept closer to hand to the pharmacist and not put out on the open shelves. So that one would have to understand that there is some measure of control exercised in a pharmacy and the pharmacist is at hand to give some advice.

In Trinidad and Tobago, even with drugs that in other countries are under prescription, we tend, even in pharmacies, to give them freer sale. Let me give an example of this.

I use for asthma a drug called Intal. Now, in the United Kingdom, the United States and Canada, you cannot get this without a prescription. In Trinidad and Tobago, you can get it over-the-counter. It is true that most pharmacists keep it in their immediate control, not out on the open shelf, but nevertheless, my impression is that in Trinidad and Tobago even now, we tend to be freer with allowing the purchase of drugs that, perhaps, should be under tighter control. So, I agree with the position that says we are moving further in that direction and, therefore, I have some misgivings on that score.

2.40 p.m.

One of the arguments used is that pharmacies are trying to preserve their profits and, therefore, do not want these drugs to be sold by supermarkets because it would diminish their profits. Quite frankly, I have an argument for maintaining the profits of pharmacies because if their profits are reduced to the extent that they either go out of business, or they are then putting pressure on the Government to increase the profit margin on prescription drugs, those people who have to use prescription drugs on a continuous basis are likely to suffer.

I made the point earlier in one of the debates that if you have a headache, quite frankly, a bit of rest and by tomorrow the headache is gone even if you do not take

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aspirin. If you have asthma you would have to take medication for the rest of your life and the cost of that medication becomes very critical and even more critical the older you get. I speak from personal experience. I think one has to look at all these effects that one is going to have in making a measure of this sort, including the loss of profits by pharmacies, and decide whether or not that is a good thing in the overall scheme of things.

If one is going to allow certain drugs on the Second Schedule to be sold in supermarkets and shops, as defined here, it seems to me that one wants to put more regulations than I see in this Bill on the sale of those products. So, it is my intention to move two amendments which I hope will go in this direction. For example, the hon. Minister, in his presentation, suggested that the consumer should be part of the inspection system so to speak; but the consumer has no way of knowing what is on the Second Schedule or not so he has no way of checking whether the drug he is being presented with by the supermarket is one which should be under some control or not.

Therefore, it would be extremely important that the supermarket or shop be required to put a list or a copy of the Second Schedule in a prominent place. That should be mandatory.

Secondly, it would seem to me that the drugs so being offered should be sold in one section of the supermarket, otherwise, many of these non-prescription drugs may be disguised as other products. So if the Savlon is placed next to the Clorox or other disinfectants it may not be easy for the consumer to distinguish between what is a drug on the non-prescription basis in the Second Schedule and what is a normal item being sold by the supermarket. So, first of all, I would like to see these items grouped together and in a prominent place in that block, a copy of the Second Schedule and that should be mandatory.

With respect to the policing, I do have some difficulty in accepting that there will be an increase in the number of inspectors in the Food and Drugs Division. I really would like to be assured that in the regulations there are going to be specific inspectors for this particular activity in the Food and Drugs Division. The problem is that if you just increase the staff and assign them to general duties, it means that they are going to have a lot of other duties to perform and then it is going to be up to the director to balance their activities between inspecting for pesticides or food that are coming in through the customs and so forth. So, it would seem to me to be essential that we have inspectors now that we are having this larger number of entities to look over.

Again, with respect to policing and inspecting, my understanding is that the fees that are now collected from licensing of those shops that are now licensed goes to the Pharmacy Board and that the Pharmacy Board employs inspectors for this purpose. My impression is—and the Minister would correct me if I am wrong—that in the new scheme of things, although it has not been said, the fees from these larger number of shops will go into general revenue and not to the Pharmacy Board. I believe the argument is being used that it is not the practice to have non-government entities collect fees. That is not quite the case. In fact, in the case of the Airports Authority special legislation has been provided to allow it to retain some of the departure tax collected as part of its fee. There is nothing in the scheme of things that says it cannot be done.

It would seem to me that if one wants to maintain that professional input from the Pharmacy Board, then the wherewithal for that input should be maintained by at least a part of the fees now collected being assigned to the Pharmacy Board so that it can increase the number of inspectors from the number that it now has to a number that would be reasonable to look over the larger number of entities that are going to be needed in the future.

Mr. Vice-President, finally, I agree entirely with Sen. Montano with respect to resolution of the Parliament, because of the risk of some of these drugs which we sometimes find out only after they are sold extensively in the country. We need to be particularly careful about how we change the schedule. I do not believe it should be left entirely to the Minister on a negative resolution because quite frankly, it is extremely difficult at that stage to stop any change from occurring. My colleague, the hon. Minister of Public Administration and Information, who is not here, as we have been previously told, argued very strongly when he was on this side of the Senate that an Act should have positive resolution and not negative resolution. So, certainly, I would press for an amendment to say positive resolution of Parliament. If it is an innocuous change then it should go through without any difficulty and there should not be any need for a long debate. On the other hand, if it is a contentious item, one would not have to go to the device of moving a special motion and the rest trying it to the test.

So, Mr. Vice-President, those are my points. Firstly, I am not sanguine about the safety of drugs, so in any case I have some misgivings about the more extensive sale of these drugs. Secondly, I am a little worried about the reduction in profits of pharmacies, not because I want to see pharmacists driving Mercedes Benz but because I am concerned about the fact that drugs that are required on a

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continuous basis for elderly folks in this country may increase in price and that such folks would suffer. Honestly, I cannot imagine the agony that a parent must have to undergo if that parent has a child with asthma and cannot afford to buy the drugs to control it. So, I think this is an extremely important point which I feel we should discuss anyhow, that is the cost of essential drugs.

I am worried about the policing and I feel that the consumers should be given every assistance in having to do their own policing. As I said, I think we should display the Second Schedule and group the items for sale in some way.

Thank you very much, Sir.

Sen. Diana Mahabir-Wyatt: Mr. Vice-President, I am totally against the passage of this Bill and I disagree with my colleague, Sen. Prof. Spence, because I am feeling very nostalgic today and I do not like to see things change. I think we should go back to tramcars around the Savannah and I really like the idea of getting rid of all this pollution in the air and having horses and buggies to ride in. I think it is far more picturesque.

I hate to think that we are moving this country towards the day when pharmacies, as pharmacies, would disappear which, in the present form, they probably will if this Bill is passed. As a communication from the Pharmacy Board itself has pointed out, more than 70 per cent of the public obtain their medicines from hospitals or health centres and sometimes from medical practitioners so the profits that pharmacies make, as Sen. Prof. Spence was pointing out, really are very narrow when it comes to prescription drugs, so they have to sell these over-the-counter things. If everybody could sell over-the-counter things pharmacies are going to probably go out of business, or, worse still, they will evolve into something totally new like American drugstores and will be selling ice creams, soda pops, hot-dogs and become neighbourhood gathering places for teenagers; and other dreadful things could happen. I would hate to think of our nice dusty pharmacies being evolved into semi-American teenage institutions.

2.50 p.m.

