Standing Committee on Health

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Chair

Mr. Bill Casey

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● (1530)

[*English*]

The Chair (Mr. Bill Casey (Cumberland—Colchester, Lib.)): Ladies and gentlemen, I call the meeting to order, and I welcome our guest, Mr. McKinnon.

We have a little housekeeping to do here on a couple of things.

We have two panels today. We have the proponent of Bill C-224. I'm going to propose that he speak for five minutes and that we then have a 28-minute round of questioning. Then we're going to take a small suspension and have our second panel. I propose that they have five minutes each, and that we have rounds of questions for 51 minutes.

Does everybody agree with that? That's a little change from our normal format, but we have two panels.

All right. Mr. McKinnon, the floor is yours for five minutes, and then we're going to question you for 28 minutes.

Mr. Ron McKinnon (Coquitlam—Port Coquitlam, Lib.): I'm looking forward to it.

Mr. Chair, I want to thank you and the committee for so proactively taking up this study so we can deal with it before we adjourn for the summer.

The bottom line is that the Bill C-224, the good Samaritan drug overdose act, is intended to save lives. We need to find a way to save precious time and get this bill through the legislative process, and this proactive study is certainly a help in that direction, because we need to start saving lives and preventing the deaths of countless Canadians. I recognize your interest and effort in moving this legislation forward.

This bill is a simple amendment, as you know, to the Controlled Drugs and Substances Act. In order to save lives, we are adding three paragraphs that will have a great impact. It provides an exemption from prosecution for simple possession when a reasonable person believes that emergency medical assistance is required in the event of an overdose. It does not provide protection for offences such as trafficking, or outstanding warrants, or any of a myriad of other possibilities. It's focused simply on possession.

We kept it focused so narrowly because we felt, and continue to feel, that extending it too far and too broadly potentially would make it difficult to pass. Keeping it sweet and simple, we believe, is a recipe for success, besides which, extending the exemptions would require considerably more study and is probably beyond the scope of what a private member's bill should try to accomplish.

At second reading, I spoke of two young men whose lives ended far too early. They died because no one called 911 soon enough. No one called for help for one reason only: they were afraid that they would get into trouble. They were afraid that they would get charged with possession or have to deal with the police, and they were scared. Delay of course in a situation like this means death.

It's a story that is far too common. The largest barrier to calling for help during a drug overdose is fear of criminal prosecution for simple possession. Bill C-224 intends to remove that barrier. This bill is intended to make it okay for you to call for help.

Later today, you will hear from the Waterloo Region Crime Prevention Council, whose report factored very heavily in my own presentation earlier. In their 2012 report on the barriers to calling 911, they reported on a study showing that 46% of the respondents, in the absence of a law such as this, would either not call for help or would call and run. That's problematic in a number of ways. Certainly, if they call and run, for example, there's no one left to help the first responders find the person or to inform them of what the problem is that they're trying to deal with. Again, it means delay, and it potentially means death, and that's tragic. That's why we've introduced the Bill C-224, the good Samaritan drug overdose act, which is now before this committee.

We have had feedback from law enforcement agencies and first responders who are very, very supportive of the principle of this bill. In fact, Port Moody's chief constable recorded a video, complete with logo, uniform, and all that stuff, in support of this bill. A number of first responders—paramedics, firemen, and so forth—have also signified their support. That support also includes faith-based organizations in the community, which have given similar testimonials, and politicians from all levels of government, including the municipal, school board, provincial, and federal levels.

Governments across Canada have expressed their support. I've received letters supporting this bill from the health ministers of British Columbia, Alberta, Saskatchewan, New Brunswick, and Nova Scotia. Of course, as mentioned earlier in previous speeches, many states in the U.S. have legislation of this kind. At last count, 36 states plus the District of Columbia have similar legislation on the books, and these laws work. In 2010, the State of Washington passed similar legislation. A study in that state reported that 88% of respondents said they would call for help because of the protection in law.

● (1535)

Currently, overdose deaths are happening at alarming rates. For the period of January to May 2015, in British Columbia, we had 176 deaths, and last week, the B.C. Coroners Service said that this year, in the same time period, there were 308 deaths. That's over two a day, on average.

I think I'm out of time, so I'll call an end to it right there.

The Chair: Thank you very much, and thank you for the bill. I'm sure we're going to have some interesting questions.

Dr. Eyolfson, you're up.

Mr. Doug Eyolfson (Charleswood—St. James—Assiniboia—Headingley, Lib.): Mr. Chair, I'd like to thank Mr. Kang for surrendering his time so that I might ask some of these questions, given that I've been involved in this bill as well. Thank you for bringing this bill up.

