



Canadian Student Review

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2004 Intern program
information enclosed!



A Public Newspaper?

by Peter Jaworski

A Senate committee has been formed in order to investigate a host of media-related issues. Part of the mandate of this Senate committee is to address the issue of convergence—one company or group having holdings in different media outlets—as well as the influence that advertisers and owners of media outlets have over the content of the news.

One of the suggested solutions to these two problems (and most people view these things as problems) is to expand the CBC’s mandate to include a newspaper edition. This idea, trumpeted by former CBC

chairman Patrick Watson, received some marked kudos from Senator LaPierre.

“He is a genius,” proclaimed the senator, referring to Watson. I was there for this particular committee meeting held a few weeks ago—biting my tongue as the senator continued wondering aloud whether or not advertisers and owners have too much sway over the media, and suggesting to the committee that, really, what is needed is a CBC-like newspaper, funded by the government in order to avoid all of those commercial necessities.

Contrary to the good senator’s proclamation, the idea isn’t “genius.” It is, instead, well, “confused”—and for a number of reasons.

The first confusion is logical: if the problem with contemporary media outlets is due to convergence, then the same problem should exist whether it’s an independent or government-funded newspaper. If it’s such a bad idea for

continued on page 9

Welcome!

This issue of CSR provides a lot of reading for the holidays! We are pleased to present the high school category winners of the 2003 Student Essay Contest, who were tied for first place. Also featured: articles on public ownership in the media, education, teachers unions, and safe injection sites. Enjoy!

We would like to thank the Lotte & John Hecht Memorial Foundation for their generous sponsorship of this publication, which is distributed free of charge to students and campuses across Canada.

—Vanessa Schneider, Editor

Inside...

Let Teachers Choose	3
Does Free Money for Students Really Help?	4
How Can the Market Improve Health Care in Canada?.	5
Market-Based Systems: Vital to the Survival of Health Care in Canada	7
Safely Shooting Up with Illicit Drugs?	10

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Call for Submissions

We are looking for well-written, interesting articles on Canadian public policy, written by students like you! Send your 500- to 700-word article to The Editor, CANADIAN STUDENT REVIEW, 4th Floor, 1770 Burrard Street, Vancouver, B.C., V6J 3G7

Let Teachers Choose

by Keith M. Godin

There is a clear difference between the levels of investment and productivity in unionized firms and non-unionized firms. It's not a huge leap of faith to expect similar effects in the public sector, including education. This unionization effect may be dissipated if teachers were allowed to choose whether or not to join a union.

A simple investigation into productivity differences between unionized and non-unionized workers reveals that for the most part, unionized workers are less productive than their non-unionized counterparts. Maki (1983) and Eakin (1994) reported a negative effect on total productivity for unionized workers. This comparison is even more profound when worker choice is introduced. In the United States, 22 states have passed laws known as right-to-work laws that prohibit any employer from making union membership and the remittance of union dues a necessary condition of employment without the employee's written consent. In the states where workers can choose whether or not to join the union, the average annual growth in the real gross state product from 1977-1999 was 3.4 percent for right-to-work states versus 2.9 percent for non-right-to-work states (Wilson, 2002, p. 13).

A teachers' union has monopoly bargaining power, which means that the union bargains on behalf of all teachers, and ensures that every teacher is subject to the same contractual provisions, including levels of compensation. This approach to ne-

gotiating pay has two primary effects on teacher productivity: 1) teachers have little incentive to perform well if wage increases are based on seniority rather than performance and if it is difficult for administration to discipline for poor performance; and 2) good teachers have no incentive to enter into a system that does not reward a higher degree of performance relative to other teachers. Ultimately, educational quality suffers in the presence of a union with monopoly power because pay is linked to seniority and credentials rather than improved performance.