That is my first ground for not wanting to support this Bill. It is far too progressive. It may put many pharmacies out of business. I tried to think of an argument to object to it on the ground of what is on the Second Schedule, that non-pharmacies would now be able to sell. Dreadfully dangerous drugs like Dettol for example need licensing and inspection. I am sure if a person drinks Dettol, it

would be very bad for that person. When I go to the supermarket I see Pinesol. I do not know how different Dettol is from Pinesol, but I suppose if one drank Pinesol disinfectant, one would also be very sick. There are other dangerous things such as Calamine Lotion, Senna, and Glycerine. We use Glycerine to get our hands soft. Heaven forbid that you can get Fisherman's Friend other than in a protective environment.

As for the sale to young people, I thought of that too. Following what Sen. Montano said, I realized that any young person can go to a pharmacy and pick up all these things over the counter. I know that the Pharmaceutical Society and the Pharmacy Board have been warning us. Many articles have been published about the danger of taking Paracetamol containing medicines which are on the Second Schedule. These are in any pharmacy in Trinidad and Tobago next to the Aspirin and Panadol and people can buy them in any quantity.

I realize the argument is that it is only in a pharmacy these things should be sold because our friendly neighbourhood pharmacist is there to warn and guide us. I was thinking about the last 40 years and I do not remember ever having asked the pharmacist his opinion about buying Calamine Lotion, Dettol or Andrews Liver Salt. I do not remember ever seeing anybody else do it. This is reprehensible. I think we should consult our pharmacist before we buy things like Dettol. Heaven forbid if any child of mine should buy Cod Liver Oil without consulting a pharmacist.

I can see both sides of the argument, that these things should be greatly restricted, and only sold in pharmacies. It does not impress me as much, because I see people buying them now with no reference to pharmacists. I object to the Bill first because it could put pharmacies out of business. There is too much unemployment in this country and I would hate to see this happen to pharmacies.

The second reason I object to this Bill is because of something which has been mentioned before. It is because the regulations are subject to negative resolution. After the shellacking we got last week in the Senate for perfectly innocuous reasons which had been well-understood ahead of time, for trying to deal with something which was subject to negative resolution, I said then, I was never going to agree with anything that was subject to a negative resolution again. I do not agree on those grounds.

The third point I raise is about something the hon. Minister said. I am being quite serious now. It has to do with public education. Public education includes

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Sen. Prof. Spence's point about including the Schedules somewhere so people can read them. I think we should also start being more realistic about what we call dangerous and need restriction. I do not know how Dettol and Cod Liver Oil got on this Schedule. I honestly do not see why things like Glycerine, Calamine Lotion and Tiger Balm have to be restricted. Who put them in in the first place? I do not think that many persons in this country are of such limited intelligence that they would be in danger if they buy Glycerine and need to have that restricted.

What worries me in terms of public education has to do with the introduction of new drugs. I think Sen. Prof. Spence made the point very well. Many drugs we can buy here over the counter, in other countries people cannot. On the other hand, there are many drugs such as Viagra which people can buy over the counter in other countries. We are now told it did not kill those six men. It was old age.

Sen. Daly: It killed the women.

Sen. D. Mahabir-Wyatt: I refuse to listen to Sen. Daly.

Those drugs are not legal here at the present time. Presumably, once they have passed our local drug regulations; they may or may not. This is where I have a serious question for the Minister. How do we decide whether new drugs are suitable for the local population? For example, I gathered that Insulin—which is a prescription drug which can only be obtained through a pharmacist—in its original form was tested on European males. I got this from a diabetes specialist. When it was first given to people in the West Indies, the dosages given were suitable for European males. Apparently, non-European males reacted differently and the dosages had to be adjusted.

It was only many years later that somebody thought about testing on non-European males, or for that matter females. They did not stop to think that the hormonal system and chemical balance in the female system is totally different from the male. As we know, it is not important that women get better from diseases, so they never bothered to do testing on women. It is only in the last 15 years that doctors at the University of the West Indies have started to do research on the effect of drugs such as Insulin and other drugs, particularly for anti-depressants, on the system of West Indians who can have many different kinds of ratio and ethnic strains which can react differently to different drugs.

Having said that, I would like to know for new drugs like Prozac, Viagra and others which we gather would be prescribed with great lashings, what sort of research is done to determine whether or not they are suitable for citizens of

Trinidad and Tobago of whatever gender or ethnic background. What restrictions are there to ensure the dosages are correct? The dosages on the packages which come from other international drug agencies apparently are tested on people who are not necessarily similar physically, genetically or in any other way to West Indians.

The other point I make is with regard to the cost of drugs. Again, I support Sen. Prof. Spence. This goes back to my original point of opposing the Bill because pharmacies might be closed down. Can the Minister inform us whether or not prescription drugs are price controlled, and if they are, how are these controls determined? I noticed from the papers before me that the monitoring agencies for this new legislation would include the Pharmacy Board. If anybody should know, I suppose it would be the Food and Drug Division and the Drug Inspectorate of the Ministry of Health. I have the Consumer Protection and Safety (Amdt.) Bill which has to come back to us which would also probably give additional protection in the case that anything happens.

3.00 p.m.

I would like to know about price controls for drugs. Do we intend, as a matter of public policy, to protect our elderly from the increasing prices of drugs which they need in greater supply as they grow older? What mechanisms are being developed for this? I do not mean to be facetious, but I hope that the Minister will be able to answer some of these questions. I know that many points brought up over the last few months by various vested interests are very serious ones.

The last question, which I hope the Minister can answer is in terms of the inspection. If a young person walks into a licensed pharmacy, picks up one of these over-the-counter drugs, for example, Dettol, Listerine, Calamine Lotion or Friar's Balsam, drinks a bottle and becomes deathly ill, is there any provision in the existing legislation to punish the owner of the pharmacy or the pharmacist? If there is, will the same restrictions extend to the supermarkets or the shops that will now be able to sell these substances because of the revised Second Schedule? Can the Minister tell us what they are?

If there are no provisions now to charge, punish, fine or imprison people who own the premises where these things are sold and they are ingested without their knowledge, consent, direction or advice, then would equal provision be given to the ones in the future who will sell these substances?

I thank you.

Sen. Dr. Eastlyn Mc Kenzie: Mr. Vice-President, despite the concerns expressed by previous speakers, I support the Bill. I do, however, have some questions which I would like to confine mainly to the provisions the hon. Minister has for Tobago.

About two years ago, I brought to the attention of this Senate that shopkeepers in Tobago, in order to obtain a licence to sell patent medicines as they were then called, had to have shops outside the two-mile limit of a drugstore. I would like to know whether that still applies. I heard nothing of it being deleted from the previous rules.

They also had to obtain a form from Trinidad; a visit was paid by a medical officer; the completed form and the approval of the medical officer were brought to some place in Trinidad, which some of the shopkeepers do not now remember. At times, when the documents were brought over to get the licence, the shopkeepers remained a day or two in Trinidad waiting.

I see here, under clause 4(3):

“For the purposes of subsection (1), the Minister may, by Order, authorise the County Medical Officer of Health of the County in which the shop is situated to act on his behalf.”

I would like to find out if this would happen in the case of Tobago. Would a Medical Officer be given authority to act on the Minister’s behalf to grant licences? To whom do the owners of the shops or supermarkets pay the licence fee? I hope that something like this would be worked out. I also hope that the Minister would be able to give me answers to those two questions.

