

EVENING SITTING

COMMITTEE OF FINANCE

Consolidated Fund Budgetary Expenditure
Health
Ordinary Expenditure — Vote 32

Item 1 (continued)

Ms. Atkinson: — Mr. Chairperson, prior to 5 o'clock this minister went to some length to tell us how he and his government had in fact increased the budget for Health over last year. I want to dispel that little fairy tale propagated by the Minister of Health because it's simply not true, and I want to lay out for the public how it's not true.

In fact, Mr. Deputy Speaker, this 1987-88 Health budget proposal represents an actual cut of more than \$18 million below the 1986-87 level on a straight and fair comparative basis. And I want to show you how I arrive at that conclusion.

In the 1986-87 blue book the total ordinary expenditure for Health was 1 billion, 136 million, point six. The health capital fund through property management was 75.4 million, and the supplementary estimates, Mr. Chairperson, were 31.3 million, for a total in 1986-87 of 1,243,300,000.

In 1987-88, Mr. Deputy Chair, the total Health ordinary expenditure estimated is 1,173,500,000. If we take out the payments to the property management corporation of 10.7 million and 4.6 million, and we add in the health capital to the property management corporation of 66.5 million, we have a total expenditure of 1,224,700,000. The difference, Mr. Chairperson, is \$18.6 million — a cut of \$18.6 million.

Mr. Minister, in view of the information I've just given to you, how can you stand in this legislature and tell the people of this province that there's been an increase in your Health budget? That's simply not true, Mr. Minister, and I want you to show us, show us in very clear terms how you, Mr. Minister, and how your government arrived at a conclusion that you've increased the budget when in fact that's simply not true.

Hon. Mr. McLeod: — Mr. Chairman, the comments that I made are related to page 50 of the blue book, in the Estimates. Estimate over estimate last year \$1,136,685,440; this year \$1,173,471,400 — a difference of \$36,785,960.

You know, the member raises the question of the property management corporation money, some other special warrant money. The point that I made before and that I will make again, is that to listen to the comments — and this is the point that was being made before supper, if it wasn't clear, I could make that point again. The point that needs to be made clearly and over and over again — if one was to listen to the comments from the member opposite, and you know, over a long period of time, to suggest that money is not being spent, that there are major

slashes in the Health budget, and that there is no money being spent on the various programs for the health and well-being of our citizens, one would believe, listening to that only, that there is very little being spent on health care.

What I say again is that there is close to \$1.2 billion being spent this year, estimated in this year's budget. Last year's estimate was 1.1. That's an increase, and we're . . . You know, who's to predict? I mean, I can't predict exactly if there will be special warrants this year. We're hoping not; we're hoping that we can hold to the budget, and we have an intention to do that. To the extent that we can do that is basically unforeseen.

Ms. Atkinson: — Well, Mr. Minister, you're stretching the truth, and the truth is that, yes, you can put whatever figures you want to into your budget estimates, but it doesn't camouflage the fact that you in fact, Mr. Minister, have cut the Health budget by \$18.6 million.

And I don't care how you try and stretch our imagination and how you try and mythicize the truth; that is in fact what happened. And you can put whatever you want into your budget estimate books, but we've had a cut of 18.6. And just so that you're clear, I'll say it to you again: in 1986-87, it is true, according to the budget books, that we had a \$1,136,600 worth of estimates. That's true; that's true. But you had a health capital fund under property management of \$75.4 million, and if you take into consideration the supplementary estimates, Mr. Speaker, you had 31.3 million, for a total of \$1,243,000, Mr. Minister' that's the facts.

In 1987-88, you were budgeting for \$1,173,471,400; that's true; you are doing that. But you've also put in payments to the property management corporation of some \$15.3 million. If you take that out, Mr. Minister, and you add in the health capital fund of 66.5 million, your budget for Health, including property management payments, is 1,224,700,000. That, Mr. Minister, is a cut of \$18.6 million, any way you slice it.

So you can no longer parade around this province telling the people of this province that you have increased health spending because it's simply not true. It's an untruth, Mr. Minister, it's an untruth, and you better start telling the truth because the people of this province aren't stupid. And when you look at what's happening to hospitals in this province, if you look what's happening to home-care boards and nursing homes and every other kind of health care service that's delivered in this province, people know what's going on. They see what's happening in those health care work places and in those health care facilities. They know there's been a cut.

Now, Mr. Minister, do you deny that you've played a lot of jiggery-poker with these books, and will you now come clean and tell the people of this province that you haven't increased the health care budget 1 cent, and in fact, you've cut it \$18.6 million?

Hon. Mr. McLeod: — Mr. Chairman, let's be clear about a couple of things. The member talks about health care. She talked about hospitals. I just heard her mentioning

hospital care is cut; she said there's cuts to hospital care.

Mr. Chairman, let me just reiterate in what's happening in the very basic elements of the health care budget. SADAC, Saskatchewan Alcohol and Drug Abuse Commission, increased \$5,402,050 — a 68.9 per cent increase in that area, basically related to the — we'll get into that in more detail later — but basically related to the initiatives, the Premier's initiatives, announced in September last year. Hospital services plan, hospitals, payments to hospitals, increased 10,352,610 — a 2 per cent increase to hospitals in Saskatchewan Special care homes, \$15,227,970 increase — an increase of 8.7 per cent.

Mr. Chairman, those are the kind of areas: special care homes — very large areas; hospitals, payments to hospitals — a very large area. And the member . . . and we've heard various things from her speaking about the base hospitals and so on. But these numbers are very impressive numbers when one considers, and we should consider it because you can't consider the budget in this department or any other department without considering it in the context of the circumstance which we find ourselves in as a province and within the economy in which we all must operate. And within that context we still have these kinds of impressive increases that I'm talking about. Those increases are extensive increases, major, millions of dollars. We're not talking about a few hundred dollars. And I hear them talking about nickeling and diming people. I heard that phrase from opposite a while ago, earlier, before supper.

Ten million dollars more for hospitals; five million more for the Alcohol and Drug Abuse Commission. Those are not nickels and dimes; those are millions of taxpayers' dollars in this province. We're proud to put those dollars forward for those very essential services, and we'll stand by the budget which we present to the House here today.

Some Hon. Members: Hear, hear!

Ms. Atkinson: — Well, Mr. Minister, you're messing around with the truth again. The truth is that you're not putting an extra \$5 million into SADAC. If you take into consideration the supplementary estimates for last year and you add it on to your estimates for last year, in fact, you had an expenditure of 10,037,000. That's what happened, Mr. Minister. And in fact you're only increasing SADAC by some \$3 million. So once again you're messing around with the truth and not telling the truth.

And the same thing applies to hospitals, Mr. Minister, because you haven't taken into consideration your own supplementary expenditures for the year ending 1987, which in fact grants to Saskatchewan hospitals required an additional 7,700,000. So quit jiggering around with the truth.

The truth is that you cut the health care budget by \$18.6 million — that's the truth. And why don't you just come clean and tell the people of this province that that's what you've done and quit messing around with the truth. Tell us that you've cut that budget by \$18.6 million because that's what you've done.

(1915)

Hon. Mr. McLeod: — The numbers that I have laid out are the numbers which are, for comparative purposes, between the estimated '86-87. And let me just say to the hon. member, if you take . . . let's go to the Alcohol and Drug Abuse Commission, for example. The numbers on page 48 of the blue book will indicate 7,837,950 for that commission. And if you look at the supplementaries which the member has raised here, the supplementaries of 2,400,000, even with the supplementary of last year's actual expenditure, there's a significant increase in the Alcohol and Drug Abuse Commission. There's no question that there's an increase, the areas that I've said, there's an increase. There's an increase in payments to hospitals, including this estimate from '87 to '88, this estimate over and above the actual expenditure of '86-87 which includes special warrants. There's still an increase in payments to hospitals, and I stand by what I said earlier.

Ms. Atkinson: — Well I'm glad that you will finally admit that, contrary to what you earlier said, there wasn't a \$7 million increase or \$5 million increase in expenditures on SADAC, the alcohol commission. There was only a \$3 million increase, and I'm glad that you admit that you neglected to take into account the \$7.7 billion in additional money that was spent in 1986-87 for hospitals.

I guess what we really need to point out here, Mr. Minister, is that you neglect a lot of things. You want us to believe there was a \$5 million increase, and there wasn't a \$5 million increase. There was only a \$3 million increase. And you want us to believe that there was a \$10 million increase for hospitals, when, in fact, there was only a \$3 million increase on a very significant and large amount of money which represents one-half of 1 per cent in increase to hospitals.

You want us to believe that there is a \$36 million increase in health care spending when, in fact, that's not true. There isn't a \$36 million increase to health care spending; there's an \$18.6 million decrease in health care spending — 18.6 million. And I simply want you, Mr. Minister, if we're going to have any kind of dialogue in these Health estimates, to come clean and tell the truth. Tell the truth, Mr. Minister.

Will you now admit that there's an \$18.6 million decrease in your health spending when you take into consideration all of your capital funds from last year and your supplementary estimates for last year and your estimates for last year? And when you compare that to what you have budgeted for this year, Mr. Minister, will you now admit there was \$18.6 million cut? And then the question is: how is that improving health care by cutting health care, Mr. Minister?

Mr. Chairman: — Why is the member on her feet?

Ms. Simard: — Mr. Chairman, while the minister is conferring with his help in order to obtain an answer to my colleague's question, I'd like to introduce, with the leave of the Assembly, some Cubs who are here tonight.

Leave granted.

INTRODUCTION OF GUESTS

Ms. Simard: — Thank you, Mr. Chairman. I'd like to introduce the DeShaye Cubs who are here this evening to see the proceedings of the legislature. They are ages 8, 9, and 10 years old, and I believe there are nine Cubs here this evening. And accompanying them are Mr. Bert West and Mrs. Judy West,, and Mr. Bill McGill and Pauline McGill. And I'd ask the members of this House to join me in the appropriate way and welcome these Cubs.

Hon. Members: Hear, hear!

COMMITTEE OF FINANCE

Consolidated Fund Budgetary Expenditure Health Ordinary Expenditure — Vote 32

Item 1 (continued)

Hon. Mr. McLeod: — Mr. Chairman, the member will make the comparison of the close of '86-87 compared to the estimate, which is what we will deal with here and must deal with just by the nature of the way the process works, of '87-88.

Now I'll make those . . . If we make the comparison of the actual, it is very difficult to, you can't . . . there's no actuals, there is no close of '87-88. There is no actual, and we are hoping that the actual will be very, very close to this, and I believe it may well be. I'm hoping it will be there.

It is very difficult. We're dealing now with a differential of a few million in a budget of a billion two, one billion two. I believe that the estimate that's presented here of \$1,173,471,400 is close to what the close will be, but that's . . . we don't know that. And certainly the comparative numbers that are here and presented in the estimate book are the numbers which I have been dealing with and which, I, you know, because I'm comparing apples and apples and not apples and oranges, but I know we can get on and on with this for a long time. But I'm just telling you, and I went through some of the areas — hospitals, special care homes, drug and alcohol initiatives, all of those very basic areas, there are increases in whichever way you make your comparisons.

Ms. Atkinson: — Well, Mr. Minister, it's quite obvious that you don't want to acknowledge reality, and reality is that you and your government, your Progressive Conservative government, contrary to what you try and lead the public to believe, have cut our health care budget in this province by \$18.6 million. You've cut it.

You say you've increased health care and you cannot show this House how you've done that, Mr. Minister. You cannot show this House how you've increased your health care budget by 1 per cent. And so, Mr. Minister, the truth is you've cut health care; you've cut it by \$18.6 million. And that means, Mr. Minister, that there isn't money to start dealing with those hospital waiting lists in the city of Saskatoon. In fact, St. Paul's Hospital had a budget cut. It had to close more beds this summer than

they ever had for a longer period of time, yet we have over 11,000 people on the hospital waiting list.

You, Mr. Minister, with your budget priorities have decided to change the prescription drug plan to such an extent that there are some citizens in this province that have to make a decision whether they put groceries on their table or they buy their needed medication. And you, Mr. Minister, are responsible for the choice that they are having to make because of your changes to the prescription drug plan.

And you, Mr. Minister, eliminated coverage for children between the ages of 14 and 17 when it comes to their dental health, and you have radically altered the delivery of dental care in this province by privatizing the dental plan and firing 411 health care workers, or dental care workers in this province, and eliminating, eliminating dental care services in our province in 338 communities.

You, Mr. Minister, have done that, and yet you want the public to believe that you're improving health care; that you're spending more money on health care; that your government is doing more for health care than any other government in the history of this province. And I simply point out to you, Mr. Minister, that that is a falsehood, that is untrue, and that you have cut the health care budget by \$18.6 million, Mr. Minister. And you, Mr. Minister, if anything happens to any single citizen in this province because of your changes to our health care system, if anything happens in terms of their quality of life or if anything jeopardizes their life because of what you've done, your conscience, Mr. Minister, is going to have to deal with that.