The first question I have is whether you would agree that the sooner this legislation is enacted and implemented, the sooner it would save lives.

Mr. Ron McKinnon: Absolutely. One of the things I've come to realize since coming to this place is how terribly long it takes to get anything through Parliament. The sooner we can bring one of those steps to fruition and move it along, the better. The sooner we can get this proclaimed into law, the sooner we'll start seeing lives saved.

Mr. Doug Eyolfson: All right.

Would you be able to comment on the stigma of drug use and how that can be a barrier to calling 911?

Mr. Ron McKinnon: I've certainly seen that in and around the community. People are afraid to call the police and have themselves become known persons. It inhibits them from making those calls. There's a general fear of being involved with police, with the authorities, in case they get charged with an offence. There is definitely a stigma.

Mr. Doug Eyolfson: Do you think this legislation will lessen some of that stigma?

Mr. Ron McKinnon: I don't think it will lessen that stigma, but I think it will reduce the fear of calling 911 for help.

There's a societal stigma about drug use, but there's also the fear of being charged, the fear of consequences. This is really orientated more towards the fear of consequences, the fear of being charged and being introduced into the legal system in a bad way. I think it will help with that issue, absolutely.

Mr. Doug Eyolfson: We've heard about a rise in fentanyl-related deaths in British Columbia, in particular, and how a state of emergency was actually, a short time ago, declared. How urgent would you say the situation is elsewhere in Canada?

● (1540)

Mr. Ron McKinnon: I have data for British Columbia. I have anecdotal information through the newspapers and so forth for the rest of Canada.

There was recently, I believe, a big bust for W-18 in Edmonton with enough product there to kill the entire population of Alberta many times over. We have seen drug overdose deaths across the country, in rural communities and urban communities, from coast to coast to coast. I think it's a real problem everywhere.

Mr. Doug Eyolfson: Do you have any concerns that a bill like this would encourage people to do illicit drugs? Do you think there would be any possibility that drug use would be increased because of this?

Mr. Ron McKinnon: Absolutely not. This really only addresses the emergency cases where people are in circumstances they didn't expect and their buddies, their friends, the people they're socializing with perhaps, are overdosing. All the symptoms are fairly obvious, I understand. They know when their friends are having problems. Many times in those kinds of circumstances, they just freeze up or they dither and they text and try to do anything they can to solve it on their own, but they don't call for help, because the authorities might get involved. It's not conducive to a successful outcome.

Mr. Doug Eyolfson: Thank you.

The Chair: Dr. Carrie and Mr. Webber are going to share their time.

Mr. Colin Carrie (Oshawa, CPC): Do we have enough time for two rounds between us?

The Chair: You have three and a half minutes each.

Mr. Colin Carrie: First of all, I want to thank you, Ron, for bringing this issue to the committee. We supported your coming to committee with this issue.

I do have some important questions. First of all, in your opening statement, you said people who have a fear of simple possession may not report it. When you're talking about simple possession, it kind of minimizes that because the drugs these people are using, would you say they're dangerous drugs?

Mr. Ron McKinnon: Absolutely. The fact that people are overdosing from them certainly underscores that they are dangerous.

Mr. Colin Carrie: The idea would be to have people who are using these drugs get some help, right?

Mr. Ron McKinnon: Correct.

Mr. Colin Carrie: That's the whole idea.

I'm a little concerned. You mentioned that Washington state has had a law since 2010, right?

Mr. Ron McKinnon: That's my information, yes.

Mr. Colin Carrie: I think you said 86% would call if they knew that this was in place. What actual evidence do we have in jurisdictions that have these good Samaritan overdose laws to support the belief that the laws are actually increasing overdose reporting?

What I'm talking about here is the actual reporting, because we could say that 86% of people surveyed would call. Who are we talking to? To whom are we asking those questions?

My bigger question is, did people actually call? Are we seeing an increase in the reporting, or is it just people saying they would if they weren't going to get prosecuted?

Mr. Ron McKinnon: In the study I mentioned, I think it was 88%, but it was a study among drug users, that they would make that call. That was the number that was reported in the Waterloo Region Crime Prevention Council report. The report mentioned that addressing the barriers of calling 911 is the number one cause. They cited numerous statistics.

I can't table that report at this point because it's only in English, but there have been calls for this type of legislation by the Canadian Drug Policy Coalition and the City of Toronto. In fact, this very committee in 2014, in its last session, issued a report recommending that such a policy be considered.

I heard a rumour that there's a report coming out from New York imminently that will show this kind of information, but I haven't seen this report.

Mr. Colin Carrie: That's why I'm digging a little bit more here, Ron. I believe the Waterloo people are coming a little bit later and maybe I can ask them this question again.