I stress the need for public education, not only of the public as consumers, but also of the shopkeepers and supermarket owners. When one applies for a food badge, there is a set procedure. One gets his medical examination and then goes to the public health officer where he is given lectures, shown films and has question and answer sessions to ensure that he really understands what is expected of him and that he really understands the standards he should keep.

I suggest that in the granting of the licences there is a specific day as there is in the granting of food badges. For example, we know that in Tobago, persons go on a Tuesday and a Thursday. They are lectured to and shown films and videos. The concerns expressed by previous speakers should be conveyed to these persons. There should be lectures, film shows, posters, television and radio one-line

statements—a type of awareness. This must not only be for us as consumers, but also for the people selling the drugs over the counter.

These are my few remarks. I support the Bill.

Sen. Dr. John Bharath: [*Desk thumping*] Mr. Vice-President, I thank my colleagues on the opposite side, having recognized the type of contribution I would make, for already giving me their full support.

In my opinion, the Pharmacy Act is archaic and monopolistic in its contents. For too long, the Pharmacy Board had a monopoly on certain drugs. In the old days, therefore—perhaps some of the younger ones opposite would not remember—drugs were sold in shops that were within a two-mile radius of the drugstores and the chemists. Some of my colleagues who are around my age group would remember going around to the shops and getting their two aspirins in brown paper. We are going back a long time to when tablets were sold, without any supervision, wrapped in a bit of brown paper. In fact, to this day, there is no supervision in the outskirts where one might go. I can also tell you—and this is from my very own personal experience—that in many or most of the chemist shops or drugstores in Trinidad and Tobago, there is very little or no supervision whatsoever. One can go in and pick up anything that one wants to get. [*Desk thumping*]

3.10 p.m.

When you talk about supervision of the chemist, have you seen where the chemist usually stands? He is aloof; he is on a pedestal; he is way to the back and most of the drugs are to the front of the premises. Many a time people would go in and ask one of the clerks for something for some condition. That particular drug is picked up, handed and cashed without the chemist even knowing what was sold at that particular moment. No supervision! I challenge those on the other side who would say that all these drugs are being supervised according to the Act as it stands today.

I was very disappointed in reading certain comments made by a certain Member at another place. In fact, the Member for Arouca South saw this Bill as one of back scratching for the UNC Government to help their friends. What a pathetic statement! I am not surprised because it came from the other side. Mr. Vice-President, do you want to tell me that such an important Bill which takes care of the community at large—the poor, sick, lame, blind, weak—where prices would

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be reduced, was meant for a few supporters of the Government? I did not know that HiLo supported this Government; I did not know that Tru Valu supported this Government; I did not know that Budget Foods supported this Government. I am very happy to know that the speaker from the other side has recognized that we are doing such a wonderful job, that all these people are now supporting the Government. [*Desk thumping*] I want to reiterate, therefore, that we will be here for another 10—15 years.

Mr. Vice-President, the argument that has been brought about selling drugs over the counter in the supermarkets, is a laughable one. Have you been to a chemist shop or pharmacy lately? One can buy ribbons, bandeaux, slippers, lotto tickets, play whe; you name it. These people have the audacity to talk about the supermarkets will be having a monopoly. What I say is, the druggists are now looking at the possible loss of profits. Make no mistake, the profits are so great at times that the poor cannot afford to get the necessities they need.

Let me, for example, give you the figures of some items that I have here:

Item	Wholesale price	Retail price	Retail super-market price
Aspirin	\$6.25	\$9.00	\$7.18
Magnesia	\$12.50	\$18.87	\$14.37
Peroxide	\$4.00	\$5.00	\$4.60
Calamine lotion	\$4.00	\$5.40	\$4.60
Cotton wool	\$19.50	\$27.50	\$22.42

These are some of the items I have in front of me. When Members on the other side in the other House mentioned that the prices were not reduced as predicted by the Finance Minister, again, they were misleading the public.

Mr. Vice-President, this Bill will provide for the reduction in prices from drugs that are sold, to approximately from 35 per cent mark-up which is across the board mark-up at pharmacies, to about 15—20 per cent at the supermarkets. We are talking about inspection, conditions and locations of where these will be kept in the supermarket. I am quite sure most of my colleagues on the other side have travelled abroad. Nearly every European country, nearly every developed country in the world has these over-the-counter drugs displayed in gondolas and in places that can be easily distinguished from other grocery items. They are in particular

sections away from the poisons or from things that one might consider to be non-aesthetic.

We talked about the type of drugs that might be taken or the type of things that might be sold that might be considered poisonous in these places. I would like to ask one of the former speakers, gramoxone is being sold and what protection is there for it? Gramoxone is there, one can pick it up, take it, carry it home and when things go bad at home, drink a bit. So there is no control, it is not available at a pharmacy, there is no pharmacist to tell you what you can get and what you cannot get.

Mr. Vice-President, this is a monopolistic situation that I believe the Pharmacy Board and the pharmacists would want to continue. We on this side have promised and we will continue to keep the promise for the next 20 or 30 years, that we are going to level the playing field. [*Desk thumping*] The general public must be able to get these over-the-counter drugs at a reasonable cost, especially the elderly and those who cannot afford.

Mr. Vice-President, we come back to the conditions whereby people find themselves way out into the country areas and, obviously, they have a problem because drug stores are far and few between in many areas. We feel, therefore, that the monopoly that pharmacies have or have had for a long time is now going to come to an end by this caring Government.

Mr. Vice-President, pharmacies sell things like hairdressing apparatus, things like cosmetics, snacks and corncurls. There is one pharmacy at Curepe that sells the lotto and play whe now. The good Reverend who lives in that particular area must be looking at that from time to time, because I am quite sure when his parishioners go there to get genuine drugs they are now being tempted to buy a lotto on the way out. I trust the Reverend will make the necessary speeches on his pulpit because it affects his parish where he has the honour to preach.

Mr. Vice-President, this monopolistic view that I have of the people in the chemist department, they want to have their cake and eat it. They are selling things that supermarkets sell. In some cases you can buy sweets, toolum—if you remember what that is—sugar cake. These things are found in certain chemist shops and, therefore, they are breaking certain rules and regulations as far as I am concerned, but they are getting away with it. They are trying now to use their big stick for the people who live in all the country areas where transport, doctors and chemist shops are a problem. They feel that the people who are most in need must

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suffer to come out into the towns from the areas as far off as Blanchisseuse where we had the unfortunate accident recently; from places way out in Cedros and the outskirts; and Charlotteville. There is need to have places where one can buy these drugs.

We have a certain feeling in Trinidad and Tobago, that it is only in the drugstore one can get drugs that are necessary for one's ailment. I can assure you that there are many chemist shops where one can go and buy anything. All one has to do is tell one of the clerks what the problem is. Many times there may not even be a chemist on the premises; he or she has gone for lunch or is not in that morning, yet one can buy most drugs that are supposed to be sold only under the supervision of the chemist.

Mr. Vice-President, it is important to note that many chemist shops sell drugs at an exorbitant price. This is a fact that many people are aware of because they have a monopoly. With a monopoly it becomes very difficult to break that cartel.

3.25 p.m.