Mr. Minister, your government makes choices. You've chosen to cut the health care budget by \$18.6 million. You made that choice, yet you've got \$10 million for Peter Pocklington and you've got \$20 million for political advertising and you have \$10 million for your political aides and you have money to give to Weyerhaeuser so they can come in and take out our natural resources without ever having to pay for a cent. Well, Mr. Minister, those natural resources help pay for some of these social programs; those natural resources help pay. And you, Mr. Minister are selling out and giving everything all over to the private sector and our people don't have access to proper health care services in this province because of your choices, your government policies.

You told the people of this province in 1978 that you would do everything to improve our health care system and you said the same thing in 1982 and 1986 and it was a total falsehood. You never once told the people of this province that you were going to introduce a deductible program or deductible system for their prescription drug plan — not once did you tell them that. In fact, you had told them you'd improve it, and that, Mr. Minister, wasn't true.

You never once said that you were going to change the dental plan and fire 411 dental workers — not once did you say that. And, Mr. Minister, you never once said that you were going to cut funding to hospitals — hospitals, Mr. Minister, where cancer patients can't get in for six weeks because of your underfunding. You've got money

for your big PC buddies; you've got money for your big out-of-province corporations; you've got money for your American friends. But you don't have money for health care in this province, Mr. Minister, and that's a shame. That's a shame.

Some Hon. Members: Hear, hear!

Ms. Atkinson: — I haven't finished.

Some Hon. Members: Hear, hear!

Ms. Atkinson: — I've had to sit in this legislature and listen to you and all your other buddies. Well you're going to sit here and listen to me and what I have to say.

Some Hon. Members: Hear, hear!

Ms. Atkinson: — Now I go back, Mr. Minister. Just answer the question, just answer it. Did you cut health care by \$18.6 million? Did you or didn't you?

Hon. Mr. McLeod: Are you finished? .. (inaudible interjection) .. Okay. Mr. Speaker, a couple of things here that should be pointed out. The member persists in talking, and she used examples of .. and I heard her very clearly say that there was a cut to St. Paul's Hospital, that there's less money for St. Paul's, less money for University Hospital. She mentioned the major hospitals in the cities. And I just want to point out some actual numbers so that the member opposite will know what those numbers are, and we'll see that there has not been a cut in the number of dollars available to the hospitals.

Mr. Chairman, since '81-82 — the member will not like to hear this because it's been laid out to her before, and to other members of her caucus — government spending in the area of health care has increased by 63 per cent. During the same period, government spending overall has increased by 55 per cent, which means that the increase in health care has been over and above what's happened in the other areas.

Now let's just go through some of the hospitals that the member mentioned. She said there was a cut to St. Paul's Hospital in terms of the number of dollars available to them. St. Paul's Hospital in '86-87, total payments — \$33,122,472 ('86-87); in '87-88, total payments or the payments which have been approved and which the hospitals are very aware of — \$33,220,608, an increase of \$98,136. So that's an increase of \$98,000. University Hospital, an increase of \$1,366,008 to the University Hospital. Saskatoon City Hospital, an increase, \$1,162,200, an increase in the payments to the hospital. Regina Plans, an increase, \$538,608; Regina Pasqua, an increase, \$702,696; Regina General, an increase of \$729,696.

Every one of those major base hospitals has an increase in funding. And as I said before, Mr. Chairman, it's extremely important that we recognize the time that we're in. When that increase can be there for each of those hospitals, Mr. Chairman, that is the record that we'll stand by, not the record of what the member has talked about and said.

(1930)

She continues to use the words, "cuts." She says them — there were cuts to the dollars available to St. Paul's. We've all heard it. She says there were cuts to the dollars available to University Hospital, and to City Hospital, and to Pasqua, and the General, and the Plains. She says there are cuts there. She has said that so many times, Mr. Chairman, I believe she start .. she has begun now to believe her own rhetoric herself. I think she believes it. And some of her troops over there actually believe what she says. That is what is the scary part of all this, Mr. Chairman.

Mr. Chairman, the numbers I've laid out are the numbers as it relates to those hospitals, and yet we'll continue to hear this. The member once again, as we talked about before supper, says, oh, there are people in the province of Saskatchewan who are not able to have access to the drugs they need for their well-being. Mr. Chairman, that's just not the case. It is not the case, let me repeat that. People in Saskatchewan have access to the most generous — even though we've changed it as of July 1 — they have access now, right now, to the most generous prescription drug plan that exists in the Dominion of Canada.

Ms. Atkinson: — Mr. Minister, when you say there's been an increase of all of these dollars for these hospitals, as you know, at the end of the year hospitals negotiate final settlements, and I'm wondering if those increases take into consideration the final agreements that all hospitals in this province negotiate with the Department of Health, and whether these are make-believe numbers again based on estimates for last year versus estimates for this year, or are these actual increases, actual dollar increases based on that final negotiated set of dollars?

Hon. Mr. McLeod: — Mr. Chairman, I'm pleased to tell the member that the numbers that I've given do not reflect the final settlements, and so those are clean numbers. They do not .. The final settlement process is in process right now, so those numbers that I've given you are the numbers that the hospitals have before them, and they are not a reflection of those final settlements. And as you will know, I think the final settlements are now being negotiated and then once they're completed there will be adjustments given here.

Ms. Atkinson: — Well that's what I thought, Mr. Minister, because when I talk to hospitals in this province, they advise me that they've either received no increase, Mr. Minister, over last year in what they anticipate in their final settlement, or they've received a cut. And I am told by people at St. Paul's Hospital, and we have some documents that confirm that, that they only received 97 per cent this year over what they received last year, in anticipation of that final settlement.

So, Mr. Minister, once again, once again we see some jiggery-pokery with the figures. Once again, you play out figures in front of this legislature and we find out that they don't include the final settlement that the SHSP negotiates with those hospitals.

You know, I can't believe you. I can't believe you. You

know, you say there's a \$5 million increase to SADAC, and there isn't. You say there's a \$10 million increase to SHSP, and a few minutes later you back down. You say there's an increase to hospitals, and then you say that that doesn't take into consideration the final settlement. I say there's an \$18.6 million budget cut; you look to the blue book and say that there's a \$36 million increase. But you don't take into consideration supplementaries or Health funds or anything else. We can't believe a thing you say.

And when the people in this province learn what you're up to, Mr. Minister, and they will, they will conclude that you're a Health minister, a Health minister that has undermined and underfunded medicare in this province. And you try to pretend that you're doing something to enhance medicare, and it's simply not true, Mr. Minister, it's simply not true.

Hon. Mr. McLeod: — Mr. Chairman, the numbers that I have laid out as it relates to those hospitals . . . and I don't know how the member would suggest that there could be final settlements already completed — they aren't. I've not misled you in any way at all in these numbers. There they are — St. Paul's Hospital, increase of \$98,136.

Now the member . . . There's one thing there that sort of would suggest to me that the member may be several months behind in terms of when she's talked to anybody at a hospital, because the number 97 per cent, which would mean a 3 per cent decrease in that first two or three months, was a number that was done . . . and the hospitals knew that was coming. They knew that the budget was coming down in June — we had told them that — and that when the budget did come down, we said prior to that for the months of April, May and June, you will be paid 97 per cent of your level. I recognize that some of them at that time felt some consternation and say, well, hey, this is going to be a 3 per cent decrease. We said no, don't worry about that, but here's the number for now and there will be adjustments upward. And, in fact, adjustments upward came.

The numbers that I reiterated to you here a few moments ago at the base hospitals, those actual numbers that are now a matter of record are the actual numbers, and those are the numbers that have . . . those are the numbers that the hospitals have available to them in each individual case. The 97 per cent number that you give us is one that's, at the very latest, was a number that they talked about in maybe early June, but not since the early part of June. And if any administrator was still talking about that, you know, in the latter part of June or into July, well then I would say that these aren't the numbers. So these are the numbers, and those are the numbers that I'm sure will be confirmed by whatever administrator in whichever hospital you want to try.

Mr. Calvert: — Thank you, Mr. Chairman.

Mr. Minister, I want to move these estimates now into a very specific health care issue and a very specific part of your department and an extremely important part of your department's work, and I refer to the Saskatchewan Alcohol and Drug Abuse Commission and the work that they're doing — SADAC.

At the outset, I don't think we need to spend a great deal of time in discussing the problem that exists out there. I think members on all sides will agree that a real problem does exist.

We know that alcohol and drugs are being abused in Saskatchewan. We know it's a growing problem and we know it's one of the most significant health-related problems in the province. And we know full well the human consequences, the tragic human consequences. We know of the lives of the families that are destroyed. We know of job loss and work loss. We know of the injury and death on our highways. We know of the crime. We know of the marriage breakup. We know of teen pregnancies.

Perhaps worst of all, we recognize the lost human potential. And then in all of that we also have the financial cost of alcohol and drug abuse. So I think all members will agree that we've got a problem, and it's a problem at any age, but it's particularly tragic, I think, when it involves young people.

Now on one of the few occasions I have agreed with the Premier of this province, it was on that occasion when during his throne speech last December he said to this House and to the people of Saskatchewan that drug and alcohol abuse among the young people of Saskatchewan is a rising tide. He described it as a rising tide. And in response to that problem as he identified it, a year ago now the Premier introduced the special initiative.

Mr. Minister, to begin these discussions with you, I would ask you to reflect as Minister of Health, and I'm sure you have some thoughts on this issue, I would ask you to reflect for this House and for the people of Saskatchewan some of your understanding why this problem currently exists, and why, to quote the Premier, we are seeing among the young people of Saskatchewan a rising tide of abuse.

I would like you to just reflect for us on those two questions.

Hon. Mr. McLeod: — Okay, Mr. Chairman, we could go for some good long time on this, and I know the member has some strong points of view, as I do, as it relates to this. I'm not sure what we can . . . Well I think it's a reasonable thing for us to talk about because, you know, there is a major amount of money being spent in this area. It is a problem . . . a problem of abuse of alcohol and drugs is a problem which some have talked about and used terms like epidemic proportions, and you'll be aware of many of the statements that have come out. It's a problem that has its root, I would suggest, in a society that's moving very, very quickly for a lot of people. There's some social stresses; there are all of those kinds of things which we often hear about. It's a problem which is even more severe now because it seems that there are younger and younger people becoming involved in the abuse of these substances and of alcohol.

Now to be able to wax eloquent about why that's the case — I don't know. I honestly don't know why, except to say that we are in a world in transition, we are in a world that travels faster than many of our young people and many of

us, at whatever ages, are able to cope with.

I believe that there are more and more substances, and the kinds of things that are available to young people. There are more and more of these kinds of things available to them than there were when you and I were young, let's say. And I think of examples that we see now, and they're examples that are not confined to the large cities of North America; they're everywhere, including our own province. Things like crack, and all of the various new "innovations" which some of the lower-life types in our society, frankly, will come up with in order to make a profit and so on, at the expense of the lives of young people, and not-so-young people.

(1945)

So sure, there is a large social sort of a root to this. And whenever we get into the discussion, or whenever any one . . . What I've found, being in this portfolio for this short period of time and to some extent in my profession prior to coming to politics, is that when you discuss the abuse substances in alcohol with a lot of knowledgeable people across this province and elsewhere, a couple of schools of thought which come to the problem, one of them is the school of thought which says, this is a societal thing, which I've reiterated to some extent here. In other words, big, bad society made this guy take the drinks to the extent that he has, or she has.

There's another school of thought that says the individual has a responsibility for what they, he, or she will do with, you know, and what they will introduce to their body. And I think that, you know, the jury is still out in terms . . . and I don't think that you can make a definitive line and say this is where it's society's problem and this is where it's the individual's own problem when they get involved in this sort of thing. But there is an element of both of those sides, no question about that.

I do know this. While there was a great deal of concern expressed by a lot of people for a long time, across the province, people form, well just the whole spectrum of our society, there was little done for a long time. I'm not sure that even with the major increases . . . and I don't want to get this into the discussion of the major increases in dollars and how many dollars you throw at the problem, because even with these increases and with the initiatives that we've undertaken after recognizing the problem, it won't be enough. It won't be enough to deal with the problem that's out there especially as it relates to the young people.

All I can say is that you must be pragmatic enough to say regardless of the times we're in, regardless of the other pressures which are on the health system — and you hear some of them — regardless of the other pressures which are on the wider system of running a government in these circumstances, we must address this problem, and we have, and we will continue to do that.