All of us around the table would agree that people who are going to be calling might be in a situation where they could be impaired themselves with certain drugs or alcohol. Their judgment may not be very good anyway.

What I'm curious to note is...Your proposal does sound good and everybody would like to see what we can do to save lives, but it's also important for this committee to actually take a look at the evidence and to see if there is any evidence to support that people are actually calling more. We would like to see some statistics.

If that New York report that's rumoured to be coming out comes out, that's great, but we're trying to make a decision around the table today and see what evidence is out there today to ensure that.

What we would do, I guess.... Is it okay if I defer those questions? Would you like me to defer those questions until we hear from the Waterloo region people?

● (1545)

Mr. Ron McKinnon: Absolutely. We have certainly in our effort and work around this bill talked to many people in the drug.... We've talked to many clients of Insite in Vancouver, if you will. We have video testimonials from many of them who have told us stories of the very kind of thing that we're trying to address here.

Whether it's one person or a thousand people who would call, if one person calls because of this legislation and saves a life, it's worthwhile. This bill costs nothing. It risks nothing. It harms no one, but if it saves one life, it's well worthwhile doing.

Mr. Colin Carrie: As I said, we're all about saving lives, but what I'm trying to figure out is if there's any hard data that actually supports this. Sometimes we as politicians do things that are well meaning. I'm curious to note if there are any unforeseen consequences in other jurisdictions where they've enacted this type of legislation.

Have you done any consultations with any law enforcement agencies? Do they support the bill? Could you explain to us if they would support the bill?

Mr. Ron McKinnon: I mentioned the chief constable for Port Moody, which is one of the cities in the tri-cities area that I represent, but I don't actually represent that city. They are a local police service. I talked to the chief constable and the mayor at the same time. They're both very supportive of the bill. As I mentioned, the chief constable issued a video statement to that effect, as well.

We've talked to the head of the detachment of the RCMP in Coquitlam. He has indicated that he likes the bill. He can't indicate formal support, because of course he's part of a larger police organization. To get that support, you have to go to the top of the chain, which would probably be the commissioner, and we have not done that.

In terms of the Vancouver police service, we have not closed that loop with them at this point. However, they do have a long-standing policy of not responding to overdose calls unless there's a clear need for a police presence. They believe that this will help people to make the call, that they won't be as fearful of a police presence and legal consequences if they make that call. I think that policy underscores their belief in the principle.

Mr. Colin Carrie: Were you able to get in touch, though, with any jurisdictions that actually have a law like this in place? You mentioned that in Washington state it's been in place since 2010. That's about six years. Were you able to get in touch with any law enforcement people down in Washington state to see if we have any verification?

Mr. Ron McKinnon: I have not, no.

Mr. Colin Carrie: I respect the opinions of people on the ground, law enforcement officers, but if you talk to a lot of different ones, you get as many opinions from law enforcement officers as you get from lawyers, and I think we have a few of those around the table.

Mr. Ron McKinnon: Yes.

The Chair: Just one.

Mr. Ron McKinnon: We also have support from the B.C. chief coroner and the B.C. public health officer. They have signified their support for this bill as well.

The Chair: The time is up.

Mr. Ron McKinnon: Thank you very much.

The Chair: Mr. Davies, speaking of lawyers.

Mr. Don Davies (Vancouver Kingsway, NDP): Thank you, Mr. Chairman.

First, I want to congratulate you, Mr. McKinnon, on drafting this bill and carrying it forward in Parliament.

I want to clarify whether the wording of the bill ensures that the person experiencing the overdose is also covered by the bill in addition to the person who actually calls for help.

● (1550)

Mr. Ron McKinnon: Yes, the person who experiences the overdose, the person who makes the call, and anybody who remains on the scene are all covered.

The idea there is that we don't want people to say, “Oh my God, there's a problem”, and then everybody scatters to the winds. We want people to stick around to help manage the problem, to keep the victim safe and secure, and also to guide the first responders to them.

Mr. Don Davies: I understand that.

I lack a bit of clarity in the bill in terms of making sure it applies to the victim himself, but that's your intention.

Mr. Ron McKinnon: Yes.

Mr. Don Davies: In your introductory testimony, you stated that one of the purposes of this is that you wanted to deal with the problem of a person at the scene being “afraid of getting into trouble”.

I would take it that “getting into trouble” is broader than just being charged with simple possession. Would you agree with that?

Mr. Ron McKinnon: Yes. Their parents might get angry with them and they might take the car away. All kinds of stuff can happen. There can be all kinds of social consequences, I suppose. The only thing we can really deal with is the legal problem.