We have drugs that are being sold for abortions. These drugs are for ulcers. Cytotech is one of those drugs that induces labour and, therefore, premature abortions. These drugs also produce uterine stimulation. We could go and talk about things like drugs that are sold a bit cheaply, but dangerously, for the young, innocent in our society. These pharmacies, in many instances, do not even have a pharmacist on the premises at times.

Mr. Vice-President, with your permission, I would read an article dated Friday, March 29, 1996:

“Mirror buys prescription drug off the shelf.

Patients normally require a prescription to buy ‘282’ tablets...”

That is MEP tablets.

“...contains the addictive codeine.”

These tablets ought to be sold on prescriptions but one could go to many of these drugstores and buy them without prescriptions. There are so many things that one could go into a drugstore and buy without prescriptions. In my view, it is therefore a welcome change that my Government has found it necessary to put on the list, certain drugs which can now be sold and can be easily had in the supermarkets.

I do not see why, as in Tobago, there is a chemist—I quote from the *Daily Express* dated Tuesday, December 23, 1997:

“...Penny Savers Supermarket at Milford in Scarborough, supports the call to sell condoms over the counter.”

A very important gadget, Sir, if I may call it that. They want to sell condoms in the supermarkets in Tobago because they say the drugstores close at around 6.00 p.m. Mr. Vice-President, as my learned friend on the other side knows, the action starts after 6.00 p.m. *[Interruption]* Did you ask what action? The action starts after 6.00 p.m. in Tobago and one cannot get a condom to buy. *[Laughter]*

Hon. Senator: Take some Panadol.

Sen. Dr. J. Bharath: Panadol would not help, not even if someone took two. *[Laughter]* So I advise Senators if they are going to be landing in Tobago after six o'clock, do not take Panadol. *[Laughter]*

Mr. Vice-President, coming back to a most serious aspect of the complaints that the drugstore has for these drugs, it is my view that a drug like Viagra—I am quite sure most of my friends over 21 on the other side would know what it means—this hormone is now being sold under the counter in Trinidad. It has been published that this could now be bought for the exorbitant price of—did you say \$150.00 Sen. Montano? Yes, I believe it is being sold below the counter at \$150.00 per tablet, an exorbitant price. This rise in price, I suppose, gives one the guarantee that there would be a rise in action, but not having tried it myself and seeing the Senator on the other side have a hearty laugh, perhaps, he could confirm whether this is so or not. *[Laughter]*

Mr. Vice-President, people in the country areas have always found it very difficult to get certain drugs and therefore they suffer immensely, where, on the outskirts, there are very few doctors, drugstores and health offices. I had the experience of working for Government in many of these outskirts and many times a simple thing such as an aspirin was not available for the people.

Today, it is with the great trust that I have in my Government that I support this Bill. I ask that some of the pharmacists who are breaking certain rules and regulations, should look over their shoulders and put their house in order. They now carry out tests: pregnancy testing, blood pressure levels and they also prescribe, which is not in their purview at all. The Pharmacy Board says it is all part of the international trend to help people. Well, I say it is also an international

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trend that supermarkets all over the world now sell many of these drugs that we on this side of the House would be making available to the general public.

Mr. Vice-President, with these few words, I inform Senators on the opposite side that when we on this side bring a bill, we go through it thoroughly, and in this Bill, we thought particularly of the needs of the people. I can assure you, Sir, that the length and breadth of Trinidad and Tobago will be thankful to this Government for bringing, within their reach, what the other islands in the Caribbean have already achieved. Nearly every island in the Caribbean, nearly every country in the wider world has started to put drugs on the market that were the domain of a few chemists, who have now outlived their usefulness, as far as the population is concerned, who would want to withhold drugs from the people who could least afford them.

What I believe is the most important criterion for not wanting this Bill to be passed is the mark-up that they enjoy, as compared to the mark-down that the majority of the citizens of Trinidad and Tobago will enjoy through the supermarkets.

3.35 p.m.

Sen. Prof. Julian Kenny: Mr. Vice-President, I will be very brief because some of the subject matter has already been dealt with by other Senators.

One thing which rather intrigued me in this debate was the appeal by Sen. Diana Mahabir-Wyatt to go back in time. I think I am rather older than she is, and I am a little bit younger than the hon. Senator over there, but when we were brought up there was such a thing as powders, which came in little flat packs—and I see Sen. Daly still remembers—and when one was ill one was given a powder. One was never quite sure whether it was a worm powder or fever powder—I will come back to that in a minute, my little scientific experiments as a child—At Belmont Circular Road, I clearly remember the pharmacy on the corner where there were jars of leeches. In the 1930s, the leeches were still used for bleeding people, and these were kept in beautiful big jars.

Let us look at our history. As recently as 1920, if one went down Broadway and one saw on the western side, F. W. Billing and Co., licensed ganja dealer. This was a fact of life! The hon. Senator over there would remember it. Out in the country areas, certain members of the community would go to the local shop after the hard work and they would buy a little brown paper of ganja for six cents. Now,

I do not suggest we go back to that, I do not want to get into trouble, but there are two things that concern me with this debate.

One is that the pharmacies and the supermarkets are clearly in a sort of warfare for the control of turf. I take the point that Sen. Bharath has made about pharmacies. If one goes into most pharmacies, there are rows of shelves and one just simply goes and picks up whatever one wants, and goes to the cashier. One can buy medicated soap, Dettol, laxatives and whatever have you, *Time* magazine and some toolum and out one goes. One is not really dealing with the pharmacist.

My personal experience is that when I had cataract surgery and I ran out of drops—and I was supposed to take the drops every two or four hours—and I miscalculated what the little bottle contained and I ran out of drops. Now, the only way I could get this very dangerous drug was by going back to my ophthalmologist and getting a prescription. Now, you go to a pharmacist who does not know you from Adam, you show him the little bottle and he gives you a new one and says, go and get a prescription. Now, I do not know what record is kept of a thing like this. So the pharmacists are not as chaste and pure as is suggested.

We have actually had antibiotics, which should never be given or sold without a prescription, quite easily from a pharmacy, but mind you, if the pharmacist is sometimes to blame or can be blamed for breaching the law, the supermarkets quite frequently do things equally dangerous.

It was not very long ago that at one of the major chains of supermarkets, one could go in, and along one shelf one saw the vegetables there, and at the end of the vegetable stall one saw a pesticide stall. One could buy Sevin Powder—which is fairly benign—chlorinated hydrocarbons, Dieldrin, Aldrex, Aldrin—you name them—at a supermarket. I am telling you, right beside the food; the vegetables are there and you just go along—

Sen. Bharath: Gramoxone also.

Sen. Prof. J. Kenny: My point is that we clearly have an issue of how we deal with things which can be of great danger to us. Sen. Mc Kenzie and others have pointed out that we really need to have a major educational programme.

Before I close, what I am saying, I would just like to mention that when we were little boys—I am sure that Sen. Daly did this sort of thing—we would get Eno fruit salts they were called—I think they are probably still called Eno. In those days Eno came only in the white form, now we have all sorts of coloured ones—

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we used to mix a bit of Royal Gelatin Crystals in with Eno powder and we would pour the water, stir it up and drink it. This is what people do, this is what children do, and this is why it is most important that we get this educational programme and we get people reading the labels of things.