A powerful teachers' union that succeeds in increasing compensation for its membership will increase government spending, provided cuts are not made elsewhere, and place restrictions on government spending for other school inputs, such as physical capital (buildings, books, computers, etc.), special programs, and extra-curricular activities. In other words, more union power increases school spending but worsens the quality of schooling. Many scholars have researched the impact that union power has had on educational quality, most notably Harvard professors Caroline Hoxby and Robert Barro. Barro goes so far as to claim that if teachers' unions were prohibited, school expenses would fall, and school quality would rise—the only losers would be the unions and some teachers. Teachers would surely gain, however, in their roles as parents and taxpayers (Barro, 1997).

Giving teachers the choice to opt out of union membership will lead to increased productivity and ensure pay is based on performance. Teacher productivity, primarily measured through student performance, will generally increase because good teachers will have an incentive (superior compensation) to enter the system and current teachers will also have an incentive to perform well. Clearly, some less productive teachers will—and rightfully should—experience a reduction in pay.

This is not to say that unions will cease to exist. On the contrary, teachers would have every right to join a union and collectively bargain as before. However, providing the choice of whether or not to join a union, especially in an occupation where there are various skill levels, allows teachers to be paid based on their level of productivity, which ultimately results in better quality education.

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Does Free Money for Students Really Help?

by Jordan Bell



Government assistance to education has absorbed my attention recently. Going to university in the fall, and studying French in the summer, I have noticed opportunities to receive free money. They are available for merit (scholarships) or need (bursaries), but it strikes me: does a student's dedication to education decrease when their education is subsidized or paid for? Several considerations should be made.

When someone pays for something, they tend to have a greater commitment to using it fully. If you buy a concert ticket, likely you have considered the gains and costs involved in the decision and reasoned that the expense is worth the pleasure you will take from the event. If there is a government agency that subsidizes concert tickets for those people who really enjoy music (viz. scholarships) and those people who do not have the money for a ticket (viz. bursaries), the person might not enjoy the concert to a degree that justifies the expense. The same goes for education. When I take a course that I pay for entirely, such as driving school or some private enrichment course, I balance its expense with its benefit. Government assistance prevents this equilibrium between cost and satisfaction.

If education is not subsidized by the government, people are more likely only to enter areas that offer clear job prospects, and which pay enough to offset the expense of education (Heckler, 1996). If someone pays for driving school, it is because they can see the benefits of developing those skills; if there is a unicycle school that happens to be subsidized by the government, many people will enter who never would have paid for it themselves. They would not have paid for it themselves because the benefit they would extract from the course would not have been enough to justify paying its tuition. This means that, in the abstract, government assistance to education can orient people's studies to areas that do not have obvious and well-paid jobs, and that the public is subsidizing education that is not justifiably useful for the student or society.

An argument for government assistance to students is to produce qualified workers that are demanded by industry. The workers that are in demand by industry are those that have dedication to work—the same people who are capable of qualifying for private, merit-based scholarships, or for student loans. After the completion of education, students with skills demanded by industry are capable of paying student loans, which

counters the need to provide free money in government bursaries and scholarships. Another argument for government student aid is to foster learning for the sake of learning. It is true that liberal arts are valuable, but the expense of funding education for students without clear job potentials is unjustifiable and gives little benefit to the rest of society. A person trained in the liberal arts does not, for the sake of being trained in the liberal arts, offer anything to society.¹ If they write, direct, design, or produce, it is different; these skills lead to employment that offers the money to pay back student loans. Funding education for the sake of education is unjustifiable in the same way that funding trips to Europe for students would be—the experience gives someone a broader perspective on life, but that does not merit the donation of private citizens' tax dollars to it.

Fundamentally, if an experience is worthwhile, people will pay for it. Indeed, there are arguments in favour of government assistance to education. They simply do not justify directing money from taxpayers to students for the purpose of education as such. When students pay for their own education, they will aim their

continued on page 11

1 "Some would argue that even if you intend to continue the family's dry cleaning business or become a carpenter, you would be better off with a Classical background" (Gill, 2003, section 2). Although education without a clear vocational directional can make someone a "well-rounded" person (Gill, 2003, section 2), making people well rounded, except in exceptional cases of significant psychological problems, is not a government duty that merits the use of public dollars.