Mr. Don Davies: That's what I want to get into. I'm not talking about taking the car away or social problems. I'm talking about criminal acts. For instance, in the debate on this bill, members of, I think, all three parties stated in the House that this bill would not in any way protect people from arrest for other offences beyond possession, such as, selling or trafficking.

The standard legal definition of drug trafficking is rather broad. It includes the acts of giving and sharing drugs. Subsection 2(1) of the Controlled Drugs and Substances Act says that to traffic means “to sell, administer, give, transfer, transport, send or deliver the substance”.

If your purpose in this is to make sure someone calls because they don't want to get into trouble, would you be amenable to our amending the bill to make sure the person at the scene is also immune from being charged with trafficking if it turns out they had given the person drugs?

Mr. Ron McKinnon: I wouldn't be against that. We stayed away from that kind of thing.

In the preparation of this bill, we ran it through the Department of Justice and we ran it through the Department of Health. The message we got back was that we'd be best to stay away from concerns about trafficking.

Mr. Don Davies: Okay, so I'll go to a different point of view.

In the study by the Waterloo Region Crime Prevention Council, 30% of those who did not call were afraid of breaking their probation and parole. There is no explicit wording, of course, in this bill that dictates the status of a parolee in the matter. Therefore, my next question would be as to whether you would be amenable to amending this bill to make sure that parolees or those under probation are protected from being charged, since obviously we know that one-third of people won't call the police if they're afraid of being arrested for a breach of probation.

Mr. Ron McKinnon: There is a whole gamut of reasons people might have for not calling the police. I feel that if we try to deal with them all in one grand effort, we will make the bill hard to pass. We will start affecting many more pieces of legislation. It just makes the problem a lot bigger. If this committee thought we could get away with making that happen, I think that would be outstanding, but I don't think it's worth the risk at this time. I'd rather get this in place. It's not the end solution and it's not the be-all and end-all solution. It's one tool in the tool box. Let's get this in place. Let's get it working, and let's deal with those other problems another day.

Mr. Don Davies: Interestingly, in that same study from the Waterloo Region Crime Prevention Council, almost 23% said they would not call for emergency assistance, or did not call because they were afraid the police would confiscate their drugs that they may have on them. Of course, this bill would not protect them from that either.

I guess what I'm thinking of is if the purpose of this is to encourage people to call and give immunity to someone for breaking the law, because obviously simple possession of drugs is against the law, if you're willing to give immunity to a person in order to save the life of someone, would it not make sense to broaden that protection in a reasonable manner to capture the reasonably probable circumstances of the person at the scene to give them maximum opportunity to call the authorities in order to save that person?

Mr. Ron McKinnon: I think that would be great, but I think it's again a case of perfection being only the good. We can achieve a good result. It's perhaps not a perfect result, not an ideal result, but we can achieve this result. If we start expanding the bill beyond these simple boundaries, it starts to get big fast, and it starts to get more awkward, and it starts to involve many more things. If you bring in trafficking and drug seizures, you start to have to worry about whether they have boxcar full of heroin versus a dime bag. I don't care about the drugs. I don't care if they lose the drugs.

● (1555)

Mr. Don Davies: May I ask you, sir, is there a difference in this bill in terms of the quantity? I mean, if you're giving immunity for possession, is it simple possession? Does it matter if you've got a dime bag or if you have six ounces of heroin? Is there a distinction there?

Mr. Ron McKinnon: No, but it also doesn't stop their boxcar full of heroin from being seized either, as it should be.

Mr. Don Davies: How much time do I have, Mr. Chair?

The Chair: You have 35 seconds.

Mr. Don Davies: I think that's all I have at this moment.

Thank you.

The Chair: Thank you.

Mr. Ayoub.

[*Translation*]

Mr. Ramez Ayoub (Thérèse-De Blainville, Lib.): Thank you, Mr. Chair.

[*English*]

I'm very proud of the bill, Ron, and I'm very proud that you're in front of us. I'll be asking my question in French.

[*Translation*]

As you have already answered many questions, I will try to focus on aspects we have not yet explored.

When someone makes a call from a location, it is presumed that they will remain on the scene. That's when they could be arrested if this new bill is not passed. Will it be necessary to amend provincial legislation or other statutes in Canada? Have you looked into these issues?

[*English*]

Mr. Ron McKinnon: For this simple exemption for possession, for the people on the scene, for the person who makes the call for the victim, I don't think any other legislation is required. I don't think it impinges on provincial legislation in any way.

[*Translation*]

Mr. Ramez Ayoub: I'm asking the question because the Quebec Civil Code contains a provision that strongly encourages citizens to help people in difficulty. Of course, they should not endanger their own lives to do so.