Quite frankly, when I looked at the list of 35 items, I wondered what the big issue was. In fact, I think that if one goes into many of the pharmacies and look along the shelves, one can probably list 200—400 things which could equally well be sold at the supermarket or any other outlet, especially if we adopt the provision that Sen. Spence proposed, that this is what you are permitted to sell.

So that, Mr. Vice-President, I have no difficulty supporting this legislation and I assume that in due course we will see a liberalization of the more benign ones, where people living in remote areas, Charlotteville, Iacos and so forth, have access to drugs which will help them. At the same time, I reemphasize the point, we must have educational programmes.

One final point. Sen. Montano referred to the extremely dangerous drugs of alcohol and tobacco. I must compliment the Ministry for the recent new advertisements about the dangers of smoking. There is a lovely advertisement which shows a smoker's lung and a healthy lung. I would ask the Minister, instead of just saying that it is a healthier life style, why can we not just simply state what it is: smoking kills.

Thank you, Mr. Vice-President.

Sen. Martin Daly: Mr. Vice-President, never have I seen a bigger non-issue than the fight between two groups of people in the society to sell, enter or retain the highly lucrative market for the relief of pain, gas, constipation, coughs, colds, flus and allergies. *[Laughter]* I live in the real world, and I am very proud of it. If this Bill is going to make it easier for ordinary people to get a tablet, then I think it is a good Bill, and by "get a tablet", I mean it may be something that is in liquid form as well.

It is amazing. I got the same correspondence from which Sen. Montano was reading; volumes of it. Between the row about fixing teeth and the row about where to sell an aspirin, I do not know where more environmental damage has been done. How many trees have been killed to generate all this paper. I think we have to laugh at things. I am glad that Sen. Bharath, based on his long experience, was able to relieve some of this self-seriousness that we engender in these debates.

People get furious about the fact that somebody other than a pharmacy is going to be able to sell a Phensic or two. It is amazing! You actually have the Opposition and the Government having a political argument about where to sell a Phensic. It is just unbelievable.

I only have one or two complaints about this Bill. First of all, let me make it plain, generally, I think there are many things in the old days to which we should go back, but Mr. Vice-President, I do not want to go back to senna pods. *[Laughter]* As a matter of fact, one of my disappointments is that we are not moving senna pods from the Second Schedule to the Third Schedule. I seriously considered moving an amendment to have senna pods moved from the Second Schedule to the Third Schedule. I suppose it may have to do with one's metabolism, it may have to do with the heaviness of the hands of one's parent, and I suppose it may have to do with the time of day at which it is administered. All I could say is that I do not want to go back to senna pods.

All that has happened here is that we are having a fight over turf. I listened with great interest; when people make submissions to us we have to listen to them very seriously and see if they are valid points. I listened to all this romanticism about the pharmacists. I think that pharmacies are wonderful places, I think that pharmacists are wonderful people, but I want you to consider this. Global communications are now our pharmacists. So this idea that one is going to the pharmacist to find out what to take for something; if one watches the television early at breakfast time—with or without the Rogers, which is another form of medicine—one can be educated about every form of gas relief that is available and, therefore, one really can weigh up the value of these products without having to go to the pharmacist.

I venture to suggest that the role of the pharmacist has been superseded by television and other forms of modern communications. I think by the time the discerning consumer goes to the "doctor shop", as we used to call it, he knows whether Advil is superior to "Tyrenol", as a friend of mine pronounces it, and he really does not need the pharmacist to tell him. We are being told about it over the television. While all of us may not be as coy about gas as they are in the United States of America, I dare say that any child watching television could go and tell the pharmacist about the different reaction times of Maalox as against Phazyme; so we really do not need a pharmacist. It really is a bit of a joke to watch big people fighting over who should sell a Phensic. So, I support this Bill wholeheartedly.

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3.50 p.m.

I know the pharmacists will get vex with me but I am vex with them. I come from very modest circumstances which people sometimes fail to realize because I might wear a nice tie. My mother and aunt are in their eighties live on government pensions and belong to a generation which is very scrupulously careful about money. The doctor prescribed for my aunt, who is now virtually bedridden, a certain antibiotic powder for a fairly common condition. Three days after it was prescribed my mother rang me very embarrassed to tell me that she sent the nurse—they have a day-time nurse—for this powder and she did not know how to ask me but she had not sent enough money and the powder was \$84.00 and what was she going to do? I think that all these arguments about selling these things is to do with money. If anything can be done to make the relief of pain and illness more readily available or cheaper I am all in favour of it. [*Desk thumping*]

I am only speaking about this because, as usual, I think we are missing the boat. My colleagues have already completely exploded the argument that there is something dangerous in this by pointing out all the other dangers that exist in relation to substances which you can buy outside a pharmacy. I am only speaking on this because I think it would be far better that we have a debate over how my aunt, age 93, can get an antibiotic powder without having to pay \$84.00 for it. Fortunately, they can ring me—even though they are very embarrassed about it—and ask me to help. But there must be zillions of people in Trinidad and Tobago who are not so fortunate. I think all of the debate that was generated here should really be concerned with how to make the things people need for asthma, as Sen. Spence pointed out, more readily available to persons who cannot afford them. I would have been looking to the pharmacists and the shopkeepers to give us a plan of how to make many of the items they charge us a high price for, more readily available.

On this occasion I do not take the side of shopkeepers against the pharmacists at all because there are many things on which I see price labels—I happily do not have to go to the grocery very often but I see labels and when I see the label on something that is being used in the household I often wonder how people manage to buy common or garden things that are required such as milk and so forth for their diet. I would have thought the grocers and pharmacists would be better employed generating and sending submissions of how to bring down the prices of the basic items. I am speaking about it again because what did I hear from the time the Government announced its intention? I heard a nasty, selfish, narrow little

debate about how to make more money or what would happen if they made less money. I did not see any entrepreneurial or unselfish debate about how we are going to get over the difficulties of people having to buy these things at prices that they cannot afford.

I am taking the opportunity again, not because I think this is a very controversial measure; but I intend to take it on every occasion to ask when are we going to start debating the real issues. The real issue here is the cost of basic items people need and the cost of items that sick people need. That is what we should be debating instead of all these non-issues of the dangers posed by selling Paracetamol in a little shop up in Blanchisseuse or Mayaro and Charlotteville.

As I said, apart from my concern about one of the items on the list, I really think that this is another occasion that we are spending a lot of time on issues that do not touch the majority of the population. I would have thought that the political argument that this Bill would have generated was who has the better plan in their health ministry or their shadow health ministry to make things that people need more readily available and more cheaply available.

I support this Bill. I will, in Committee, ask one or two questions about the schedule. I do not understand—I am surprised that Eno still call their salts Fruit Salts. I would have thought that for marketing reasons they might have to drop the appellation “fruit” because the market for which it is intended might be misunderstood but that is a matter for Eno. What I do not understand is we have certain things in here by reference to the brand like Optrex eye lotion. I do not understand the difference between Optrex and Visine. Why do we not simply have eye lotion? I also do not understand why we have Andrews Liver Salts as opposed to liver salts and Eno Fruit Salts as opposed to fruit salts.