How Can the Market Improve Health Care in Canada?

by Riley Young

The marketplace is dictated by supply and demand. According to Webster's dictionary, demand means, "the amount of any commodity that people are ready and able to buy at a given time for a given price." The post-war baby boomers make up the majority of the population today. As this group ages, their medical needs will increase, which will increase the demand for special facilities, surgery, diagnostic tests, etc. within the health care system. At present, the supply is not able to keep up with the demand, which results in a long wait list for procedures. In Canada, the public health care system came into effect to provide universal and accessible health care to all people. With the advances in surgical techniques, transplants, and synthetic replacement parts, people are now able to live a better quality of life as they age. The costs of these services keep rising because there are more procedures being done within the medical system than it was initially designed to provide. As the needs of the population change and technology advances, it is clear that a single health care model cannot work.

The government has a monopoly over most aspects of health care. Patients may choose, with some difficulty, which government hospital they go to for their health services. Information is not readily available on the differences between hospitals in quality and effectiveness. This prevents patients from making an informed decision about which doctor

or hospital to choose. The lack of accountability within the health care system results in funds being spent in areas that do not directly improve patient care. Over the last few years, the quality of care has gone down in the public hospitals because of funding, but also due to lack of competition. If each hospital had to compete to get the business, measures would

There are an endless number of ways to improve Canada's health care system.

be taken to ensure that the standards of patient care were higher. Patients should be able to choose the doctor and the hospital for their own merit, just as a consumer decides which store to purchase an item from and which hotel to stay in. A Montreal lawyer is presently arguing this in the Supreme Court of Canada. His argument is that patients have a constitutional right to pay privately for certain services, which will ultimately make more resources available to the public system (McGinnis, 2003).

The Canadian health care system shares many similarities with those in Australia, New Zealand, and many western European countries, but services in those countries are less costly to provide. Sweden, France, Australia and Japan all have patient

user fees, private insurance, private clinics or hospitals, and are able to provide better access to diagnostic machinery and physicians than Canada. "Most other members of the Organisation for Economic Co-operation and Development have health systems wherein health care is provided according to resident's needs" (Wagstaff and van Doorslaer, 1992). Their successful health policy solutions are based on these needs and allow patient choice to create the market. Each of these countries outperforms Canada on "the combined measures of potential years of life lost to disease, disability free life expectancy, and breast cancer mortality" (Esmail and Walker, 2002). Many of these countries often publish a national health care report card, which compares services within their system. Canada spends more to operate the medicare system; it is the "fifth highest spender on health care in the OECD, and yet ranks near last in any comparison of technology" (Esmail, 2001). User fees would help prevent many individuals from going to the doctor for the common cold, which would lower unnecessary billing by the doctor. This would leave more dollars in the health care system to be spent on patient care, should that type of market-based reform be adopted in Canada.

The market right now seems prepared to pay additional fees in order to receive better health care. Several private clinics have opened up throughout the country to satisfy the

need and are being used by paying individuals and private insurers. Worker's Compensation Board uses these services to provide prompt service to injured workers, which will put them back to work more quickly and ultimately put more dollars back into the system (Fayerman, 2003). Immediate availability of surgery results in lowered costs to society for extended hospital stays; lower number of sick days taken from work; shorter period of time (and cost) that the patient is taking medication; shorter stress period for family members; shorter recovery and physiotherapy period; and fewer follow-up visits to the doctor. Paying extra for medical services does not mean that those people who are unable to afford this will not receive medical treatment. On the contrary, it will shorten the waiting list in the public institutions because patients who were able to afford the private clinic would then be taken off the waiting list of the public hospital.