We can get into some specifics. I know you will want to, and you haven't asked this in this first foray into the subject, but . . . I don't know that I can add much more unless we're going to really get into the philosophy of this for a long period of time. I don't know if I can add much

more, but I will say that I share with you and with a good number of other people across this province and across this country a major concern about several things — the availability of these drugs and substances, the level of abuse of these drugs and substances. I just share that concern with a lot of people, a lot of responsible people in our society. And I hope that we can . . . if you have some suggestions on how we can do more, then let's hear them and we'll get into it on that basis. Thank you.

Mr. Calvert: — Mr. Minister, I intend, I fully intend during the course of our estimates to indeed offer you some suggestions. I do think it is important at the very outset that we do have some discussion about the causes of the problem. It is appropriate that we treat the results of the problem, but I think it is also appropriate that we look at the causes of the problem and attempt to deal also with those causes and not simply the tragic results of the problem, Mr. Minister.

And so I would like to ask you, in my experience of working with young people it has been my experience that young people often turn to drugs and alcohol, and I think more often and particularly alcohol, that young people will turn to those substances when they wish to . . . for two reasons perhaps, two broad reasons. One may be an attempt to escape reality. To escape the reality of a given situation, they may turn to alcohol when they lack some vision or some hope for the future. And secondly, they may turn to alcohol when influenced, when influenced by others, when influenced by media.

So I would ask if you would agree with me that we might look to the kind of employment picture that young people are facing in the province right now, the kind of employment picture that's so bleak for them. Would you see that as at least partial cause of some of the problem we have among our young people today?

Hon. Mr. McLeod: — A couple of things. And you know, I'm reminded here by my officials, and I think this is the sort of position taken by the Alcohol and Drug Abuse Commission and by professionals across the country, frankly, that we have got to remember that much of what we talk about in terms of the problems experienced by some individuals is that this is a disease, first and foremost — it's a disease. It's not necessarily a social problem that they have, whatever, but it is a disease for which, given the proper intervention at the right time and so on, that there is some potential for recovery. And nobody would be involved in treatment programs if we didn't believe that there would be potential for recovery.

Some of the factors, I'll just get back to a couple of the things that we said earlier. Many of the institutions in our society, the society that we're all, you know, that's very interrelated, haven't adjusted to this problem and some of the things that we talked about earlier. Institutions like the one that I was formerly associated with, the school system, institutions like the one that you're associated with — in terms of the Church, whatever denomination it is — I would submit that those institutions have not adjusted either to this world in rapid transition that we're in. And you know, we can talk about that as it relates to the individual institutions, and because of that many of the factors and the positive forces, we'll say, that were

there, are not there as they once were.

Communications have changed in a major way, in terms of just the . . . and transportation, the way young people get around. I'm emphasizing young people here more than anything, because I believe that's where we must put our major thrust so that we can salvage the youngest of lives, because there's more to salvage, frankly, in many of these cases.

There are many international sort of factors in terms of the way this, you know, some of the materials and the substances are transported around the world, and the borders, and the way in which they move them across the borders. Family pressures and so on — now we're getting into some of the area that you've talked about in terms of the way in which the society in the new economy, as you will have heard from my colleague, the Minister of Education, and others in here . . . But regardless of what we call it, whether it's the new economy or the economy in transition or the world in transition, whatever it is, those are facts of life.

And those things, those things are contributing to, you know, to a major change in the way in which we work, the way in which we need retraining, the pressures on dad at home, the pressures on mom at home, the pressures of both parents working — all of the kinds of things which are part of the society we now are a part of.

So I would only say to you that, sure, all of the social things can have some influence. And you know, I believe that if we go back to my earlier suggestion, that there are two schools of thought in this area — one which says it's big, bad society that forced the individual X over here to become an abuser of drugs and alcohol and whatever else X is involved with. I would believe that you would be, you know, I just . . . And I don't know, you can say not, but I would believe you believe that you say, it's society that's doing it to him. And I would say that . . . while I recognize there are societal pressures, I don't believe that to the extent that I believe you do. Okay, so we'll just leave it at that. But I know that there are significant pressures on young people. I've seen it in my former profession, and I see it now in the widest sense in our society.

Mr. Calvert: — Well, Mr. Minister, then I submit to you, indeed, there are pressures, and I agree with much of what you've said, but indeed there are pressures on Saskatchewan young people, and part of them are related to their future and what they see as their future, and that has much to do with the employment prospects in the province and so on.

I dug up just a little . . . a few statistics related to youth and their employment in Saskatchewan. Since 1982 — comparing 1982 to 1987 — in 1982 there were 112,000 people between the ages of 15 and 24 employed in Saskatchewan. In 1987 there are only 98,000 in that age group employed. That's a decrease of 14,000 people, or a 12.5 per cent decrease.

Our unemployment rate among people between ages 15 and 24, our unemployment rate in that age group has risen 23 per cent since 1982. Between 1982 and '87 it's

risen 23 per cent. The unemployment rate for people ages 15 to 24 in 1982 was 10.4 per cent. The unemployment rate today for that same age group is 14 per cent. That's a 34.6 per cent increase.

Mr. Minister, I use those figures to illustrate the situation that many young people in Saskatchewan are facing . . . and I submit to you that indeed that is an influence on them and a pressure on their lives. And so as a positive direction, as a positive suggestion for dealing with some of the cause — and I'm saying some of it, not all of it — but for some of the cause, would you not see it wise for your government as a total — not your department — but your government, total, to be looking at this need in Saskatchewan for youth employment? This would say to me, we should have now a winter works program in place that Saskatchewan young people could be looking forward to employment this winter.

So I offer that, Mr. Minister, as one course of direction not just your department but your government as a whole could undertake to begin to deal with some of the cause of the drug abuse problem in our province.

Hon. Mr. McLeod: — A couple of things here, now, and certainly we'll get into the whole concept of, you know, encouraging employment and, well, like I say, encouraging employment in a time of change and so on. We can into that.

I think it's important, just the one point that I didn't make last time and I should have, and this is a fact as it relates to the abuse of substance and alcohol and so on. There is as much abuse among the economically advantaged, if you could call them that, as there is among the economically disadvantaged, or those that are feeling the ravages of unemployment and some other things which would show that it's that sort of life-style that we're now leading.

And I don't know what all of the answers are, and if I knew them, I would probably write and book and make more money than you and I do here. I don't know them. I have thought about this. I will say to the hon. member, I've thought about this a good deal prior to coming to this portfolio but certainly, since coming to this portfolio, this is an area which one cannot avoid thinking a good deal about.

You know, I hear what you're saying and I know what you're . . . You know, you'll say, well if we had a winter works program, that would help us with the factors which lead to alcohol and drug abuse. I'm going to say to you that that's a very narrow sort of approach. And I don't want to say that in a derogatory sense or anything; I just want to point this out.

If you have listened carefully to some of the debate leading up to and dealing with some of the changes which are taking place in the Department of Education, and not only the department because that's just a reflection of education, but the changes that are taking place in the training programs in education across this province are a part of a multi-pronged thrust at dealing with just some of these kinds of societal pressures. And what they have done is said, look, we are in this transitional economy. We're moving toward a new

economy. Whether we do anything or not it will be upon us. That's the fact.

There is change upon us whether the government, as one institution in the society, or the church, another one, or the school system, or all of the other institutions in our society want to recognize it, or are able to keep up with the change, or want to do any of those things. The fact is that change is upon us, and it's coming more quickly than some of us would like to think because none of us should believe that we're ready in a total sense.

(2000)

So that's the kind of thing, retraining, addressing youth unemployment through that way. I mean I have often said, and I believe this to be the case, a winter works program as a "fix" for unemployment problems, where you pay somebody to shovel the snow out the rink, it's either going to be shovelled or they won't skate, or it'll melt anyway in the spring, is not the kind of program that should be.

The one program which has been, you know, the subject of much derision from many of your colleagues — the home program where the people have been fixing their homes and so on, and the kind of people are working in many, many, many, many small businesses, has been a job-creation program in the greatest sense of job creation in this province. And I don't have the numbers before me, and you wouldn't expect to have here in the Health estimates.

But the kinds of things that this government has tried to do . . . I mention education. I mention the major theme which can be — if to put a label on it, and it's hard to do — diversification of this economy. That's a major thrust that must take place regardless of what the naysayers will say. It must take place because it addresses the very thing we're talking about in education, in these very estimates as we talk about the pressures upon our citizens, young or old.

So you, know, without reiterating it any longer, I just want to say to you that I believe that the trust we have in diversification, the thrust we have in encouraging new industry here, new jobs created in whatever long-term and viable sort of operations that can be there, are positive things. And I don't know . . . I mean I'm not here to talk about whether there will be or won't be winter works, but I would tell you that winter works in the oldest sense of shovelling the snow off the rink is not what I call meaningful job creation.

Mr. Calvert: — Well, Mr. Minister, my point is simply this. I have statistics here that would indicate to me we have a rising tide of youth unemployment in Saskatchewan. I think those statistics are fairly clear and unarguable. The Premier says, I agree, we have a rising tide of drug and alcohol abuse among our young people. Now it seems to me there may be a relationship between the two, and if we sincerely want to deal with the one, then we sincerely need to deal with the other.

There are other influences on Saskatchewan young

people. One in particular that I will wish to discuss a little later this evening, Mr. Minister.

I would like now to move to some specific undertakings by your government. And I placed on the order paper way back in December a number of specific questions about the announced initiatives of last fall, of last September. I put them on the order paper last December; we debated them in this House some weeks ago, and I as yet do not have an answer to these questions. And so perhaps through the estimate process, some of these questions can be answers . . . (inaudible interjection) . . . Yes, they've been ordered. So maybe we can do it right here and that will solve it.

So in regard to the initiatives announced by the Premier last September, a year ago now, in regard to the alcohol and drug abuse program, my first question is this: I would like to know the amount specifically of that \$4 million, approved, that has been spent in '86-87.

Hon. Mr. McLeod: — I just want to clarify something with the member; I'm not trying to avoid it in any way. Just to go with the process in the House, if this is a specific question that was asked during the process of orders for return, and they have in fact been ordered by the House, and we've undertaken to provide the answers in a written form — if that's the case, Mr. Chairman, I want a point of clarification if we should go through this or if we should just . . . I just give the undertaking to the member that they'll be provided in a short time . . . or what?

Mr. Calvert: — Mr. Chairman, I'm unclear if the minister was addressing a question to you or to me.

An Hon. Member: — I guess the chairman is looking up the answer.

Mr. Calvert: — So he's now looking up the answer.

Mr. Chairman: — Chair finds the questions in order. It's up to the minister whether he wants to answer the question or not from this form.

Hon. Mr. McLeod: — No, I don't have any . . . My question was just a point of clarification if that's the case. So they're in order.

What I will say to the member is that all of these questions that he referred to have been ordered. All of those questions will be answered, and we'll answer them in, I don't know how long, but I will undertake to say they won't be long from now, a matter of . . . it won't be months, it'll be weeks. We'll be sure that you have the answers to them.

Mr. Calvert: — Mr. Minister, you have, I'm not sure all of your officials, but certainly a good number of your officials here in the House tonight. These are extremely straightforward and simple questions, and so I will ask you these questions, questions that also spring from them. I mean, they've been around for so long that some of them are out of date anyways; I won't bother asking them. If I wait for answers for who knows how much longer, months or years, the questions could be totally out of date.

So initially then, Mr. Minister, how much of the \$4 million promised in the program has been spent in the fiscal year 1986-87?

Hon. Mr. McLeod: — I don't want to get into, you know, a harangue here about this. I just say to the member, I'll give you just some rough numbers because I don't know that all of the answers have been prepared in the form for the . . . but I'll give you the rough numbers here.

The initiatives, I think, were announced 4,080,000. Is that the number you have? Okay. And the actual expenditure was two million three, and the . . . you know, in anticipating your next question, the shortfall in that is almost all related to what was budgeted for Whitespruce. And I can go into some explanation about Whitespruce and the track that it's on and why most of the expenditures are this year, will be in this year rather than last.

Mr. Calvert: — Precisely the track that I want you on, Mr. Minister. That's my next question, having to do with Whitespruce. Simply this, Mr. Minister, Whitespruce being the youth alcohol and drug treatment centre announced a year ago now. An announcement I think that welcomed by . . . I don't know if there's a person in the province of Saskatchewan who didn't welcome that announcement that we were to have a youth treatment centre right here in the province.

My fundamental question, Mr. Minister, is: the announcement was made a year ago — that's 12 months ago. The centre is not yet open, functioning, and receiving Saskatchewan young people.

Hon. Mr. McLeod: — Let me . . . I just want to go through the process as it relates to the development of Whitespruce and I think the hon. member will understand clearly.