I am asking this for a very good reason. If the schedule stays in this form you may be conveying a commercial advantage to the manufacturer or the distributors of these particular brand names. Therefore, I am not just being picky for the sake of being picky. I would have thought that this schedule needs some looking at in order to avoid giving an advantage to the manufacturers or the distributors of certain brand names such as Sanatogen tablets and powder. I do not know if they have an exclusive on these things. I would like to see more generic names in order to make the list fairer, more competitive and more widely available. That is the only serious point I want to make about this Bill. I really think this schedule should be looked at to make it fairer, more competitive and to make the same products

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more widely available, otherwise we would be defeating the purpose of setting up competition and making things more widely available.

With not so fond memories of some of the items on this list, Mr. Vice-President, I support this Bill.

Sen. Dr. Eric St. Cyr: Mr. Vice-President, I want to briefly address three areas. The first concerns the Second Schedule following on Sen. Daly's remark that the Second Schedule ought really—so as not to compromise the neutrality of the Government in commercial matters—to give generic names rather than brand names. I think that the problem lies in the attempt in the old Act to exercise a measure of control; it was specifying what may and may not be sold. But I do think we ought the move to generic names wherever that is possible.

The second area I want to join the debate on is to address some of the concerns about the economic impact. I am sure that, in general, the country would be better served by having this measure go forth and so I support the measure. I do want to say, however, that there is a possible cost or feedback that this measure might have and it is this and we must consider it: where there is need to have a pharmacist dispense prescription drugs, the cost of having a qualified pharmacist imposes an overhead as it were on the dispensing process. To the extent that the volume of sales at pharmacies would go down, we could be making it necessary to raise the price of prescription drugs to cover the smaller volume of sales in the drugstores.

I say again, this is a matter of judgment. I think the measure is for the general good. I think in particular the rural areas would be far better served and unambiguously this measure would be for the general good. But we must consider that possible fallout and see how we would deal with it.

My third remark, Mr. Vice-President, concerns a fear I have that we are making it easier where there is not a dire need for medical help and drugs to be used to deal with ailments for the community at large, to have access to drugs and this could be habit-forming. I do have a concern that this is one of the likely consequences. I, myself, really do believe that in our educational programmes so haply called for, that we really must educate our communities concerning lifestyles and so reduce the need for taking drugs as far as possible and certainly only when we need to correct some ailment.

With those remarks, Sir, I thank you.

Sen. Cynthia Alfred: Mr. Vice-President, I know there have been many arguments backwards and forwards between the two bodies concerned and I would like to say where I agree and where I have concerns. Before I do, I would like to make reference to a statement made by Sen. Bharath in respect of something that was said by the Member for Arouca South. Since she is not here to defend herself or to, indeed, respond, I think that I should say something. I hope that the hon. Senator is not thinking of denying the representative her freedom of speech in respect of anything that she would like to say. If it is, indeed, the predilection of this Government to attempt to muzzle the press, I hope it is not the hon. Senator's intention to muzzle the Member for Arouca South.

Having said that, Mr. Vice-President, I now turn to the actual Bill before us and I would like to make reference. Some of the speakers spoke about Charlotteville in Tobago. I would like to say not only Charlotteville but the entire windward area in Tobago, that is the east and northeast. In those areas there is no—not even one—pharmacy. Therefore, all persons from Charlotteville, Bloody Bay, Castara, Parlatuvier, Speyside, Roxborough, all those persons, particularly on that end, have to go into Scarborough if they want Panadol or whatever it is; they must travel into Scarborough.

One would admit that it is a bit much to expect one to do this time and time again. Tobago is small compared to Trinidad but I will tell you that it will take someone about twice the amount of time to travel from Scarborough to Charlotteville as it would from Port of Spain to San Fernando simply because we are going up hills and so forth and in Trinidad it is pretty flat. On that score I would like to agree that we do need some relief for persons in the rural areas.

4.05 p.m.

However, Mr. Vice-President, having said that, the Minister did mention that his Ministry is in the process of drafting certain regulations and that has me worried. It has me worried because here it is that we are attempting to pass a Bill where certain regulations are not yet drafted. So I was wondering if it were not a bit premature.

Would it not have been more realistic to draft the regulations? The Minister did mention that they have to look at the different types of drugs that come into Trinidad and Tobago, as a matter of fact, the different types of drugs that are being fed, so to speak, to the people of Trinidad and Tobago. If we are going to have to revisit this whole question, I would like to think that before this

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Bill is proclaimed that these regulations be drafted, otherwise the Government might find itself in a position—the very position in which I believe it will not like to find itself—where it is still not sure which drugs are deemed dangerous, which very dangerous and those that are pretty innocuous in most cases.

In other words, when the list is brought up-to-date and when the regulations are put in place, then everyone will have a much clearer idea as to what we have in this country with respect to drugs and how we are going to have them distributed. I hope my point has been well taken.

In respect of the education campaign, again, I would like to think that all these things are put in place before the Bill is assented to and before it is proclaimed, because we do not want to start off with half measures, particularly in an area like health. Health is so important. It is the most important thing to any individual and to a community, and to go with measures before we are totally ready, I think that in itself will pose a health problem.

Mr. Vice-President, I would like to endorse the point made by Sen. Daly, I think it was, about the question of having—it might have been Sen. Prof. Spence—a copy of the list stuck up. But I have seen in many shops where there are lists, like regulations with respect to the price of the certain items, like rice, sugar and so on. Nobody ever looks at that, because a shopkeeper may charge an inflated price for rice, sugar or whatever and no one really knows perhaps the correct price, because nobody looks at the list. Half the time it is because the lists look old, dinged, half up and half down, so nobody really has an interest in looking. I would suggest that if lists are going to be put up, which I agree with, make them attractive. Instead of just plain black and white, put them in attractive colours which would encourage, and have some little thing saying, “You must read this.” Something like that, so that people would read and see where to make their decisions.

Finally, Mr. Vice-President, on the whole question of negative resolution. There comes a time in the life of a people, when certain expressions become the expression to be used at that particular time. All of a sudden “negative resolution” is coming forward as part of the option of this Parliament and I think, considering the negatives that can come out of a negative resolution, I would suggest that instead of having that part in the Bill that the changes could only be made by negative resolution, that it is looked at, because we know the dangers of negative resolutions. I ask, therefore, that we do not overuse this expression that is being used so often these days.

Having said that, Mr. Vice-President, I would like to thank you very much. I hope the Minister will take into cognizance the points made—yes, about the outlying districts, the rural districts, but at the same time, that the Government does not go too crazy. Put the regulations in place; the education programme, do all that, before the Bill is proclaimed.

I thank you, Mr. Vice-President.

Sen. Rev. Daniel Teelucksingh: Mr. Vice-President, ever since the mention of the matter of over-the-counter drugs in one of the budget speeches of the hon. Minister of Finance, I have always had my reservations about the Government's proposals in dealing with this matter, and over the last year, I am still not persuaded that I should support the Pharmacy Board (Amdt.) Bill. I am not persuaded.

I hear the concern of the Government. I have heard it over and over, the question of demonopolization of the pharmacy business. It wants to dismantle that monopoly. I want to be facetious to add, when will it move next to demonopolize the legal, medical or the dental professions? Are we using the word wrongly? Are they saying that this is a monopoly that they hold and that it is time that they dismantle the monopoly. What about other professions? They hold monopolies, also. When is your next move?