So there is something of a contradiction between requiring citizens to get involved and using that to arrest them. Obviously, there is a dilemma if that individual has illegal drugs on them. That is what the bill is trying to resolve. When it comes to that aspect, I think we need to look a bit further into legal issues. I am not a lawyer, but I'm under the impression that we need to look into the legal side. If I understand correctly, you have not considered that aspect.

[*English*]

Mr. Ron McKinnon: Not specifically; however, without this law in place, they still have that good Samaritan obligation to make the call, except at that point, they run a higher risk of being charged criminally, for possession and so forth. This removes that particular consequence from those people who feel compelled to make that call.

[*Translation*]

Mr. Ramez Ayoub: We just talked about a situation where someone has to remain on the scene and not a situation where someone could call anonymously, leave the scene and make sure that help comes. That person would no longer be on the scene when help arrives. This is more about a situation where someone would help an individual while waiting for professional help to arrive. Currently, someone can call and leave the scene, with help arriving after they're gone.

I see that there is an issue with that in Vancouver, especially when it comes to police involvement. I was not aware of this, but I just heard about it. I don't know if the situation is the same across Canada.

● (1600)

[*English*]

Mr. Ron McKinnon: I think different jurisdictions have different police policies in that regard. One thing in particular that we want to avoid is people making the call and running away. We want them to stay on the scene so that they can help the person who's undergoing the difficulties, direct first responders to where the victim is, and proactively inform first responders of what might be the substance involved.

This is an encouragement to remain on the scene. It's not a compulsion. However, if they do leave, they don't meet the criteria. If they leave, they don't have an immunity. If they remain, they get the immunity.

Mr. Ramez Ayoub: That's why they're leaving right now, maybe.

Mr. Ron McKinnon: Yes.

Mr. Ramez Ayoub: Okay.

[*Translation*]

I have one last question about consultations and discussions.

A number of organizations were involved. Do you have a list of them? Do you have a report on the consultations and the support from various stakeholders, be it the police, the medical sector or government authorities?

[*English*]

Mr. Ron McKinnon: Yes. All that information is available on my website. We can make that available to the committee. It's actually my parliamentary website, so it's available on the parliamentary site, I believe. We can also print off that list and submit it to the committee later.

[*Translation*]

Mr. Ramez Ayoub: Thank you, Mr. McKinnon.

Thank you, Mr. Chair.

[*English*]

The Chair: That completes our first round.

I have a question. What motivated you to bring this bill forth? Was it a personal experience? What was the catalyst that brought this bill forth?

Mr. Ron McKinnon: I drew number eight in the order of precedence for private members' bills. We were in a frenzy because of the short time to do something, and we were looking for something that made sense and was worthwhile. It had to be short, and it had to be simple, but it had to be worthwhile. I felt there was no point in wasting the opportunity to put together a bill.

We went through a number of possible scenarios, and this leaped out as obviously the best thing to come forth. On its face, it's easy to do. It's easy to understand. It's easy to see how it will save lives. It's easy to see that we can achieve it in a reasonable time frame. Let's make the one shot I get at a private member's bill worthwhile: that's what drove it.

The Chair: We're going to take a quick suspension to change panels.

We have four groups on the next panel, three here and one on video.

● (1600)

_____ (Pause) _____

● (1605)

The Chair: We're back in session.

We have three groups at the table and one by video conference.

We have at the table the Department of Justice, the Waterloo Region Crime Prevention Council, the Pivot Legal Society, and on video we have Christine Padaric.

Each group will have five minutes for an opening statement. Then we'll have questions around the table after that.

We're going to start with the Department of Justice, for five minutes.

Ms. Norma Won (Legal Counsel, Legal Services of Health Canada, Department of Justice): We haven't prepared any opening remarks. We're here at the request of the committee to answer any questions you may have.

The Chair: Are there no opening remarks? That's super. That was the best opening remark we've heard yet.

The Waterloo Region Crime Prevention Council, for five minutes. Do you have opening remarks?

Mr. Michael Parkinson (Community Engagement Coordinator, Waterloo Region Crime Prevention Council): I'm going to talk fairly quickly.

My name is Michael Parkinson, and I am with the Waterloo Region Crime Prevention Council. It's my pleasure to provide evidence discerned from our research investigating the barriers to calling 911 during an overdose emergency.

The Crime Prevention Council mandate is to address the root causes of crime, fear of crime, and victimization. We work collaboratively with partners in a variety of fields, including social services, justice, health, enforcement, and so on. We've done that since 1995. We're the Canadian model for crime prevention through social development within Canada and beyond.