First of all, as we talked earlier about dealing with . . . and what Whitespruce will deal with is the treatment of youth any time, and we're breaking new ground here, as the member will know as well, and this is absolutely new ground in this country. There is no youth treatment centre in Canada, anywhere like this one, or anything even comparing to it. We looked for a . . .

Let's just go through the process. We appointed a board with a chairman, whom I believe has done a very excellent job in terms of dealing with not only the professionals but the concerned people in our society out there, and that member . . . that board chairman is Gordon Currie, a former member of the House, and so on.

And I hear the member from Regina North East, representing Regina, who will want to say that Gordon Currie was a terrible patronage appointment and so on. Not many people in Regina would suggest that, and I don't think that the member's own constituents would suggest that. The fact is Gordon Currie has done an excellent job of this and is doing an excellent job of this. That's number one.

It's very important to have the right people in place in

terms of assessing what shall be the most appropriate treatment program to develop or to introduce to the province. They looked extensively at programs which are available in the United States. The one that they chose to deal with is the one which is in place in Mandan in North Dakota. Heartview, and for various reasons it was seen by the board and other people involved as being the best system.

They then contracted with Heartview to put the treatment program in place here in Yorkton, at Whitespruce. All of this, as the member will know, takes a good deal of time, and the part that will take a significant amount of time and which is under way now, well along, is that the training of the staff, the people who will be actual counsellors and in the centre, is taking place now at Mandan.

So we have people on training there now, and when they have done . . . You know, and there were kind of two schools of thought on this. There was one which says we can train the people for a certain module, a period of time, a couple of months, and then perhaps have them trained at Whitespruce with some professionals from Mandan. And as the time goes on, the decision as I understand it was made, and I believe a good and valid decision, to take the full six-month modules at Mandan and put the people there, into Mandan for six months and they deal with it. And that's what's going on at the present time.

We now have an executive director who's now hired, so that Mr. Currie's role will be just that, as a board chairman, and not so much as on a hands-on basis as he has over the past number of months. That executive director is in place and now living in Yorkton, as I understand it.

Oh, what else? The process is under way, in terms of through the property management corporation, of upgrading some of the buildings which are the former Whitespruce forces base, to fit this system. There has been a decision to made in terms of how appropriate some of the buildings that are there are, and the fact is that some of them are not appropriate for the kind of pod system which is needed for this facility. And so there will be new construction, some new construction going on, but that will be after — during and after the time when we have received the first students into this facility.

So it's been . . . And I recognize what you're saying in terms of why so long, because the need is great, and we know that. But there's also a greater danger in dealing with new ground and in dealing with the lives of young people, that we be sure, to the extent that it's humanly possible, that we do it right and properly. And that's the track we're on.

Mr. Currie's recommendations, and I value them highly, are that we go in this area. And we believe that we'll have the first people coming into the system, oh, I don't know — very early in the new year. But certainly we'll have people there and training and staffers on sight, and so on, before this year is out.

Mr. Calvert: — Thank you, Mr. Minister, for your remarks in this regard. You've left me with a few unanswered

questions. I think I've heard you say, then, we've had a commitment that Whitespruce should be opening and functioning before the end of this year, and certainly early in the year 1988. Is that the commitment you're making?

Hon. Mr. McLeod: — Our track has been that we would have students there by the end of this year because of this decision to go to the six-month training — total training in the full modules for all the people, prior. The students may not be there before the end of this calendar year, but certainly there will be students in that place before the end of this fiscal year, and they'll be under way as soon as we can have it happen. But we really . . . At this point, we will have people there; we will have the buildings, I believe, very close to being ready by the end of this calendar year.

(2015)

Mr. Calvert: — Mr. Minister, I take it when you're referring to students being at Whitespruce you're referring to young people who will be there for treatment when you use the word, student. When the young people are finally into the process at Whitespruce, will all of the costs of their treatment — and by that I mean their lodging, their meals, their accommodation, their counselling — will all of the cost of the treatment be borne by your department?

Hon. Mr. McLeod: — There are no plans to charge Saskatchewan residents.

Mr. Calvert: — I'd like to be very clear. So all of the costs that a young person from anywhere in Saskatchewan who will be treated at Whitespruce will be covered by your department. How will young people be referred to Whitespruce?

Hon. Mr. McLeod: — You're right in your interpretation of what I said. Saskatchewan people, treatment will be paid for, and so on, and that's the case.

I should say, while I say that, I make the differentiation between Saskatchewan people and others. And obviously this is . . . you know, it will be for Saskatchewan people. There's a good deal of interest from other jurisdictions on both sides of us and others that would say as this thing builds — and they're watching it with care and have sent officials over here and so on, in the possibility of buying space and so on — but that's a thing that we will get into as time goes on. And as we can walk before we run and prove to be successful, which we very much think we will, you know, we're hesitant to get too big too fast.

But Saskatchewan people, yes, it will be paid and the referral system will be through SADAC counsellors, for example, through the education system and the medical system. Just the systems that are out there in the community to deal with, and that will deal with these people, young people, on the ground, on a day-to-day basis.

Mr. Calvert: — Mr. Minister, how many spaces will be available for young people when the centre opens? How many spaces will be available?

Hon. Mr. McLeod: — The configuration that is seen and that is believed by our people to be the best would be modules of 15, or pods, as they call them, and it would start with 15 and move upwards by groups of 15 to a total of 60 spaces. You know, a total of 60 spaces, and then from there it's a matter of, I guess, success and just how many we could have. But that's what the discussion is now — in terms of 60, and modules of 15 in a group.

Mr. Calvert: — Mr. Minister, I'm not clear. Are you funding an initial module of 15 this year, or can we expect to see the total of 60 spaces being funded this year?

Hon. Mr. McLeod: — We'll be beginning with the first module of 15. The time track that's been approved by the government, by cabinet, is to get to the total of 16 over a period of two years, this year and next. Of 60 — did I say 16? I'm sorry. Modules of 15, four modules of 15, if everything goes well. If the system proves to be successful with the first 15, we add another 15, and so on. The approval of the time track that we have is for a period of approximately two years.

I want to reiterate here that I don't think it would be reasonable to . . . I don't want to say these in a very definitive way to say, this is the date at which this next 15 will come in and so on, because it's extremely important that we recognize what we're dealing with here, and I know you do. We're dealing with young people who are in severe need of help, and I don't know what the success rate will be. All the people in this business can do is work toward the best possible success rate. So 15, 15, 15, and then another 15 for a maximum of 60 and hopefully within a two-year time track.

Mr. Calvert: — Mr. Minister, I don't think there's any question that 60 spaces can be utilized easily in our province.

Mr. Minister, you spoke earlier about some renovations that are occurring up at Whitespruce or may have to occur. Are those renovations being funded from the property management or are they being funded from funds which are set aside for SADAC's use?

Hon. Mr. McLeod: — The renovations are being funded by property management but there's money in SADAC's budget, money in SADAC's budget for the ongoing lease of rental space as is the case in office space for other agencies of government and so on.

Mr. Calvert: — So, Mr. Minister, then the \$1.7 million that wasn't spent last year — you indicated to me that you'd spent 2.3; that leaves about 1.7 that was not spent — is that money still then part of the budget for Whitespruce?

Hon. Mr. McLeod: — Yes, that money is not lost to the Whitespruce project. It will be carried forward for this project and is specific to this project.

I just want to reiterate the shortfall that was there from what was to be in place, and the shortfall is almost totally a Whitespruce shortfall because of some of the reasons that I've outlined in the last few minutes.

Mr. Calvert: — Is that money then included in the estimate figure we have for this year for SADAC? Is it part of the 13 that's budgeted for this year?

Hon. Mr. McLeod: — My folks are telling me that a similar amount will be there this year for expenditure in Whitespruce. It's 1.5 million is what we expect to spend at Whitespruce this year. Okay? And a good deal of that will depend on how fast we get into the second pod as they call it — the second module of 15, or the third, and so on. But the expenditure line is there. What we have in the estimated budget for '87-88 for Whitespruce, specific to Whitespruce, is \$1.5 million for this year. Okay?

And I said to you earlier, I think I used the term, carry forward. I don't want to give you the impression that carry forward means that there will be the 1.5 which is budgeted now plus the 1.7 which is somehow in the bank. That 1.7 will be there in terms of the total of Whitespruce over a period of time. All of that will be whatever Whitespruce is going to cost us. But in terms of when it's spent, will be as time goes on. But this year, \$1.5 million. Last year we budgeted a similar amount — 1.5 million, and didn't spend it for the reasons that I outlined earlier. This year we believe we'll have no trouble spending the 1.5 which is allocated.

Mr. Calvert: — So in fact you're saying, Mr. Minister, then, that last year you budgeted about \$4 million for this initiative — not for Whitespruce — for the total initiative. You spend \$2.3 million, and of the money that wasn't spent, \$1.5 million is because of what didn't happen at Whitespruce. So that money then that was committed is simply lost, it's simply gone, and that any money that's in this year's budget is actually new money for this year. And so because the project wasn't functioning, your actual commitment to this initiative last year is more like \$2.5 million and not \$4 million at all.

Hon. Mr. McLeod: — Let's be clear here. What we're talking about, the 4 million that you speak of, of which Whitespruce is one component, is the total initiative as it relates to the various initiatives related to drug and alcohol abuse and the sort of attack on those; some of which is a treatment program and some of which is the community prevention programs and the various things that are out there across the province.

So I want you to be clear that we had an estimated amount of money — 4 million. The estimated amount of money in '87-88 is 4.6 million, in that area, 1.5 of which is Whitespruce. While Whitespruce is a major initiative, there are many other initiatives involved in this whole thing because you need your community systems out there and so on, in order to . . . It would have to be more than that.

So we have staffing of after care. For example, once people have been through prevention, we have Pine Lodge operation, we have the community grants program, workshops, legal sort of workshops for people, community prevention, school initiatives, some of those kinds of things. The estimated amount to be spent on these initiatives, as it relates to drug and alcohol abuse and the approach to them, is 4.6 million.

Mr. Calvert: — Mr. Minister, then, the commitment of last fall of a \$4 million program became a commitment of something like 2.5 million because it's not now added in addition to what would have regularly been budgeted for the Whitespruce operation anyway in this year. So that commitment, in effect, has been short changed.

Mr. Minister, just while we're on the point of funding, while we're on the point of funding. Your funding for SADAC last year, as my colleague from Saskatoon Nutana has pointed earlier this evening, was somewhere in the neighbourhood of \$10 million. Your estimated funding for this year is just over \$13 million, so we've seen about a \$3 million increase. Mr. Minister, I want to compare the money that you're spending on SADAC with the money that your government is receiving in revenues off the sale of liquor.

Revenues from the Saskatchewan Liquor Board estimated for 1987-87, your estimated revenues for last year — and where your minister got this figure I don't know, but this was his estimated revenue from the Saskatchewan Liquor Board last year — \$240 million in revenue.

You estimated spending 7.8 million for SADAC. Now this year's estimate for revenue from the Saskatchewan Liquor Board is 122,500,000 — 122 million this year. You put those two years together and you estimated that your government would receive, from the Saskatchewan Liquor Board alone, some \$362 million — \$362,500,000. If we put together what you spent in SADAC last year and what you estimate in spending this year, we come up with a figure of around \$23 million. Hardly a pittance, hardly a pittance when compared with the revenues that you're taking from the sale of liquor in this province.

So I ask you, Mr. Minister, how do you judge those two figures? Is there not more money, is there not more money that you could take from the proceeds, the sale of liquor, to put into the work of SADAC?

Hon. Mr. McLeod: — I hear the argument of the hon. member. It's one that, if you take it to its logical conclusion, he's suggesting, well, you're spending this money on alcohol and drug abuse, you've taken these initiatives as a government. And we have, and we're proud of having taken them. We, as I said to you earlier, we don't believe that it's enough. It's a 68 per cent increase in terms of amount of money that's being spent. It is, in terms of what's being spend and was before.

The government . . . or the group of folks who are opposite will say, well, the sale of liquor — to take their argument — the sale of liquor in liquor stores in our province must have started in 1982, I mean, the way you've approached this. It didn't start in 1982. The sale of liquor has been a long-standing thing; it's the society that we live in. And frankly I don't think that anybody in this society or any other should say, well the sale of liquor, in and of itself, is a bad thing. The abuse of liquor, in and of itself, is a bad thing, but not the use. Not a bad thing, in and of itself. You and I may disagree on that, but I would suggest that that's the case.

So, you know, to say, well take all of the revenues and target those revenues at the treatment of those who abuse it, is not a valid argument. And all I'll say is that we are committed. There is a national program on the attack of alcohol abuse and substance abuse led by the Hon. Mr. Epp. He's done an excellent job in this area and has credibility across this country in this area.