Pricing is determined in the marketplace by what people are willing to pay for goods and services. Competition usually results in lower prices, improved quality, and a shortened waiting period for surgery. The six-month wait for cataract surgery in Alberta resulted in doctors losing patients to private clinics who could operate sooner. These patients went back to work more quickly, which in the long run saved the public system money. Alberta's waiting time for

cataract surgery in 2001 was 16 weeks, the third shortest of any province in Canada; yet other provinces have been slow to change their systems (Walker, 2001). An example of how competition affects cost and quality is in the optical business. The cost of eyewear and contact lenses has gone down while the quality of them has gone up because manufacturers have to compete for every single customer instead of it being under the control of the government. If the government would act on that and allow private services to compete for business, the cost of medical care and equipment would also drop. This is also shown in the pharmaceutical industry, where prices are lower when patients are able to make their own choices.

There are an endless number of ways to improve Canada's health care system. We must look around at other countries and observe what they have done to make their systems work. The changes that Canada must make do not require abandoning some aspects of health care. Competition is the answer to many of the country's health care problems because quality goes up and costs go down when companies compete for business. Less government control means that businesses are free to run their operations with accountability and tighter financial controls. A solution for the combination of public and private health care would be to ensure each doctor in a private clinic

works at least 10 hours a week in the public system. That would eliminate the idea that the best doctors would be lost to the private system. To reduce the waiting list further, the government could make sure that operating rooms and diagnostic equipment are used 24 hours a day, with the new funds within the system. Each person using a private clinic could receive a federal income tax credit, which makes the choice an equal playing field because the less well off will not benefit more than the wealthy.

If Canada wants to provide a more successful health care system, it must follow the advances that more successful countries have initiated in their health care systems. These market-based reforms to health care would cost Canada less in the long run, both in terms of money and undesirable health outcomes.

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Letters to the Editor

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4th Floor, 1770 Burrard Street, Vancouver, BC, CANADA V6J 3G7
We will print the best letters in future editions of *CSR*.

Market-Based Systems: Vital to the Survival of Health Care in Canada

by Jasmine Rafael

Each nation has both the obligation and fundamental goal of ensuring the well being of its citizens. The ability to achieve and sustain an overall superior health status among its members is shaped by a country's ability to manage its own health care system, to set goals for the future of its health care, and to readily fulfill these goals. In Canada, it is believed that the foundations for achieving a respectable health care system are those which "create, reflect and symbolize many of the values that Canadians see as defining who we are" (Schafer, p. 25; Walkom, p. 1). Despite the virtue of this belief, Canada's health care system, which operates on this principle, continues to suffer. The introduction of a market-based health care system is strongly opposed by most Canadians whose main fear is that it will eventually eliminate equal access to "a fundamental human right" (Schafer, p. 13). However, nations whose health care systems operate through the market attest otherwise. In comparison to Canada's public health care system, market-based health care systems in other countries are proving that applying market principles to health care can vastly improve the efficiency, quality, and accessibility of health care.

One of the main reasons why Canada is experiencing an upsurge in costs for health care is due to the lack of efficiency within the system. Canada's health care expenditure is

amongst the highest in western nations, and spending is expected to increase due to an aging population and technological innovation. Policy-makers in a regulated system, as Canada's is, are attempting to remedy this problem by suggesting that coverage be extended to medical services such as home care and pharmaceuticals. They claim that while this approach would increase costs in the short-term it will significantly reduce costs in the long-term (Baillie, 1999). On the other hand, countries such as Sweden, whose system of care is similar to Canada's, are seeking help from the market to help lower costs. They have adopted marketing schemes and are relying on the principle of consumer sovereignty and competition to ensure that resources are allocated efficiently.

The problem with the proposition of extending the coverage of services in Canada is that it would not only increase the cost of health care, but as health care grows, inefficiencies within the system will arise. The potential diseconomy of scale that can evolve from an expansion of medicare is the difficulty in managing the various sectors of a large system. Without the proper decentralization of authority there is no accountability, which results in "misplaced priorities and the poor allocation of resources" (Baillie, 1999). Consequently, the inefficiencies within the system accumulate and the cost of health care rises.