We began working on drug-related issues in 2006, knowing there's a relationship between problematic substance use, crime, and victimization. While likely most people will never engage in criminal behaviour because they're using substances, prescription medications, alcohol, or illicit drugs, we know that Canadian prisons are filled with people who have a connection to substance use. Correctional facilities, as you know, are an expensive intervention. They consume half the cost of the Canadian criminal justice system, and they have questionable outcomes for individuals, communities, and taxpayers upon release.

When health and social service systems fail to treat the root causes, the justice system is left to punish the symptoms, and drug-related issues provide a poignant example. We can do better, and indeed we must.

Canada is experiencing the worst drug safety crisis in our nation's history. It's not often reported in the media, but I assure you that is absolutely the case and not just recently either. In the U.S., the Centers for Disease Control and Prevention say that Americans are in the middle of the worst drug epidemic in U.S. history.

For both countries, the substances driving those overdose fatalities to record-setting levels are a class of pain medications called opioids, which are essentially pharmaceutical-grade heroin, and substances of known dependency for more than a century. There's a relationship between opioid sales, overdose deaths, and addiction. Canada holds the dubious distinction of being a global leader in prescription opioid consumption. The U.S. comes in for the silver medal.

In my province of Ontario, a person dies every 14 hours of an opioid-related death. That's a rise of more than 500% since the year 2000. That's more than 6,000 dead Ontarians. Deaths from acute drug toxicity surpassed fatalities on Ontario's roadways five years ago. Now we have what I would call the bootleg opioids, which is a class of high-potency opioids the Waterloo Region Crime Prevention Council first advised about in 2013. They're produced exclusively and distributed exclusively on the black market. They're being detected in substances in a variety of formulations across Canada and the U.S., and they are now responsible for driving overdose fatalities up, even as prescription opioid fatalities plateau.

In Alberta, from 2011 to 2015, the rise in overdose deaths was 4,500%. That's not a typo; it's 4,500%. In British Columbia, overdose deaths in the first five months of this year have risen 75% compared to the same period last year. You've heard they've declared a public health state of emergency for overdoses, but most provinces have no monitoring, and there are no emergency preparedness plans, much less interventions, in place.

Some of the fentanyls, and these are the bootleg fentanyls, are essentially weapons-grade substances. A kilogram of powdered fentanyl...there was a kilogram of powder seized in Quebec City a couple of months ago that contained enough lethal doses to kill every resident in Quebec City, or about half a million lethal doses. Multi-kilogram seizures are no longer unusual in Canada. The profit margins for the black market are absolutely extraordinary.

From research in B.C. we know that most people who tested positive for fentanyl are completely unaware of ingesting it. People who used substances occasionally and daily are at a significantly elevated risk of death. Canada's overdose crisis seems certain to get worse before it gets better. Bill C-224 is a key life-saving tool in our nation's first aid kit.

It is always worth remembering that an opioid overdose is a medical emergency, whether the victim was using it as prescribed or not. Opioid overdose victims cannot save themselves. They depend on a witness or a good Samaritan. Seconds do matter. It's the difference between life and death, or between a lifetime of brain injury or not. The best medical advice from the colleges across Canada always includes calling 911 and providing resuscitation to the victim.

● (1610)

In 2008 we provided a first glimpse into the extent and typology of overdoses in the Waterloo region. We combed through hospital data. We combed through coroner's data. One of the significant findings was that more people showed up at hospitals for an overdose than were brought in through 911. That's what we call the "dump and run" strategy. You want to do the right thing, but you're not going to call 911 because of fear of entanglement with the criminal justice system. You do the next best thing you can think of in the moment. You drive to the hospital, dump the victim off, and you split right away.

In 2012 we sought to determine the barriers to calling 911 during an illicit overdose emergency by conducting primary research in an area of southern Ontario that we thought might be representative of Canada in the main. We surveyed 450 people who were using substances or were on a path toward recovery from addiction. Almost 60% had witnessed an opioid overdose emergency. We found that despite the best of intentions, witnesses to an illicit overdose—and most often there's at least one witness—will call 911 and wait with the victim just 46% of the time. In contrast, 911 call rates for cardiac arrest are above 90%. We found that the primary reason for not calling 911 was fear of the police presence. We found that 83% of those surveyed thought they might face criminal charges if 911 was called. We could find no literature suggesting that one could educate people into calling 911.

These findings that 46% of witnesses would call 911 and that fear of the Canadian criminal justice system is the major barrier are consistent with some newer, albeit limited, data from across Canada. They are consistent with findings from across the U.S. and are the primary reason that most states in the U.S. have a good Samaritan law.

The Chair: I have to cut off your incredible testimony.

We'll go to the Pivot Legal Society.