(2030)

That initiative is supported whole-heartedly by this government, and we, in our own right, have our own initiatives which are significant and which are recognized. And I hear this from my colleagues, the ministers of Health in other provinces, those initiatives which we've taken here and which we call the Premier's initiatives of last September, are recognized across this country as being very straightforward, very forward looking, and very excellent initiatives — initiatives which are directed right at the prevention, right at the treatment, which are two sides of the equation obviously.

So sure, we can get into a debate about how much of the liquor budget should be dedicated in this area, or should revenues which come from any source be dedicated revenues to particular programs. I suggest, and I know Finance departments in your day and Finance departments in our day do not like to get into the dedicated revenues for certain things. I know there's some areas where it happens, and I think of the wildlife fund and some of those kinds of things, but for the most part, dedicated revenues from one revenue source to a particular program gets you on to a rather slippery slope often. And I think that would be agreed by others, you know, members of your party who have been ministers and treasury board members before.

So sure it's a debate that we can get into, but I would say to you that the use of alcohol, the sale of alcohol and alcoholic beverages, in and of themselves, is not anything that's really wrong, and in this society, it's been commonplace for a good long time.

Mr. Calvert: — Well, Mr. Minister, just two points to re-emphasize two points: last year for SADAC you spent, taking into account the supplementary estimates, somewhere near \$10 million. This year you have budgeted \$13.24 million. Now in anybody's calculation, that is not a 68 per cent increase but a 33 per cent increase. And it's an increase that we on this side of the House support and, I think, Saskatchewan people support, but let's not pretend that it's a 68 per cent increase unless you believe your estimate is way low on what you intend to spend this year, unless there's something wrong with your estimates.

The second point is that by your estimates, by your Minister of Finance's estimates, you are taking in revenue in profits, from the sale of alcohol, \$362,500,000 — \$362 million in the last two years, over the course of the last two years, and I . . . These are the figures of your Minister of Finance; these are not mine — your Minister of Finance.

So I just don't think to compare a \$21 million expenditure in prevention and treatment and education and all those

very necessary and good things is a great deal of money when compared to the kind of money that you're taking as profit off the sale of alcohol.

Mr. Minister, while we await the opening of the Whitespruce centre near Yorkton, Saskatchewan young people, in the meantime, have been travelling outside of the province for treatment, and many of them have been travelling to the Heartview treatment centre in Mandan, North Dakota. My question, Mr. Minister, now is for the Saskatchewan young people who are leaving the province to attend treatment centre like Heartview. Are their costs being covered by your department? Are their total costs being covered by your department now?

Hon. Mr. McLeod: — Okay the . . . Just before I get to the specifics of the question, I just want to point out because we can get into these number arguments and so on. I think the point is, and I'll just leave it at that, but the point is very, very clear that there's a significant contribution, there's a significant initiative by us and by this government and so on, and I don't want to get in to the partisanship, but there's a significant contribution by the representatives of the taxpayers of Saskatchewan on drug and alcohol abuse — no question.

Let me just give you a couple of numbers. This is actual expenditure from '85-86. Two years . . . Let's go back two years. Actual expenditures in this area were \$7.3 million — 7.3 million. And I daresay that there wasn't a year, you know, if you go back to '84 and '83, you know, to the time of your government and so on, there wasn't a year when there was a reduction in those expenditures, okay. So that was about . . . There wasn't a year when there was a reduction in those expenditures, just for the hon. member's clarification of what I just said.

So 7.3 million was actually spent in '85-86, and in '87-88, we're talking about an expenditure of — what is it? — 13.2 million in the alcohol and drug abuse area in the widest sense. That's a major increase, an increase of 5.9, almost \$6 million over a period of two years. Now that's from actual expenditures to what's now estimated. I mean, it's major stuff. I don't . . . We can get into this number games and comparing columns and so on, but I think, and I know that you will and, in fact, have reiterated that the initiatives are welcomed by the people of the province, welcomed by people like yourself regardless of how many dollars or thousands or hundreds or whatever it is. There is no question this is a major initiative. There is no question that we need this, and as I've said earlier, we probably need more. We probably need more, but, you know, where do you draw the line? I don't know.

And all I'll say now as it relates to your specific question as it relates to people being treated at Heartview, presently at Mandan in North Dakota, if a Saskatchewan resident is referred there by SADAC, by the Alcohol and Drug Abuse Commission, their costs are paid.

Mr. Calvert: — Mr. Minister, are their total costs paid in American funds?

Hon. Mr. McLeod: — Yes, that's true if they're referred by the Alcohol and Drug Abuse Commission to the Mandan

facility.

Mr. Calvert: — Are there other referral agents? Are there other ways that Saskatchewan young people can be treated in Mandan?

Hon. Mr. McLeod: — If a person goes on their own to Mandan and goes into Heartview for the program that's offered there, and are not referred by the Alcohol and Drug Abuse Commission, the payment which goes from the hospital services plan to the person is on the basis of Canadian funds and not in total American funds. So there's a differentiation there between those that are referred by SADAC who have treatment facilities here in the province and those that are not referred by SADAC but who choose to go down on their own volition.

Mr. Calvert: — Mr. Minister, could you explain to me the rationale of that, why those who may go on their own initiative would not have their costs fully covered whereas those who may go referred by SADAC would have their costs fully covered? What's the rationale for that differentiation?

Hon. Mr. McLeod: — Well, the rationale is the following. If we are to pay for treatment which takes place outside of our country, outside of our jurisdiction, then we should be sure that the individual in question has gone through the processes here, whatever is available. If they have or if the process here can, in fact, help them or whatever, that's a determination of the professionals in the area, and I certainly don't pretend to be one of those, but that's the rationale. It has some control in terms of the costs on individuals deciding just on their own that they're going to go to Mandan on their own.

The same kind of thinking is involved in the process for . . . If someone decides, well look, I'm going to head down to the Mayo Clinic and have some medical procedure or whatever without having been referred by the medical profession here in Saskatchewan, they need to have the normal referral process here so that it can be determined whether or not that procedure that they've received at Mayo — I use that as an example — could indeed have been done here in our own jurisdiction.

Mr. Lyons: — Thank you very much, Mr. Chairman. A few questions to the minister. I don't want the minister to take this in a negative light of the comments, but I've listened closely to the discussion on SADAC and its role, particularly with the development of Whitespruce and also in its relationship to the Heartview foundation in Mandan.

I want to relate this example to you, Mr. Minister, of some of the problems that can arise and some of the concerns that I know all members of the House — it doesn't matter which side they're sitting on — may have with this. I had the opportunity this summer . . . well I was in the position to have to take the daughter and mother, a mother and her daughter . . . Her daughter had problems with drug and alcohol abuse. She was a constituent and I had to take them down to the Mandan centre. And they were taken . . . This girl was taken to Heartview and admitted to Heartview on the recommendation not of a SADAC counsellor. In fact, one of the SADAC

counsellors, it was the opinion of the particular SADAC person that a referral wasn't necessary. But the mother had another referral from a private practitioner in the city of Regina, and I won't mention any names here, but those in the drug and alcohol abuse field will know who I'm talking about, that they had that referral from a well established practitioner in Regina, who in fact it was that person's opinion that indeed this teen-age girl did need help and required help.

Now the mother was fortunate in the sense that she had a private insurance scheme which covered the cost between what was covered under medicare and the exchange rate. The exchange rate in this particular instance was \$3,800. It was either 3,200 or \$3,800 was the difference that she had to pay. I think the total treatment costs were somewhere around \$12,000.

Now the reason I am bringing this one particular example up, Mr. Minister, was that if in fact someone who needs to be referred does not get a correct intake, or the counsellor — and we're all human; and I'm not trying to blame any particular counsellor — makes a mistake in that intake program and rejects the young person and says that they're not in need of that program, then what happens is that there's hardship inflicted upon that patient.

I was wondering, Mr. Minister, if you would perhaps review the situation to see if one of two things could be — either that the provincial government makes it a practice that any qualified, or anyone seen to be a qualified practitioner in the field, whether it's a doctor or whether it's somebody in private practice because we have private counsellors in private practice in the city of Regina, people who are well qualified, who've got that kind of background — or whether they're referred by those types of people or by SADAC or maybe a guidance counsellor in school who has gone through some kind of training program, if in fact people who are referred by the system, in total, if the government would make an undertaking to pick up the cost so that there is that accessibility to all — or if in fact the minister would look on the other hand to a system in SADAC where a referral from somebody outside the SADAC program will get an automatic approval by SADAC or in consultation between the two counsellors. Would you undertake to in fact attempt to define the system so that people who've got those kind of troubles will, in fact, be able to gain the kind of access to the treatment until the Whitespruce program is opened?

(2045)

Hon. Mr. McLeod: — You know, the case you outline and I'm sure, you know, there can be cases like this where something would — I don't know how to put it — fall through the cracks in terms of the system that we have. A couple of things that are important to recognize here. I think we should not make the assumption, and nobody in the professional field makes the assumption that, for example, all medical practitioners are knowledgeable in the field of addictions, and many of them would say — most of them would say — that that's the case, they aren't. You know, guidance counsellors, people who really have their, literally, their arms around some of these people who are really in some serious troubles and are feeling frustrated at the time, and so on, the way you've outlined

the story in terms of yourself becoming involved and in fact driving them down, as I understand, and so on, I mean, those are the kind of things that happen.

But from the point of view of, and you know I hesitate to say "the system" or anything, but from the point of view of having a structure in place which can deal with whatever eventuality will come up, it's really difficult to open it up in the broadest sense, the kind of broad sense which you outline, you know, I think, for some obvious reasons.

I think, however, that there is potential there for, you know, if one counsellor, counsellor A over here in the SADAC system who says no, I don't believe that that should be, a referral should be done and so on. I think that there is on very short notice in the case you've outlined, if you had made a call to the chairman of the board of SADAC, or even Dr. Cohen or to the office of SADAC or whatever, there is always that process of appeal of the circumstance. And I don't mean a long and drawn out one because I also understand that these circumstances are . . . you deal with them in the here and now, not in the maybe-sometime field.

So all I'll say is that it's really difficult to develop a system that would allow for that kind of very widespread referral because there would be . . . people would be just going down there. I mean they would just go on their own — families picking up or some of the counsellors who are bona fide in their own sense, who will say, well SADAC system . . . And I found this out. They will say the SADAC system is, you know, like the counsellor or the ones in this location, or whatever, it becomes really a dicey situation.

No system is perfect, obviously. But on the other hand no system should be too rigid and that's the point I'll make to you, that there is an avenue of appeal which I think can be rather quick. And I'll always look to improvement, you know, if you have suggestions about how that could be improved. And you obviously have some personal experience with, you know, with helping someone.

Mr. Lyons: — Mr. Minister, I don't think it's a question of trying to have every Tom, Dick, and Harry act as a referral person to the thing. I think that would be just a ludicrous kind of suggestion to make and I'm not even trying to even talk about that.

We're talking about, in fact, having qualified practitioners who may operate outside the organizational structure of SADAC. But surely there's got to be some mechanism where the private counsellors, or people who are approved by SADAC, but not necessarily employees of SADAC, that on the recommendation of those kind of people, that SADAC in fact will give them some kind of authorization to do the kind of referral.

And I know that there's guidance counsellors in the city of Regina, as there are in Saskatoon and other places, that work very closely with SADAC and with people involved in SADAC. And there's people involved in private practice who work very closely with SADAC and develop that kind of relationship. And it seems to me that if, given the very, very intense personal nature of each individual situation, that there should be, there can be some kind of mechanism developed whereby somebody that doesn't

necessarily work for SADAC but works with SADAC, that they in fact . . . that SADAC can work out a kind of a situation where their referrals are just as good as somebody who is in fact an employee of SADAC. I think it's more or less a question of developing a rapport with those outside practitioners.

Certainly every system can't deal with a situation like this, particularly personal situations like that. Certainly every system can be improved. And I think that I'm putting forth a suggestion that maybe you want to look at in terms of having outside practitioners work very closely with SADAC so that they have referral powers as well. I'm wondering, in fact, if you would sort of make it a commitment to undertake that kind of review with the SADAC personnel so that those little glitches can be worked out.

I also want to say that I think that the initiative at Whitespruce, I personally applaud it. I've had an opportunity to talk with some of the counsellors at Mandan and some of the professionals who operate there. I like that kind of module. I think that the success rate of the Mandan experience, particularly the second time around where there has to be referrals again for people who have gone through it once, and particularly the second time around their success rate seems to be fairly good, and I hope that the Whitespruce experience turns out to be just as effective.

Hon. Mr. McLeod: — Okay, just a couple of comments. I appreciate what you're saying about the Whitespruce initiative. As I said before, we will make every attempt and we have made every attempt to hire good people to go through the Mandan experience and use that experience to the best possible . . . I can say to you, and you've said it here as well, the Mandan people involved there are very excited about this initiative and their opportunity to be involved, and they think it's good.