I see the question of the sale of the pharmaceuticals not merely as dealing with a monopoly held by the pharmacists, but more seriously, the Bill is undermining a specialist profession in our community. That is my problem. I am not bothered too much about the fight for turf between the pharmacists and the supermarkets. Not at all. This Bill is definitely undermining a specialist profession in our society.

I cannot understand Government's agenda to dismantle this monopoly when there are more glaring monopolies. I know it is dealing with the National Petroleum Marketing Company Limited and it has its own problems; not to mention TSTT. But I fear that the sale of over-the-counter drugs in a supermarket, a mini-mart, a grocery or dry goods store, is one step in dismantling the pharmacy business and, certainly, discouraging the pharmacists.

The question I am asking is: I wonder, though, who will be willing, which young student wanting to go to university, will be willing to spend \$25,000—\$30,000 per year for four years at the Mount Hope Medical Sciences Complex to obtain a bachelor's degree in pharmacology, to return and open a business to sell antibiotics, birthday cards and gift items. That is the problem.

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The Bill to amend the Pharmacy Board Act erodes one profession to support another—the supermarket I mean, that is already established. Funny enough, I do not buy the argument that over-the-counter drugs will be less expensive in the supermarkets. That is yet to be seen. Prices do not drop in this country. I am not persuaded. I am not going to buy that one, that the prices of over-the-counter drugs are going to be more attractive in supermarkets.

I hear the argument that favours tourism. That has come from the Government, initially in a budget statement of a year or two ago, and it has come up here, again. That business about tourism, the argument about making basic drugs available to our visitors. Well, then, have we ever thought about opening up more drug stores and pharmacies, if we talk about Tobago? What about giving incentives? Incentives should be given to everybody. No. No incentives at all, but they want to undermine and destroy what is already established.

I notice a pattern. Government had its way with certain incentives for tourism, namely, first of all, to permit supermarkets to sell alcohol on Sundays and public holidays, and it used tourism as one of the reasons for that, among other things. Later, any parlour could sell condoms. It came up here today—all to support tourism. I want to add that it can hardly be denied that tourism is one of the reasons why narcotics is making Trinidad and Tobago and the Caribbean, not merely a transshipment point, but we have become a market now. We are buyers and users, not conduits and we need to look at that. It is not prohibited drugs merely passing through—that is the narcotics—our territories, but they remain here and that is causing quite a problem.

Mr. Vice-President, I know the Government is aware of this—but I am not talking about this Government, government with a capital “G”, Sen. Daly. The deficiencies and failures of the Ministry of Health, past and present, to monitor and supervise the importation and the distribution of drugs in this country—pharmaceuticals, I mean. Is it possible that the Pharmacy Board (Amdt.) Bill will further open a market? Already it is difficult to control. I do not know if the Ministry of Health is aware of what is happening. But what is going to happen now, this Bill is going to open the market; the market is already open; there will be uncontrolled importation of pharmaceuticals without adequate checks and balances. That is important.

How will the local Food and Drugs Division in Trinidad and Tobago respond to this new freedom to import? Already there is chaos. Mr. Vice-President, a few

speakers mentioned that recent drug, Viagra. One of the problems about this is that it has been so well advertised in Trinidad and Tobago in the media, I wonder if the media in Trinidad and Tobago, with its sustained blitz in the advertisement of the virtues of this magic drug, was in collusion with the manufacturer, Pfizer Incorporated of the United States, to pay for our advertisements? That company in the United States must be really happy. This must be the only country, outside of the United States, which advertised its drugs so consistently and so well.

What we have noticed is—I think the media has set us up. We were really set up on that drug, in that, look what has happened? I am getting to the basic point. The Ministry of Health hardly knows what is happening. Suddenly, there is a warning notice and everybody gets excited. The Pharmacy Board gets excited and everybody gets excited. The drug is here, suitcase trade, containers coming down with it. Suddenly, the Pharmacy Board gets into the action; later the Medical Board. I do not know what the Ministry of Health is saying, or where it fits into all this. We will hear from the hon. Minister. It could not handle that, how is it going to handle others?

Somehow or the other, I get the impression that when things like these happen in our country, our Ministry of Health looks on helplessly. That is my impression. This is a very clear indication of what is happening with that drug of the last two weeks, so heavily advertised, and then suddenly everything went deflated. This is a clear indication of the weakness of our monitoring systems. Every importer could do what he likes. This is what this Bill is going to do. We are really taking on the open market system seriously. No checks and balances whatsoever. I am seeing that.

This is what we should have been doing today. Tell us how the Government is going to monitor. What is going to be controlled? Control is a bad word, because of the open market system, but we must have controls. That is important. This Bill opens the way for Lion Oil to be in every parlour today; tomorrow Viagra in every parlour, next to well-stocked condom vending machines; provisions for a society ravaged by AIDS and encouraged by the permission of a new morality, well supported by a string—and I have made mention of a few—of well-prepared interrelated Government sponsored legislation. I am very concerned about that. There is a pattern and I am worried about that. It has to do with the kind of new morality in this country and we must be concerned about that, not only just having the open-market system and let this be a field day for every and anybody.

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4.20 p.m.

I strongly urge the hon. Minister of Health to use his powers in the ministry, as long as he is there; I hope he has another term after the reshuffle—to put some teeth into the Ministry of Health, as the umbrella organization holding together some of these very serious issues affecting public health.

I thank you very much, Sir.

The Minister of Health (Dr. The Hon. Hamza Rafeeq): Mr. Vice-President, I assure Sen. Rev. Teelucksingh that this Government has no intention of breaking the monopoly on the pulpit. *[Laughter and desk thumping]*

Mr. Vice-President, I am very happy to see that I do have allies on the other side as advocates against smoking and drinking of alcohol. *[Desk thumping]* I want to inform Senators that, as I mentioned before, the Ministry of Health is at present developing a No Smoking Policy which would involve the bringing of legislation to Parliament in due course. *[Desk thumping]*

I also assure Sen. Danny Montano that, indeed, I have no personal interest in this matter and no ulterior motive in bringing this piece of legislation because if I did, my wife owns a pharmacy and I would have been on the other side of this Bill. *[Laughter and desk thumping]*

Mr. Vice-President, seriously, Sen. Mc Kenzie and Sen. Alfred raised some issues with respect to the Tobago situation. As far as the two-mile radius that was mentioned is concerned, that will no longer apply and in clause 3 where the word “rural” appears, it will be deleted. The Minister of Health can also delegate his authority to the County Medical Officer of Health and there is one such officer in Tobago and that authority can be delegated to him or her as the case may be.

With respect to regulations, I did mention that the Ministry of Health, together with the Pharmacy Board, is in the process of developing regulations and I give Senators the assurance that this piece of legislation will only be promulgated after the regulations are drafted. *[Desk thumping]* The regulations will deal with the issue of the display of the Second Schedule as well as other issues, but that will be one of the major issues to be dealt with.

Sen. Mahabir-Wyatt mentioned the cost of drugs. When I dealt with this issue in the other place, I mentioned a few of the measures that Government has put in place to deal with the cost of drugs, but I would just mention two of them:

NIPDEC, which is the procurement agency for the Government, is mandated at this point in time to seek cheaper sources of drugs. This is important because the Ministry of Health is at present developing a proposal to have private pharmacies dispense drugs to patients, who receive prescriptions from the Government service, either free of charge or at a small cost and there are other measures as well that we are putting in place.