Mr. Donald MacPherson (Board Member, Pivot Legal Society): Thank you. My name is Donald MacPherson. I am a board member of the Pivot Legal Society. I am also, I have to confess, the director of the Canadian Drug Policy Coalition, and Pivot is one of our coalition members. I'll try not to repeat many of the statistics that have been thrown around here.

Canada is in the grips of an overdose epidemic; there's no doubt about it. One simply has to look at the numbers that Michael just told you. B.C. has indeed declared a public health emergency; other jurisdictions might consider doing the same. At a time like this, we need all hands on deck across institutional contexts, political parties, and the broader community. These deaths are preventable with timely intervention. We know that.

We know that naloxone has reversed thousands of overdose deaths since the epidemic in B.C. in the early 1990s. We know that no one has ever died on a supervised consumption site from an overdose even though many non-fatal overdoses take place in these facilities.

We know that psychosocial treatment and substitution treatments such as methadone, buprenorphine, hydromorphone, and heroin-assisted treatment can be successful in assisting people with substance use disorders. All of these interventions need to be scaled up in Canada as part of a comprehensive response to overdose deaths.

This brings us to Bill C-224, the good Samaritan drug overdose act. We see good Samaritan legislation as one component of a comprehensive public health approach to overdose that fits within a harm reduction paradigm.

Harm reduction is part of a spectrum of non-judgmental strategies aimed at reducing the harms related to drug use and connecting individuals with health and social services that they might not otherwise access. Harm reduction also places a priority on the protection of human life and strives to improve health and safety in our communities for everyone.

Most overdoses occur in the presence of other people. The chance of surviving an overdose, like that of surviving a heart attack, is almost entirely dependent on how fast one receives emergency medical help.

Michael covered some of the other data on the Waterloo-Wellington overdose response survey. I won't repeat that. However, I will add that the survey found that in over half of overdose cases, 911 was not called or the respondents did not know if it was called. In addition, recent amendments to the Controlled Drugs and Substances Act which stipulate mandatory prison sentences for some drug-related offences will unquestionably intensify fear of prosecution for witnesses of drug overdose and increase rates of preventable overdose deaths.

The good Samaritan legislation in the U.S. has parallelled efforts to improve layperson access to naloxone. The United States have scaled up since 2007, as you have heard. Good Samaritan laws complement the tremendous efforts taking place within health authorities, provincial governments, and the community to maximize the availability of naloxone, a life-saving drug which when administered to a person suffering an opioid overdose immediately reverses the overdose.

Overdose response at this level, which is perilously close to the end of life, must involve a two-pronged approach: having naloxone available and getting it to the overdose victim in a timely fashion. Seconds matter.

Good Samaritan legislation can be enhanced by operational policies within local police departments that address attendance at overdose situations. The Vancouver Police Department has an explicit policy of non-attendance at routine overdose calls. The VPD policy document reads, "There is little value in police attendance at a routine, non-fatal overdose. It would be a rare circumstance for criminal charges to arise from attendance at a routine overdose call".

Policy should tend to restrict police attendance to overdose calls only in the event that there is specific need for public safety. Restricting police attendance at routine overdose events would support the intent of Bill C-224.

We would also add that we would encourage the government to look at the broader context and explore the idea of decriminalization of all drugs, such as has been implemented in some jurisdictions and is being contemplated in others in order to better focus our response to overdoses with health responses rather than with criminal justice ones. That's a discussion for another day.

The Pivot Legal Society is supportive of the direction of Bill C-224. The benefits of this bill include a strong signal from political leaders that the protection of life is a priority in these situations and that the imperative to call for help trumps the fact that criminalized drugs may be a part of the context of the call for help.

We don't think the legislation goes far enough and it could be improved.

● (1615)

We would like clarification of the language of the bill, similar to a previous statement. It wasn't clear to us that the actual person overdosing was protected under this bill.

Another shortcoming that we see is that the bill covers only possession, and not possession for the purpose of trafficking, which is quite a broad provision and would include people sharing drugs, which is common since drug use is often a social activity.

We are concerned that the immunity provided by the bill is not broad enough to maximize the chances that a call would be made in a timely fashion.

We also believe it would be in keeping with the spirit of the bill to ensure that people who have outstanding warrants, particularly for non-violent crimes, don't hesitate to make a call that could save a life, and they should be covered under the immunity provided by the bill.

Thank you.

● (1620)

The Chair: Thank you very much. I apologize for cutting off both of you, all of you. Your testimony is certainly valuable.

Now we'll go to Christine Padaric. I understand you're in Calgary. Is that correct?

Ms. Christine Padaric (As an Individual): I'm actually from Heidelberg, Ontario, but I'm here in Calgary on business at the moment.