I will just give you this undertaking as it relates to that little glitch that you've mentioned here. We'll look at it and take it as a serious suggestion. I would say to the hon. member, our people in SADAC are quite willing to sit down and go through it in more of a detailed way in another form than back and forth here. Make your suggestion and we're quite willing to listen to those suggestions. Thank you, Mr. Member.

Mr. Calvert: — Mr. Minister, with the number of very positive things that have been said about the Mandan program and Whitespruce, it seems to me there may still be those individuals who will need perhaps some other form of treatment, perhaps a longer-term form of treatment than will be offered at Whitespruce or that's currently offered at Heartview. Is it still your commitment, then, to be willing to fund Saskatchewan people who may leave the province for other treatment centres other than the Heartview? Are you still prepared to do that?

Hon. Mr. McLeod: — Mr. Chairman, we don't contemplate any change in that policy. We do believe there'll be some change in terms of the incidence where the number of people, the young people especially, will go to Heartview at Mandan.

But sure, there will be other treatment centres. And I think you will know there are treatment centres and there are treatment centres in the United States and in other jurisdictions, and some of them have been recognized by professional people, some not recognized to the same extent. And so we must reserve the right to lean upon our professional advice here, and to recognize those who have the best records and so on.

And sure, we don't contemplate any change in policy in terms of funding our citizens who may go elsewhere for treatment if, I reiterate, they go through the normal channels of referral through SADAC and some of those other kinds of channels.

Mr. Calvert: — Mr. Minister, just to move away from the SADAC treatment centres for a moment, will you tell me and the House how many other are there in Saskatchewan — other treatment centres that would be privately owned and operated, operated for a profit? Are there, in existence, in Saskatchewan those kinds of treatment centres?

Hon. Mr. McLeod: — I just make the point that I understand that the centres that you're talking about are in the in-patient treatment centres. In-patient, because we have a series of out-patient treatment centres and I can reiterate those to you in a minute.

The in-patient ones in the province are Calder centre in Saskatoon; Regina rehab here in Regina; Pine Lodge at Indian Head, which is a funded agency, it's not a . . . The first two that I mention are directly administered by SADAC. There's Ile-a-la-Crosse, which is a funded agency located in Ile-a-la-Crosse; and St. Louis, which is operated by a board and almost like a foundation type of a structure which is for the DWI or driving while impaired programs. So those five which are in-patient treatment centres.

Mr. Calvert: — Mr. Minister, are there, or is there any operation in Saskatchewan that is owned by an individual — an in-treatment centre that would be owned by an individual?

Hon. Mr. McLeod: — The funded agencies — Pine Lodge, Ile-a-la-Crosse, St. Louis — they're all sort of what we would call non-profit organizations. They're funded by SADAC.

If you're thinking of one that's in — just a moment, I think there's one other comes to mind that I didn't talk to my folks about, I think I will.

No, the two that I was thinking of that I wanted to clarify if we had any funding involved in it through our provincial agency, are one that's run by the status Indians at Fort Qu'Appelle, and there are two more recent ones now opened which are also run by the status Indians through federal funding. That's one at Red Pheasant Reserve near North Battleford, and one at the James Smith Reserve, you will know, is between P.A. and Melfort. So those are the ones, those that I've outlined earlier, and then these which are no relationship to these estimates.

Mr. Calvert: — Mr. Minister, I've had at least some communication of concern from the Saskatoon area that a privately owned treatment centre is being proposed for the Blackstrap area or for somewhere south of Saskatoon. And the concern that has been raised with me is that in fact if this operation is funded, it may in fact effect some of the Saskatoon treatment centres. And I'd like some assurance that that isn't going to happen.

Hon. Mr. McLeod: — I have heard of that only at one occasion, and it was . . . in fact I heard it from the chairman of SADAC who said that he had heard these rumours around the, you know, around the network that is the alcohol and drug abuse area. I have not heard anything more than that. We have no proposal come forward, nobody has suggested anything to us one way or the other. So that's all it is at this point is in the rumour stage, and I know nothing more about it than that, and I don't know that I could add much more to the discussion. I'm not even sure that I could give you the details of what is rumoured, so I don't know that we will gather much information from that kind of discussion.

Mr. Calvert: — Mr. Minister, may I ask, have your officials met with anyone in this regard? Have officials of your department or SADAC met with anyone in this regard at all?

Hon. Mr. McLeod: — No. The answer to that is no, and that's as I've outlined it to you. I heard it only through the chairman who had said he had heard a rumour around on the street, so to speak, and that's all. Our SADAC officials have not met with anybody in this regard.

(2100)

Mr. Calvert: — Mr. Minister, just on a kind of philosophical basis, would you personally, as minister, see that as a direction we might want to move in this province at any point — sort of the privatization of drug and alcohol treatment? Is that something that you could support, or would support?

Hon. Mr. McLeod: — Well I think first of all if you look at the way in which Whitespruce, which is one of our major initiatives and we've talked about it for some time here, is structured, I think you'll see that, you know, where our philosophy lies as it relates to this sort of area. It goes with the publicly, you know, funded or I say funded agency sort of thing, where it's a — it's in that — or that sort of thing. I might just say, because I think it's important to our . . . I believe that, you know, some of the people at Calder centre, there's some discussion among the staff there at Calder centre about this, and they hear a rumour like the thing that you've mentioned here from, where is it, Blackstrap? You said near Blackstrap? So they would hear something like that and be filled with some concern and I can understand that.

The discussion that's gone on at it relates to Calder centre, and as you will . . . is a potential move, and we can only say potential at this stage because we have to have architects' reports back and so on, but there's been some discussion, and I think it's fairly widely known, and I don't mind how widely known it is. The discussion has been that that Calder centre move its treatment facility

over to what was the Frank Eliason Centre. There's been some discussion about that. But certainly in terms of its . . . the way in which it's funded and developed and so on, I wouldn't change it.

But in any case, in any case there's been some discussion about that as it relates to Frank Eliason, but I can't say that that will take place, or not. But I am quite willing to put it on the record here that that has been discussed, because it has and continues to be. But that will depend to a large degree on whether or not the architect's report or whatever professional sort of reports are needed in this kind of area, come forward with a favourable type of recommendation.

Mr. Goulet: — Mr. Minister, a little while back I wrote you a letter in regards to a Pelican Narrows program. And of course your response was that through one of your staff we'd be looking at approximately a \$2,000 grant to be done in conjunction with the Pelican Narrows band and also some of the non-band members that are involved in it, as well.

I'm sort of looking at it in a long-range goal situation. When I look at the developments taking place in the South and the tremendous focus, for example, on Whitespruce, a lot of people from many areas are trying to look at something of a similar sort in northern Saskatchewan. I'm wondering whether in your own plans you are looking at something like that in the northern area, especially when you recognize not only the distances but also the special social and cultural situation in northern Saskatchewan. Is there a plan in the near future that will move in that direction?

Hon. Mr. McLeod: — A couple of things, and I'll address the broader issue last, but as related to the specific issue at Pelican, just a point of clarification. The people that are proponents of a treatment centre, a treatment centre or whatever form it takes at Pelican, are those status Indians? Is that people from the reserve or whatever?

An Hon. Member: — Both.

Hon. Mr. McLeod: — Okay. The member has said that it's both status Indians and others. So I will just say that the difficulty — and this is the story we've all heard for so often and always, and that's why I made the distinction as I related to the Red Pheasant one, and to the one at Fort Qu'Appelle here and so on. There are some federally funded, run exclusively by status Indians, and I know that's a difficult problem in the North because some of the communities will have larger percentages of status and lesser.

I just want to turn now to the sort of longer-range circumstance or the longer-range treatment that will be needed. First of all, I recognize what the member says. I do recognize what the member says as it relates to northern people, and I make the distinction here. I don't mean necessarily just native people, I mean northern people who live in a more remote sort of circumstance and so on. I recognize the difference and the cultural shock and various of those other things which happen when someone is outside of their own environment.

But I think having said that, that what we must recognize in this initiative that's taking pace at Whitespruce is that the youth treatment centre going in there, as I have said earlier to your colleague, is the first one in Canada, in all of this large country of ours. Many areas of this country have far larger populations and far more serious problems than we have, if you can call the problems more serious because there are a larger number. And we are the jurisdiction which has taken the bull by the horns, so to speak, and said we will break new ground, we will have a centre.

I know that that is not, you know, that's not sort of comforting to those in the farthest reaches of the province who say, well, it may as well be on the moon as in Whitespruce, outside of Yorkton, because that's still out of my environment and so on. I understand the feeling there.

I will say, as one who's trying to be a responsible minister, is that I really want us to walk and walk well before we try to run into another facility and so on. That's not to say, for ever and ever, amen, or there won't be in the North, because we do recognize the need for special type of treatment facilities and certainly prevention programs in the north. I think we'll always recognize that; we have to.

Mr. Goulet: — I guess the reason why I asked that, Mr. Minister, is as I travel around and I look at the special situation in the North. During the period of the '70s, you had an employment rate that was a little bit higher then. As the housing prices hit at the community level, a lot of the short-term jobs that were available during the summer months — especially that were used to employ the youths and the young families — those jobs are no longer there at the community level, apart from let's say places like Pelican Narrows this year where they're building a school. The majority of the communities just don't have anything to go for.

What you're seeing here is a high level of unemployment and we've said that so often. But not only that, it's creating a lot of problems with the families. For the first time in the history of the North, we're seeing at the same time the traditional economy being pushed to the background, and many of the younger people do not have the skills either in the traditional economy. So a lot of the young people are in a "catch-22" situation — they do not have the skills from the traditional economic base as their parents would have had in the past because most people had thought that they should get an education and get jobs in the mines and in the forestry. But that hasn't happened to a great extent, it has only happened on a partial basis.

So here you have a situation where the younger married people don't have the jobs. There's a tremendous amount of friction taking place between those that were able to combine traditional livelihood with part-time jobs in the summer, and those are the older people, but the younger people have neither. And for the first time, you're seeing some of the younger people raising children without having gone through the experience of a proper job other than maybe a short summer-time job, and they do not have that skill basis. And you're seeing a tremendous amount of pressure at the community level.

If you look at — and I've mentioned this before — a tremendous amount of alcoholism and drugs has taken place and has risen drastically in the past few years. A tremendous amount of family pressures related to that; tremendous amount of, let's say, abuse even on children that has never been there before in the past. And everything in the community level is being pressured to a great extent, and there is a tremendous outcry for people in saying, look, we have to look at, at least a positive base in the North where we can control something and say that we have achieved something. And people are saying, we don't want to go in a situation . .

(The hon. member spoke for a time in Cree.)

. . So that when you walk into a place you can shift back and forth and whether it's Cree or Dene and also in English and be able to feel right at home in a setting. And most . . You already know as a Minister of Health that not only do you require the basic physical needs and the aspect of medicine but also you need the social, psychological, and cultural aspect in relation to that.

And I'm wondering, in relation to the first question that I asked about moving something in to the North, what are you doing as the Minister of Health in regards to looking at the programs and looking at the cultural background of the people involved in it and coming out with a program approach that looks at knowledge in the cultural spheres, the skill levels that are required to that, and the attitudinal changes that are very important in looking at that whole aspect? What are you doing in terms of your new programming to deal effectively with the social and cultural aspect of the overall health field? Could you tell me?

Maybe you could get it from your officials as to where it's at, and especially as it relates to . . I suppose I'm not only talking about people in the North but various ethnonational groups in this province. That's an important base that we have to consider. What type of things are you doing in that regard, Mr. Minister?

(2115)

Hon. Mr. McLeod: — Okay, I know the question is a bit broader than just SADAC, I believe, but I'll just go into that for a minute.

Specific issues as it relates to the North, and a good deal of it as a result of these initiatives which we talked about, new initiatives — Buffalo Narrows, Creighton, La Ronge, and Meadow Lake have out-patient centres. We have a series of community-based programs which have been either expanded or started in some new communities, community-based programs which address just the kind of thing that you talk about, or at least attempt to. And I think we should reiterate that — attempt to address the specifics or the socio-economic as well as the concerns of the ethnic group or the status of people or whatever.

It's important that we . . And I go back to the conversation I had with your colleague from Moose Jaw a while ago because I think it's very, very easy — in fact it's the easiest possible thing to do — is to say, well, the

correlation between, you know, there is unemployment or there are these problems, you know, related to unemployment, and so as a direct result of that alcoholism is there. And to some extent that may well be and probably is true to some extent that there can be a correlation drawn.