Conversely, by integrating the market into health care, Sweden is enjoying a more efficiently operated health system. The introduction of the "Diagnostic Related Group (DRG)" price mechanism in Sweden has dramatically changed the way health care is delivered. Placing a price on hospital treatment provides an incentive for health care providers to "improve their performance and to shift the system's focus to the needs of health-care consumers" (Frontier Centre, 2003). Since implementing the DRG price mechanism, productivity has increased by 19% (Frontier Centre, 2002). Hence, without competition, caregivers have minimal incentive to effectively produce services; this will ultimately compromise the quality of health care provided to patients.

The debate over which system is able to provide higher quality services to its patients favours a more market-based health care system and provides a motive for pursuing this type of system. This is largely due to the fact that incentives are present when operating in the market. Through competition, doctors and nurses have an incentive to work and earn rewards for their practices. In addition, doctors and nurses are willing to provide their patients with effective treatment, thereby increasing the quality of care that patients receive. The current health care system in Canada needs to seek ways to enhance the quality of services that it

distributes to patients. Canadians should expect to receive high quality health services each time they use the system. Moreover, with an aging population, the demand for services accompanied by high expectations in the quality of care will require greater financial support from the government. If there is a lack of funding by the government, the quality of care becomes difficult to maintain.

In public systems, there are few incentives for physicians to provide superior care to their patients. In Canada's current system, most doctors and nurses are under massive pressure to deliver high-quality services to large numbers of sick patients. This is one of the reasons why Canada is facing a shortage of physicians. Many doctors and nurses are practicing elsewhere because they do not want to have to deal with the pressures of practicing in a public health care system. In countries such as the United States, at least in urban areas, there is an adequate supply of doctors to provide treatment and meet the demand for health care services. The supply of physicians a country is able to provide to its citizens can have a significant impact on the quality of health care it is able to deliver. In addition to improving the quality of health today, more emphasis should be placed on the quality of services delivered in the future. "The percent of Canadians over the age of 65 is expected to double with the next 30 years, from the current 12 percent of the population" (Gratzer, p. 6). Canada can learn from Singapore and develop a system, referred to as *capitalization*, in which individuals invest in the future of their own health care rather than having to pay for public services, which is mainly used by the elderly and sick (Gratzer,

p. 6). In addition to providing quality health care services in the future, such a system can also be very cost efficient.

Opponents of a market-based system claim that adopting a more private-based system will downgrade the quality of services, especially for those who cannot afford to pay for them. Furthermore, the issue of accessibility becomes a concern. However, in Canada, patients are already being denied access to care due to growing waiting lists for treatment and diagnosis. In a single-payer model, like Canada's health care system, funding provided by the government is restricted by provincial budgets that are prone to fluctuations in the economy. Consequently, when a high volume of care is needed, the government will attempt to contain "runaway costs" by restricting the volume of care (Frontier Centre, 2003). This often creates shortages in services, which ultimately lead to waiting lists.

The effect of putting a ceiling on the volume of care is a shortage in the quantity of service supplied compared to the demand for care. This shortage translates into increased waiting lists for patients.

Many opponents of market-based health care argue that making medical services open to the market can endanger accessibility and lead to discrimination against low-income individuals. By making medical services open to the market, citizens are encouraged to obtain private insurance. Critics argue that it is often low-income, high-risk individuals that are vulnerable to discrimination by private insurance companies through high premiums. In Switzerland, where this type of system has been applied, the Swiss government

managed to counter this drawback by establishing a regional fund to which insurers must contribute a portion of their premiums. Insurers with a larger portion of less healthy, high-risk members receive contributions from the fund. This, in turn, compensates for the higher financial risks involved in insuring their members. Hence, insurers with healthier members help finance those with less healthy members, thereby ensuring that everyone, even low-income individuals, will be able to obtain coverage (Gratzer, p. 2; Belien, p. 1). This type of system not only provides a resolution to accessibility in a market-based system of health, but it would also enable Canadians to benefit from the advantages of a market-based health care system such as a higher quality of care with reduced waiting lists.

