

all persons charged with traffic offences under the Criminal Code, compared with 81% in 1971.

Persons treated for alcohol-related problems are more likely to suffer from a wide variety of general health disorders. They show an excess of cardiovascular conditions, respiratory conditions, digestive conditions, accidents, endocrine and metabolic disorders, nervous system disorders, mental disorders, hearing disorders, skin disorders, dental problems and arthritis.

In 1982, there were 1,425 divorces with "addiction to alcohol" cited as the cause of marriage breakdown, which accounted for 5% of all causes. (*Statistics on Alcohol Use, 1984*, Addiction Research Foundation of Ontario.)

The number of cases separated in 1982-83 from psychiatric hospitals and general hospitals with a primary diagnosis of alcohol dependence syndrome and alcoholic psychoses was 28,156 and accounted for 592,959 patient days. In 1972 there were 35,326 separations reported utilizing 794,891 patient days. Of these separations in 1982-83, 80% were male and 20% were female with a median age of 47 and 45, respectively. In psychiatric hospitals the median length of stay was 29 days, while in general hospitals it was six days.

**Notifiable diseases** are communicable diseases which physicians are required by law to report so that public health officials are aware of possible epidemics and may determine the effectiveness of public health programs such as immunization. The data represent cases and not individuals. The rate of reported cases of tuberculosis has continued to decline throughout the 1970s and 1980s; the rate of 8.5 per 100,000 in 1985 was less than one-half of the rate in 1971 (21.2). Measles vaccine has been in use in Canada since the mid-1960s, and since the early 1980s all provinces have given measles elimination a high priority through immunization and education programs. The rate of reported cases of measles declined sharply in the early 1980s, dropping from 57.7 per 100,000 in 1980 to 3.8 per 100,000 in 1983. The increase in the rate observed in 1984 indicates that there may be a number of children with inadequate immunization. (Canada Diseases Weekly Report, Volume 12-21, May 1986.) In the area of sexually transmitted disease, the rate of reported cases of gonococcal infections has declined since 1981, from 231.4 cases per 100,000 population, to 160.6 per 100,000 in 1985, while the rate for cases of syphilis remains about the same as that observed in the early 1980s. Since the early 1980s public health officials have become increasingly

concerned about the incidence of Acquired Immunodeficiency Syndrome (AIDS). (National Advisory Committee on Aids, *Aids in Canada: What You Should Know*, Health and Welfare Canada, 1986.) AIDS is caused by a virus which attacks the body's immune system. Most persons with AIDS have been exposed to the virus through sexual contact with infected individuals, and it has occurred in a small number of people who received blood products or blood transfusions from donors infected with the virus. From the first case of AIDS diagnosed in Canada in 1979, the annual number has risen rapidly, to 329 cases in 1986. Of the 855 cases diagnosed in Canada between 1979 and December 1986, one-half have died (52%).

## 3.2 Canadian health system

### 3.2.1 Government responsibility

Governmental involvement in health in 1867, at Confederation, was minimal. For the most part, individuals were compelled to rely on their own resources and those of the family group; hospitals were administered and financed by private charities and religious organizations.

The only specific references to health matters in the distribution of legislative powers between the two levels of government under the Constitution Act, 1867 (formerly named the British North America Act, 1867) allocated to the federal Parliament jurisdiction over quarantine and the establishment and maintenance of marine hospitals, and to the provincial legislatures jurisdiction over the establishment, maintenance and management of hospitals, asylums, charities and charitable institutions in and for the province, other than marine hospitals. Presumably, this was meant to cover most health care services. Furthermore, since the provinces were assigned jurisdiction over all matters generally of a local or private nature in the province, it is probable that this power covers health care, while the provincial power over municipal institutions provided a convenient means for dealing with such matters. The provision of most health care services, therefore, has been acknowledged as primarily a provincial responsibility.

In addition to the powers of the federal Parliament to legislate in certain areas, the Constitution gave it the power to spend monies from the consolidated revenue fund on any object, providing the legislation authorizing the expenditures did not amount to a regulatory scheme falling within provincial powers. This spending power of the federal Parliament