But I think often we can fall into the trap, as responsible people, of saying there is a boggy man that I can point at and it's unemployment, and so that's why these people are, you know, have contracted this disease which is alcoholism or which is substance abuse or which is, you know, glue sniffing or whatever it is.

You made a couple of good points. I mean the points are serious ones in terms of physical needs of people, and their socio-economic, their spiritual needs. All that sort of stuff comes into the making of the whole person. And one other thing that comes into there is the person him or herself looking in the mirror once in a while and saying, I'm going to pull myself up to the extent that I can.

As it relates to pointing to that boggy man which is unemployment, and I recognize that, and it's serious across northern Canada, not just northern Saskatchewan, across this country. There is no question. And it's serious in the inner cities of our urban areas in some of the larger cities.

We can say, well, as it relates to northern Canada, for example, when we talk about development, and we talk about development of jobs which will be in a newer economy than the hunting and fishing and traditional economy, it's important that we all pull the same way in terms of trying to develop that kind of diversification because it's important. I mean whether we like it or not, there will be a change. There's the change in this world here, and there is a change in the world of the North, maybe even a more drastic one there.

Those kinds of changes have to be recognized, have to be, well, recognized by all of our people, people in leadership positions. And those people — those of us in leadership positions — have to say, let's lead into the new world, rather than say, that was grandpa's trap line, so there shall be no development of a lodge which means jobs or whatever. Because frankly, that, you know, that trap line which was grandpa's has not been trapped by anybody for a good long time because of that changing economy. That's as an example. I don't want to get into that long a discussion, although it's all part of this, and I think, somewhat related to what you've said.

So it goes back to the other discussion we had in terms of to what extent is this disease, alcoholism, related to big, bad society doing it to us, or to me, or whoever, and to what extent is it a decision of someone whose role models, you know, aren't there or who, you know, ash lost respect for their elders, and some of that kind of stuff, which you know, it's a chicken and egg thing. Some will argue, well that's the reason, because of this unemployment and this alcoholism that we've lost respect for elders and so on. So sure, that's a long and philosophical discussion and we can carry that on for a long time.

As you know, I look in my own constituency. I have seven reserves in my constituency, some of them very remote, as well. And there's a difference in terms of, depending on the leadership on a reserve and depending on the way in which they've approached, some of the economic development things that they would try to do or aspire to, there's a difference in how they conduct themselves, how they conduct the alcohol and drug abuse on their particular reserve, or whatever, and that difference is obvious for anyone who would want to go and look.

So I say that there's a combination of government initiatives, of leadership from people that are seen by them to be leaders, and there's a responsibility for the individuals, as is the case in every society, I would submit. In every society, regardless of where they live, there's a responsibility to look in the mirror and say, as for me and my house, this is how I will live.

Mr. Goulet: — Mr. Minister, I'll just comment on a couple of things that you've mentioned, then I'll go back to, you know, one more final question.

In my statements, when I talk about socio-cultural involvement and moving services right into the North, I'm meaning that by socio-cultural emphasis, I'm not saying that it is the old versus the new developments. I'm including both. I'm making an assumption that socio-cultural development is both the old and the new in the native situation. I mean that's what I'm talking about.

Also, when you're talking about contradictions between the social and the perceived contradictions by some theorists, between the social and the individual, I'm not talking about that contradiction. Every individual is in a social context, and you also have to look at both the social context and the individual context. I agree to that; I'm not talking about that specific thing.

And when I examine the aspects of . . . What I was trying to get at in terms of the socio-cultural emphasis is this: I know that people will plan programming whether it's at the reserve level or in Ile-a-la-Crosse and so on. But, you yourself, Mr. Minister, have been a teacher, that even with a lot of skills in the area of mathematics, which you have learned through time, or in English, or in science, that you still need programs, developed programs to help you out in a work situation. As a teacher, you know that, and as educators that side beside you also recognize that. So you need to have developed programming.

Most of the programming in Saskatchewan education has goals which point to that, whether it's in Directions report or the Indian and Metis curriculum advisory committee. I guess the point I'm trying to get at: are you working at the same time in developing these programs in alcohol and drug use to take into consideration the social and cultural variables and come out with a support basis for the people who work in these preventative centres or in these situations? What are you doing specifically in these areas to be able to provide the positive support basis for the workers who work in these situations?

Hon. Mr. McLeod: — Well, to give you an example, to the hon. member, much of what you said I agree with, frankly, in terms of how you deal with the circumstances

there.

We have a separate course within SADAC for the counsellors who will work in the various areas now. That's been done because there's been a hue and cry, frankly — people have said at the community level — and we need this sort of thing and that's the case now. Some of it's been developed under these new initiatives, which is obviously an umbrella which covers a good deal of the need in both prevention and treatment of alcohol and drug abuse. So we have a separate course for counsellors who work specifically with northern and native people. And while that's one example, it may not go as far as it might, as some would say, but we think we can only do that as develop this stuff in an ongoing way.

I don't know, we are, but SADAC and people like Dr. Cohen, who is a medical doctor and who is the first to say that the profession — his profession, who have a lot of training in terms of disease-related matters and dealing with disease and so on — have limited training as it relates to alcoholism, this disease which we know as alcoholism.

So it's very difficult to develop courses. It's very difficult to continue on with developing new courses and breaking new ground out into new areas, although we want to do that, through a recognition of the points you've raised. But we also know that there is a good, long way to go — there's a very long way to go in the professional world, and in that, recognition of the socio-economic differences of people in how we all will, or how the body reacts to these substances and so on.

There's a lot of medical work that needs to be done and that is being done, some of which is being done in this province, and some of that research is out in front of what is going on anywhere else in North America.

Mr. Calvert: — Mr. Minister, to move again into a slightly different area. It's my understanding that somewhere during the course of this past year a board policy was set; a decision was made changing some board policy in terms of the confidentiality of clients in treatment in Saskatchewan. It's my understanding that prior to this change in decision, that those who were involved in treatment were obliged to provide their hospitalization number and their name at the program delivery centre, but that their name did not leave that centre. The only thing that left that centre for statistical purposes was their hospitalization number. It's my understanding that that now has changed and that the client's name is now forwarded on further into the system. There has been some real concern raised, and I think that concern is very real, about confidentiality for those who are receiving treatment through the SADAC centres.

Mr. Minister, you will agree, I hope, that confidentiality is extremely important when we are dealing with drug and alcohol treatment. And so I would ask you, Mr. Minister, if in fact my understanding is correct. And secondly, who among the front line counsellors did you consult with before this change was made, if it was made; and do you share a concern about confidentiality in this regard?

Hon. Mr. McLeod: — I'll get you a more detailed answer

to this, you know, and if I could bring it back tomorrow or the next time we come to this, or prior to your next series of questions.

If I could I just would say this: we don't have the policy right here with us, but I'm told this sort of policy is related to some cost sharing which goes on for various programs between this government or the provincial jurisdiction and the federal jurisdiction. But I will say this, and it's very important; I mean the issue you raise is an important one as it relates to the safeguarding of confidentiality. We're sensitive to that and we have safeguards built into our computer system to make sure that that confidentiality is safeguarded. That's what I'll say at this stage and . . . because that's the best understanding I have right now; but we'll get you a more detailed answer as it relates to the way in which that policy has changed.

Mr. Calvert: — Thank you, Mr. Minister, and I will anticipate that further elaboration on this issue, and I think we could have a longer discussion about it at some future point.

One or two other issues I would like to raise tonight. First of all, I think a very short, quick question concerning PRIDE (Parent Resources Institute for Drug Education Inc.) in Saskatchewan. You will be aware of PRIDE, the Parent Resource Institute for Drug Education, primarily an organization that involves the parents of young people with drug and alcohol problems.

Mr. Minister, it's my understanding that through your department or through SADAC, through your government, PRIDE Canada has received some funding, but PRIDE Saskatchewan has not. And will you explain for me why PRIDE Canada can be funded by the Government of Saskatchewan and yet PRIDE Saskatchewan is not?

(2130)

Hon. Mr. McLeod: — The explanation is that first of all there was no request ever from PRIDE Saskatchewan for . . . (inaudible interjection) . . . or the member says PRIDE Saskatoon? I hear the member from Nutana saying that rather than PRIDE Saskatchewan, it's PRIDE Saskatoon. I don't think that there was a request there I can go into. But just so I can clarify what . . . PRIDE Canada, as I understand it, the president of PRIDE Canada or the chief person in the country is from Saskatchewan. The national convention of parents, resources, information for drug education is . . . That national conference was held in Saskatoon, and the money that went to PRIDE Canada was related directly to that conference which was held in our province.

Mr. Calvert: — Mr. Minister, again to move to a little different area. We talked initially this evening about some of the causes of the use and abuse of drugs and alcohol, particularly among our young people. I would like to suggest to you tonight that it's widely recognized in our province that a part of the problem exists because of your government's decision to allow the advertisement of alcohol on the media. You may shake your head — you may shake your head and say, that's not the case. But I'll tell you, a good number of people in this province

disagree with you on that.

In 1983, Dr. Saul Cohen — whose name you raised earlier and who is a person widely respected, I think, on both sides of this House and across the province — in 1983, Dr. Cohen, in his brief submitted to the liquor laws and regulations review committee, warned your government, warned your government of the consequences of changing the liquor act to allow this alcohol advertisement on television. He said, and I quote from his brief:

The ban on media advertising stems . . . (he was referring to the ban in existence) The ban on media advertising stems from the negative consequences such advertising is likely to promote, especially among young people. Furthermore, media advertising of alcoholic beverages fosters the integration of alcohol as part of everyday life-styles, and this results in an increased use and abuse of the substance. The alcoholism commission of Saskatchewan, therefore, recognizes the merits of not permitting the media advertising of alcoholic beverages.

Further on, he says:

There is evidence that youth are the most influenced by alcohol advertising.

I mean, I wish there were opportunity tonight to read this entire brief presented to your government prior that change in policy in 1983.

I could spend some time tonight quoting from letters and briefs and other communications. I wish to quote from one, Mr. Minister, at least one. I could read a letter from Circle Drive Alliance Church in Saskatoon; I could read a letter from Discovery Baptist Church; I could read a letter from St. Paul's United Church in Estevan, Saskatchewan; I could read a letter from the Esterhazy Baptist Church in Esterhazy, Saskatchewan. Because I know this institution the best of the church community in the province, I'd like to quote to you a bit from the brief presented to your government from the United Church of Canada, this in 1983 following the change. I know that this issue has been raised several times by the churches in this province and, I might say, by the school trustees who last year passed a motion at their convention, you'll be aware of.

In the '83 brief from the United Church of Canada, the church says:

The only identifiable people in favour of the legislation (and by that they mean the legislation permitting the alcohol advertising) are those who make a profit from alcohol sales: the government; breweries; media; and sporting groups.

An editorial in the *Leader-Post* (and again I'm quoting) on September 15th and 22nd (I would

assume of 1983) raised the issue of the amount of contributions made to the Progressive Conservative Party by liquor and beer companies. When the government in power finds itself in this conflict of interest situation, it becomes even more important that they listen to the commission and the constituency members for direction.

Mr. Minister, not to belabour the point, I would like to move to the fall of 1986, the fall of 1986. We have heard members of your government say, non, no, alcohol advertisement has no influence on people, no influence on the amount that we drink, that it all has to do with brand preference or something.

Well, Mr. Minister, I have here the *Alcohol, Drugs and Youth: A Saskatchewan Survey, Fall 1986* — this is research from SADAC. On page 18 of this document, which you may be aware of:

Teenagers across this province were asked if, indeed, the commercials on television had any effect, or some effect, no effect.

Mr. Minister, your own research tells you that teenagers between the age of 12 and 18, 76 per cent of them — 76 per cent of teenagers between 12 and 18 say that alcohol advertisement has a great, or some, effect on their drinking; 30 per cent of them said it had a great effect; 46 per cent had some effect. Young adults, ages 19 to 24, again, 76 per cent of that age group say that alcohol advertisement has some or a great effect on their drinking habits; 21 per cent of them said it was a great effect; 54 per cent said it had some effect. When parents were interviewed, 66 per cent of parents said the advertisement of alcohol had some, or a great, effect on their children.

Mr. Minister, I think the evidence is clear. Your decision to advertise alcoholic products on prime time television and media has had an influence — and I would say an adverse influence — on drinking patterns among Saskatchewan young people. And so, given the length of time of this research will you commit to: (1) preferably, remove those advertisements from the media, or (2) at least further restrict them.

Hon. Mr. McLeod: — Well, Mr. Chairman, I mean, this issue will — can be, and will be, I'm sure, discussed for a long time. I will say, as I have said before, the advertising of beer and wine — and that advertising of beer will be one thing and that will be to change the view of the person, if it has any influence at all, will be . . . And if the companies want to put it on, I guess that's the — must have some — the influence will be to buy Blue instead of Molson's, or buy Golden instead of whatever it is. And that's what it is, it's advertising of brands. And that's exactly what it is.