Finding a suitable approach to improving health care is a major concern facing policy-makers around the world. As each nation establishes its own goals and policies regarding the future of its health care, it is also expected to be proactive in pursuing these goals. Although there is no systematic approach that will successfully reduce costs, ways to alleviate the impact of these costs to health care is to plan ahead, keep pace with the growing demands and costs within the health care system and ensure the efficient allocation of resources. This can be achieved through knowledge of market principles and the utilization of these principles to improve the cost containment dilemmas. In Canada, integration of the market will inevitably result in tradeoffs. In order to achieve efficiency within the system, comprehensiveness must be forgone. Furthermore, the role of the market

is essential to ensuring that Canadians receive high-quality services. This can be achieved through innovation resulting from competition. Long waiting lists and a deficiency of doctors are issues that must also be addressed by Canadian policy-makers. The subject of health care reform is a major concern in Canada. The reforms that are vital for attaining and upholding a national health care system in Canada requires co-operation from the government, and a willingness to accept change by its citizens.

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A Public Newspaper?

continued from page 1

the Asper family to control a host of television and print news outlets, what, pray tell, would make it such a good idea for the CBC to do the same?

The latter question rolls us into the second confusion: the idea that a government-funded institution will be free of influence. Whoever funds the paper gets a say in its process. Hoopla about all of us being funders since it's a public institution and so on ignores the fact that it isn't us who make the decisions, but the politicians who we elect as our representatives. This CBC newspaper won't be responsible to you or me, but to the department, bureaucracy, or committee that decides its funding levels. Ultimately that means a few politicians, or high-level bureaucrats, will have input. That's influence.

And the fact that these bureaucrats will have access to this new newspaper's editors means that they will have similar opportunities to bias the news as private media moguls do. Except it's worse because, in the case of the latter, we don't have to participate in the sham—we can choose not to buy the *Toronto Star* or the *Globe and Mail*, or we can tune out Global and CTV—whereas with government-funded enterprises, we have no choice about participation. After all, government-funded means tax-funded, and taxes are hardly optional.

Nebulous notions like "public interest" don't do much from the standpoint of policy either since everyone from Jack Layton on down to David Ahenakew can claim it as their motivation. Public interest is notoriously devoid of content, able to capture under its tent all types of people with vastly differing ideas of where this country should go from here.

And let's not forget that just because you call something "public interest" doesn't make it so—what Thomas Sowell dubbed the fallacy of defining something by its hoped-for results.

What we are left with is the idea of a publicly-funded newspaper which in some ways is no better than a privately-funded one, and in many ways substantially worse. After all, every dollar spent on this venture is a dollar that could have been spent on something else. And we simply have bigger fish to fry. ☞

Safely Shooting Up with Illicit Drugs?

by Todd Krohman

[Editor's note: Many individuals and groups that believe in personal liberty and responsibility, including The Fraser Institute, the Cato Institute, and Milton Friedman, have written and published research arguing for the liberation of drug laws. They argue that problems associated with the drug trade are made much worse because of the current legal structure. This article presents the other point of view.]

Canada's national drug policy, or the lack thereof, has provided contradictory messages about the use of illicit substances in our communities. Despite Canadian law against the use or possession of illicit drugs, the Canadian government is supporting harm reduction initiatives such as so-called "safe" injection sites. A positive, ethically consistent, and viable long-term drug policy and strategy that includes prevention, treatment, rehabilitation, and enforcement is desperately needed in Canada in order to promote safe, enriching, and healthy communities we can all cherish. The use of illicit drugs affects users and non-users alike in profoundly negative ways, including individual and social costs of reduced productivity at work and school, illnesses, accidents and injuries, poverty, increased crime rates, and the negation of values and ethics central to Canadian culture. Official validation of drug use will ultimately harm both drug addicts and our society irreparably. Sweden is among the European countries that have rejected

pandering to drug use ideology. Instead, it enforces laws that curtail illicit drug use, and couples those laws with treatment on demand. The Swedish experience is one of courage and hope. Canadians deserve a similar drug strategy and policies that strive to minimize illicit drug use as much as possible in order to promote a safe, healthy, and productive lifestyle.