Sen. Mahabit-Wyatt asked about what kind of research we do on drugs before they are put on the local market. The truth is that we depend a lot on the research that has been done by the companies themselves and by the agencies outside of Trinidad and Tobago. That is the situation as it exists here. We deal with the literature that is available and we do a certain amount of testing on the drugs themselves but as far as research is concerned, very limited amount is done at this point in time.

Mention was made about the reducing profits for pharmacies. I think that pharmacies will suffer a reduction in profits. I have calculated that they will suffer, maybe, in the region of 10 per cent or less, as was mentioned before. However, because of the range of products that a pharmacy can actually sell—there is no limit to what a pharmacy can sell—and if one goes into a pharmacy one would see toiletries, cosmetics, stationery, toys, gift items and so many other things. If they are going to suffer a little loss in profits for the wider good of the population, then they should be entrepreneurial enough to deal with that loss and increase their stocks so that they can deal with that 10 per cent loss.

Mr. Vice-President, the issue was raised about the schedule of drugs which would be subject at this point in time, as we have proposed, to negative resolution. To amend the schedules at present, all that is required, by the law as it exists, is an order by the minister which is to be initiated by the Pharmacy Board and published in the *Gazette*. We are still making the provision in this Bill that it will be subject to the negative resolution of Parliament. We have gone one step further than what exists at present.

Sen. Montano raised the issue as to why we have gone for \$5,000 when, in fact, the fine was \$700. There was an amendment to that—Act 42 of 1981, section 36—and it really is \$5,000.

“Section 41 of the principal Act is hereby repealed and the following substituted therefor...liable on summary conviction for a first offence to a fine of two thousand dollars or to a term of imprisonment for six months and for each subsequent offence to a fine of five thousand dollars...”

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That is the Act as it is at present.

Mr. Vice-President, with respect to the issue of education, we take that very seriously. We feel that it is extremely important and, as I said, we, together with the Ministry of Consumer Affairs, will be launching an education programme.

There is one final issue I would address which was raised by Sen. Daly and others, of brand names being on the schedule, and I mentioned this when I presented the Bill. We took the schedule as it exists at present and based on the advice we got from the Pharmacy Board, we deleted certain items that were considered not safe to be sold in supermarkets and we left the rest as is. As I mentioned before, there are thousands of items being imported into Trinidad and Tobago and what needs to be done is a comprehensive review of the schedule which process will be engaged soon. When we do that we will try as best as possible not to mention brand names but to go for generics.

Mr. Vice-President, having said this, I think I have covered most of the issues which have been raised. I beg to move.

Question put and agreed to.

Bill accordingly read a second time.

Bill committed to a committee of the whole Senate.

Senate in committee.

Clauses 1 to 6 ordered to stand part of the Bill.

4.30 p.m.

Clause 7.

Question proposed, That clause 7 stand part of the Bill.

Sen. Daly: Mr. Chairman, I am still concerned about the Second Schedule. I do not know if what is in the black books is up to date. I do not see any brand names in the existing Second Schedule. I do not see Eno, Andrews Liver Salts and Optrex. I am more disturbed because under sealed vials there is simple eye lotions, which is precisely my point. If we are going to repeal the existing Second Schedule and replace it with this new Second Schedule, if I understand the Minister to be saying that they took out some of the things, I do not know where he got Optrex and Eno in the Second Schedule. What would happen with those in sealed vials and simple eye lotions?

Dr. Rafeeq: There is an amendment.

Sen. Daly: Are Optrex and Eno in that?

Dr. Rafeeq: Yes.

Sen. Daly: You have good lobbyists. That is all I can say. Can you get Visine? Are you extending this privilege to the makers of Andrews Liver Salts, Eno and Optrex? I have a real problem with that.

Dr. Rafeeq: As I said, at present, these products are listed on the Second Schedule. There are other products which can come on the Second Schedule. We have to check with the Pharmacy Board to ensure they are safe. Visine is a totally different product from Optrex. There are thousands of products like that. It will take quite some time to develop a comprehensive schedule.

Sen. Daly: Is Dettol not a brand as opposed to a type of thing?

Dr. Rafeeq: Dettol is a brand and also Savlon.

Sen. Daly: Why are we giving Dettol an advantage?

Dr. Rafeeq: These are what the Pharmacy Board had gone through before and they were comfortable with this. We have to go through every product to determine the safety before we put them on the Schedule.

Sen. Daly: Somebody is going to make big money out of this. They are getting a huge competitive advantage. You are putting up 2,000 outlets exclusively to Dettol, Eno, Andrews Liver Salts and Optrex.

Sen. Prof. Spence: Mr. Chairman, it is not for me to defend the Minister of Health. The point is that Dettol may be completely different from Savlon in its chemical composition. It is not enough to say disinfectants because they would include something you may not want to put. I have to support the Minister of Health. You may have a very detailed description of each item saying precisely what it is allowed to contain. You cannot say eye lotion or fruit salts. Some fruit salts may contain something you do not want there. It is either we say, do not have any Second Schedule now until he does his exercise, or unfortunately, we have to go with the situation as it is.

Sen. Daly: They had no problem with cough mixtures by defining them without antihistamines. That is a big problem. Who is going to police if the cough mixtures which are being sold have histamines which can put people to sleep at the wheel of a car? It must be possible to know what is in Optrex and Eno that make

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them benign. I think you are giving a huge commercial advantage by opening up 2,000 outlets to these people. I think it is quite wrong.

Sen. Mahabir-Wyatt: Can we get some assurance from the Minister as to when he would bring a comprehensive list? If the Pharmacy Board is composed of pharmacists, they can delay bringing any further list and limit it to these things. I am sure they would not be so dishonourable.

Dr. Rafeeq: At present there are many herbal products which are also on the market. Many of them might qualify for the Second Schedule. As I said, they amount to thousands of products. While it might be easy in the case of Paracetamol because it is one drug, in some of the other instances, it might be necessary to mention by brand names. It is difficult to give a time-frame as to when we would complete this exercise because there are literally thousands of products.

Sen. Prof. Spence: Since we have just said negative resolution, I also have a difficulty with the fact that we are not going to limit it to 30, but may add hundreds more. That is why I feel more comfortable with the affirmative resolution. I know we just crossed it, but I get very uncomfortable with the fact that there may be a complete addition to this list. I hope that even though it is negative resolution that the Government would afford the time for a debate if it becomes necessary.

Question put and agreed to.

Clause 7 ordered to stand part of the Bill.

Clause 8 ordered to stand part of the Bill.

Question put and agreed to, That the Bill be reported to the Senate.

Senate resumed.

Bill reported, without amendment; read the third time and passed.

ADJOURNMENT

The Minister of National Security (Sen. Brig. The Hon. Joseph Theodore): Mr. Vice-President, I beg to move that this Senate do now adjourn to Tuesday, June 2, 1998 at 1.30 p.m.

On that day, by agreement, the Senate would deal with Private Business.

Question put and agreed to.

Senate adjourned accordingly.

Adjourned at 4.40 p.m.