I mean, the member can . . . Because this goes back to the view of these folks who have this view that these societal things . . . I mean, when you see . . . watch the Blue Jays game — maybe you didn't, but I did. I don't know if I'll ever watch another one, but I watched one yesterday. And it does not, it does not have the effect — it does not have the effect to say, I've got to run and have a beer. I mean, that's a . . . I'm not going to run and have a beer

because you see that. Give individuals — which is something that people of your political stripe and of your bent do not know what to do or how to do — give individuals credit for making up their own minds about what they will do, how they will live, all of those kinds of things.

Some Hon. Members: Hear, hear!

Hon. Mr. McLeod: — You say, you say to me that young people have . . . When questioned, young people will say — oh, a large percentage of us will say — oh yes, I am affected by those; I'm affected by those ads; I really liked the music on the Labatt's Blue ad. Well, they might like the music, but I'd tell you right now that those ads have not made young people run to their fridge and have a beer. They don't make them run and have a beer, and I just tell you that there are numbers — there's no conclusive evidence to suggest that those have happened.

And you can look at the numbers. There are two provinces in this country that don't have liquor advertising — two provinces, Prince Edward Island and New Brunswick. You can look at the numbers at the consumption of alcohol in our province that has been dropping during the time that alcohol advertising spirits and wine and beer is on. And you can look at it, and the numbers are dropping. Wine is increasing, beer is dropping, and most of the ads have been on the basis of this brand, and all of them have been promoting this brand over the other brand.

Liquor advertising does not send the public to the liquor store. But when the public gets to the liquor store and when they've made that decision to walk through that door and I will buy a case of beer, they go into that store, and if they're influenced by the ad in any way to say, I'll pick up a box that's that colour instead of a box that's that colour, so be it; let them have a choice.

As I said earlier in these estimates, the consumption and the use of alcohol in and of itself is not, is not the largest problem facing us. The abuse of some of these is. You will say, big bad society made Johnny have a beer; I'll say, Johnny decided to have a beer. And that's just the difference between you and me, and you should think a little bit of going back to a little bit of what the individual will do for him or herself and forget about what big bad society did to Johnny.

Mr. Calvert: — Mr. Minister, I find this appalling. A minister . . .

Some Hon. Members: Hear, hear!

Mr. Calvert: — A Minister of Health who first of all does not believe the very information that's provided to him. Mr. Minister, you said a minute ago that consumption is dropping in this province, and I agree that's true. It's borne out statistically; consumption is dropping in this province. But your Premier tells us we've got a rising tide of alcohol abuse. So it's not dropping among the young people of Saskatchewan apparently, it's a rising tide, and again I agree with him.

Why is it a rising tide among the young people of Saskatchewan? I submit to you, the young people of Saskatchewan are those most influenced by these ads, and the brewers and the distillers know that, they know that, Mr. Minister. Mr. Minister, you say to me, you say to this House, and you say to the people of Saskatchewan, these ads have no effect on consumption. That's what you've just been saying. They're not there to sell more product, they're just there for brand preference.

Then I ask you this, Mr. Minister: do you support your federal minister? Do you support your federal minister in his initiatives to remove tobacco advertising, to remove tobacco advertising? First it was removed from the media, from television, radio, now it's being removed from print media. Were those ads there just for brand preference?

Mr. Minister, use the same logic. If we want to deal with this problem, here is a very constructive direction to follow. Pull the ads that are being put on television by your friends in the brewers and distillers and broadcasters; pull them, and if you won't all together pull them, then I say at least restrict them. Here's a positive direction that you can undertake if you're serious in dealing with the situation.

(2145)

Hon. Mr. McLeod: — A couple of things on this, Mr. Chairman. The member makes a . . . the bridges to smoking and the advertising of tobacco. I'll say to you and to anybody, smoking, in and of itself, and the use of tobacco has been proven time and again without question to be a health hazard, whether you smoke five cigarettes or whether you smoke three packages a day, it's a health hazard regardless. Tobacco is a health hazard . . . (inaudible interjection) . . . the members over here say alcohol is not a health hazard. I'm telling you, and I believe this to be the case, and I believe it can be backed up by much statistical evidence, alcohol use — the use not the abuse — but responsible use has not been shown to be a major health hazard. That's not the case.

The member said advertising has done this. I'll tell the member that the kind of crisis that we have in terms of youth treatment is related to things like Lysol. I haven't seen it advertised on the television during the Blue Jays game — Lysol abuse which is in my constituency and some others. Glue sniffing. That's not on the TV either in terms of advertising with nice music, that the member says. Crack, something new — the kinds of things that these new innovations, that the lower life folks in society that traffic in the stuff. That's not available at the liquor store; that's not available through the government agencies — aerosol cans and gas tank sniffing and vanilla and lemon extract. Those things aren't in the advertising on television. Those things are the kinds of abuse that we're talking about when we deal with some of the very serious problems that we have, whether you want to admit it or not. So you can say all you would like about that.

So what I'm telling you is what I believe to be the case. Alcohol abuse, as substance abuse in any of these other examples, is a serious problem. It's a serious problem, but responsible use is not a serious problem. Alcohol abuse is

a disease for which there is some possibility of recovery — there's some possibility of recovery. And to make the bridge between smoking and alcohol is not a reasonable bridge.

Per cent of respondents. I've got a whole series of other statistical information here, but I'll get to it. So I just say to the . . . (inaudible interjection) . . . The member from Quill Lakes is there and I will say to the member from Quill Lakes who is now having a smoke, that is a health hazard, sir. Please put it out because you'll cost the health system some significant money at some future time.

Mr. Calvert: — Mr. Minister, you suggest that the alcohol ads that we're seeing on television — and I may say this to you, Mr. Minister — we have a five-year-old at home and we very rarely, if ever, have beer in the house. But I tell you this, I've got a five-year-old at home who can name every brand of beer on the shelf, and he's five years old. Where do you think he learned that? Where do you think he learned it? He didn't learn it out of a fairy-tale book. He learned it off television, Mr. Minister.

If you suggest to me, Mr. Minister, that these alcohol ads that are now on prime time television have no effect, have no effect on the viewing public other than somehow brand preference, then how can you suggest that your own program — which I laud and support — your own program of media ads will have the reverse effect of discouraging the abuse of alcohol and drugs? I mean, if one has no effect, then how do you suggest the other has some effect?

Hon. Mr. McLeod: — Mr. Chairman, the record in terms of the consumption of alcohol in the province, if there is a correlation, why is the correlation not shown as it relates to that period of time when alcohol advertising was permitted and from the time that it was not permitted? I'll just tell you that there is no concise and clear evidence that that's the case. You'll have to prove that, which you cannot do.

All I say to the member is, we'll go through this many times and many of the more sanctimonious will say, oh, you know, I don't have a beer in my house, and my kid knows the name of a "Blue" and "Golden," or whatever, and that's serious.

It goes back to the individual circumstances and it goes back to the individual and what you'll choose to do with your life and what your child will. There's be many more influences on him than that, I would hope, and you should be one of them — positive influences.

The member from Regina Lakeview and myself grew up in a town — and the member from Battleford — grew up in the town of Meadow Lake. You want to talk about people using and abusing alcohol. With no television, right? No television. Neither of us ever saw a television until we went to university. So there we are . . . (inaudible interjection) . . . Yes, she's the same age. It wasn't because of the . . . I should apologize to the member for that. I maybe let something slip out in terms of the member's age.

But in any case, some of the influences, if you want to use

those influences of “big, bad society,” of the things that we saw in Meadow Lake would make your hair curl, sir. It would make your hair curl. But neither of us has turned out to be a raving drunk. Okay? And many people in our community haven’t, so go ahead. All I’ll say to you is those influences which you say, bad influences, and my boy knows the names of the brands of beer — well, welcome to the real world, I say to you.

Mr. Calvert: — Mr. Minister, I came into these estimates hoping that we could have a rational and reasonable discussion about a very serious problem in this province. You stand up and suggest that it’s somehow being sanctimonious to care about young people in this province. Well I’ll tell you what would make your hair curl, Mr. Minister. If you could sit in the office that I’ve sat in for the last number of years and see what happens to families in this province who have young people trapped in drug and alcohol abuse, now that will make your hair curl, Mr. Minister.

Mr. Minister, we come into this House with a number of positive suggestions. We applaud some of the things you’ve done. We come into this House tonight with a number of positive suggestions. One of those positive suggestions involves either the removal or the restriction of this alcohol advertisement through the media, and particularly on television, and you somehow stand in this House and make light of the entire issue as if it has no importance.

Mr. Minister, I suggest that the editorial that was written in the *Leader-Post* in 1983, referred to by the United Church of Canada in its brief to your government linking the contributions of the brewers and distillers to the Progressive Conservative Party, has a great deal to do, a great deal to do with the position of your government, and that what is lacking here; what is lacking here is a commitment to the young people of Saskatchewan. Instead, we have a commitment to your political friends.

Hon. Mr. McLeod: — Mr. Chairman, the points I have made I believe them to be the case and we’ll just leave it at that. This can go on for ever. The member says, you know, in terms of caring . . . And we have had a good discussion earlier about the young people. My former profession, I have seen many of them, I have talked to many people. I have not had one — I can honestly tell you this — I have not had one person who has come to me with their specific problem of this drug abuse problem that we have in this family or whatever, and I’ve had some talk to me about that. I’ve not had one said, it was that ad on TV that made me do that; it’s from that ad on TV that has made Johnny into an abuser of sniffing glue, or whatever he’s been into, or whether he had . . . was drinking beer or whatever it was. So the problem is larger — you can say there’s a bogy man out there, and it’s big society, and all the rest of it. I’ll tell you that the bogy man out there is some kind of . . . some of these sort of self-satisfied attitudes that you project here tonight.

Mr. Calvert: — Mr. Minister, I’m going to run through a short list of some of the positive suggestions that we have made here tonight.

We have suggested here tonight that if you’re sincere as a

government in wanting to address this problem in our society and in our province, that you will begin to look at some realistic employment programs; that you as a government will develop some job strategies that are effective and can deal with this crisis in unemployment that affects Saskatchewan young people.

I suggested that you might want to look at taking more of that profit that you as a government are taking from liquor, and use more of that money for SADAC, for education and prevention. You suggested that wasn’t worth much. You have seemed to have suggested tonight that the employment thing really doesn’t have much effect.

We’re suggesting here tonight, and we’ve done it in a positive way, that you look at some full funding for referrals out of province. We’ve suggested here tonight, in a very positive way, some more socio-economic emphasis in the kind of treatment. We’ve raised a concern, and we’ll discuss it again later, about the confidentiality of those involved in treatment.

And we’ve come finally to a closing, with some debate around the advertisement of alcohol on television. You flatly have denied in this House, and no one has suggested that these ads on television somehow are the entire cause of the problem, or that they are the entire cause of the problem in one individual case, but I’m telling you, Mr. Minister, they play a role. They play a role, and people across this province agree with me, and I suspect there are members in your own caucus who agree with me. I certainly know there are some of your constituents and constituents represented by your colleagues who agree with me.

The school trustees in this province agree with me; churches across this province agree with me; educators across this province, and members on this side of the House — now will you listen, will you listen to Saskatchewan people? Will you listen to the advice of your own statistics? This is not the whole problem; it’s not the cause, the entire cause of the problem, but it’s a factor. And it’s a factor that you can address, because it’s a factor that you created.

So I ask you again, I plead with you, will you either remove the alcohol ads from the media, or will you at least look at further restrictions upon them?

Some Hon. Members: Hear, hear!

Hon. Mr. McLeod: — The member goes back and is reiterating some of the things that he — and he said at the earliest stages of the estimates tonight that he had planned to make some suggestions. I’ve heard those, and you have made some suggestions. Some of those suggestions have been, as I have said in the answers to them, have been based on a particular philosophical bent, which I say is the case, and I mean, what one would expect, in this forum, that to be the case.

Some suggestions that you’ve made, we’ve heard what you’ve said as it relates to SADAC and the treatment facilities. We appreciate those and we will need — we, I say that we being the wider society in Saskatchewan, and

those of us responsible for delivery of those programs will need all of the co-operation necessary from whatever quarter, including the opposition, as it relates to breaking this new ground in that areas of treatment of young people.

And all I can say is, further, Mr. Chairman, is that it's been a stimulating and a good discussion tonight, frankly. And I think it's getting to near that time, so would just ask, Mr. Chairman, that the committee rise, report progress and ask for leave to sit again.

The committee reported progress.

The Assembly adjourned at 10:01 p.m.