The Special Parliamentary Committee on the Non-Medical Use of Drugs released its report in early December after 18 months of consultations across the country, the United States, and Europe. After investigating the substance abuse issue in Canada with the goal of producing a *National Drug Strategy*, the Committee recommended the implementation of so-called "harm reduction" initiatives including government-run injection sites, heroin treatment centers, and needle exchange programs. This recommendation, which was supported by the NDP, Liberal, and Bloc committee members, is a white flag of surrender. Rather than deal with illicit drug use decisively and compassionately, Canada's federal government instead is saying, "If you're going to use illicit substances, just do them over there." In contrast, a positive, concrete, and viable drug policy and strategy would include prevention, treatment, rehabilitation, and enforcement. It would take strong and tough action against substance misuse and those who promote it, sending a message to young people and to Canadians of all ages

that leading a healthy, safe, and productive life is a value worth defending. Validating drug abuse will have an increasingly disastrous effect on our society. Canadian youth are trying marijuana and illicit substances at an ever-younger age. Drugs such as cocaine, speed, crystal methamphetamine, heroin, and ecstasy are now frequently used by the age of 14 or 15, according to the Lower Mainland Youth Drug Use Survey. The devastating effects of

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these drugs on young people, as well as on their families and communities, demand that all levels of government and youth service providers take coordinated action to defend our youth against the ravages of drug abuse. A National Drug Strategy worth its name would have as its objective the reduction of the use of drugs of abuse. It would include programs enabling youth to learn from their peers the consequences and causes of drug abuse. Peer education is an effective tool in reducing bullying in secondary schools and can be

effective in reducing drug abuse as well. Treatment, including coerced treatment if necessary, has been proven repeatedly to be the most effective approach to addiction. Detoxification and treatment facilities are, however, under-funded and face further budget cuts, while money is somehow found to set up and run sites where addicts will self-inject toxic chemicals, apparently with society's blessing and approval. This is truly a travesty. Funding should instead be directed towards health-promoting initiatives and facilities including detox centers, rehabilitation centers, and support programs delivered in a cost-effective manner with partnership between public and private agencies and organizations. British Columbia needs 200 youth detox beds, but instead has 14 beds for the entire province. BC needs at least 1,000 adult detox beds, but has closer to 100. When people, including our youth, want help to stop us-

ing dangerous drugs, they usually can't get that help in time. The best "harm reduction" is to help drug abusers achieve detoxification and abstinence. Treatment on demand is the best way to reduce the number of deaths due to overdose and cases of HIV/AIDS and hepatitis C. Enforcement, as part of a strategy to deal effectively with drug abuse, would help ensure the effectiveness of community programs. There are, in British Columbia alone, thousands of people recovering effectively from addiction to alcohol and other drugs and it is their example that must be promoted, not a policy of enabling and despair. The aim of Canada's national drug abuse strategy must be, in a partnership of public, community, and private organizations, to help those abusing or addicted to drugs to achieve abstinence, recover physically and mentally, and become fully functioning, self-supporting, and self-confident members of society. ☞

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continued from page 4

studies to areas that give them jobs, and jobs that pay enough to offset their educational expenses. They will be more dedicated because they will have made the calculation between expense and benefit, which is different than the current system of government assistance. In a system of education in which government assistance is reduced, it will be seen that "That government is best which governs the least, because its people discipline themselves" (attrib. to Thomas Jefferson). This discipline is the discipline of individual choice, which is produced by balancing costs and benefits. Let us each find our own equilibrium.

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