The Chair: Well, we've seen just a bit of your story, and I'm sure you can add a dimension to this that will help us a lot.

Go ahead, you have five minutes.

Ms. Christine Padaric: Okay. Don't cut me off.

Voices: Oh, oh!

Ms. Christine Padaric: My name is Christine Padaric and I live in Heidelberg, Ontario.

I'm honoured to be invited to speak to you today and share my story of loss in an effort to save people from going through a similar experience.

We're all aware that drug usage is rampant in our country and shows no signs of slowing down. With the introduction of bootleg fentanyl, it will only result in more deaths.

Passing Bill C-224 would help make strides towards improving the relationship between citizens and police. I know that it would save lives.

On April 12, 2013, my sweet, funny, affectionate, handsome, stubborn, athletic, pot-smoking, 17-year-old son died. He died from a pointless, unnecessary prescription overdose, which I've since learned is the leading cause of accidental death in North America. If this tragedy can happen to me and my family, it can truly happen to anyone.

The night my son overdosed, it was witnessed by a group of six individuals in their twenties. They watched him exhibit every symptom of overdose and did not do anything. That is how deeply ingrained the fear of legal involvement is when drug use is concerned.

Briefly, this is an account of the events that happened the night of April 5, 2013, from witness statements.

Austin was administered a lethal dose of morphine in the early hours by a drug dealer who crushed and held morphine to my son's nose and demanded that he snort. My son was already high from a previous tablet and so obeyed. Around 3 a.m., Austin went into medical distress. Everyone was aware of this. The six young adults discussed the situation. They put him in a tub of cold water. They talked about calling 911. However, the dealer, who was also the owner of the apartment, wanted no part of that. The dealer threatened the lives of others if anyone called 911 and because of the dealer's perceived authority, others were intimidated and feared reprisal from the dealer himself.

As well, the young people did not fully understand the signs and symptoms of an overdose or even what it means to be overdosing. They had allowed themselves to be manipulated by the drug dealer, and rolled Austin on his side on the couch in the hopes that he would sleep it off. The six individuals all slept in this one bedroom apartment that night, right next to Austin.

When the first person woke up at 7:30 a.m., she described him as looking dead. Panic ensued. The cowardly drug dealer fled his own apartment. At that point the others called 911. EMS worked on Austin for about 30 minutes, shocking him repeatedly, trying to get a heartbeat. He eventually succumbed to his injuries six days later in hospital and peacefully died with his family surrounding him.

On a positive note, Austin was able to save five adult males from terminal illness due to organ donation.

Today my mission is to shed light on the devastating reality of abuse of prescription drug use, which is rampant in our country, and find solutions to overcome this problem and save lives. I facilitate a chapter of GRASP, which stands for Grief Recovery After a Substance Passing. It's a peer support group to help others recover after the loss of a loved one due to substance abuse. Regretfully, four of the five regular attendees in our Waterloo chapter all lost sons under circumstances where a call to 911 would likely have resulted in a life saved.

I've created an organization called SKATE For Austin. SKATE stands for Save Kids Abusing Thru Education. I use SKATE as the acronym because of Austin's love for hockey and skateboarding. Under this organization, along with assistance from Region of Waterloo Public Health, I teach an overdose awareness class to high school students. I will teach it to service groups. I'll teach it to anyone who will actually listen.

I believe drugs are part of our society today and we need to equip our young people with the knowledge to make informed decisions and to recognize an overdose if they witness one. The steps are basic: quiet stimulation to determine if the person can be aroused; call 911; perform rescue breathing and/or administer naloxone, if available; put the person in the rescue position until help arrives.

I've done my own informal study during these training sessions with the students and I've learned that girls are far more likely than boys to call 911. I've also been told on two separate occasions that teens were at a party where someone went into distress. In one case 911 was called, and in the other case the individual did regain consciousness. Both individuals who approached me said that everyone is more careful in Elmira.

● (1625)

Elmira, Ontario, is the town where my son died, and also where he went to high school. Everyone in Elmira is much more careful at parties today since Austin's death, and the revelation that he did not have to die.

I am also a member of a number of harm reduction committees with the Region of Waterloo. I've created an overdose map of Canada online where I post details of those lost to overdose to show visually the crisis we are in.

I strongly support Mr. McKinnon's proposed bill, Bill C-224. It's one more step we can take toward harm reduction in our country. Because people fear being arrested, risking parole, being charged with drug possession, having their parents notified of their actions, etc., a lot of work will be required to educate the public if this bill is passed. It will take time for law enforcement to gain trust. I was told by doctors that in all likelihood, my son Austin would be alive and well today had one of the six people present that night called 911 at the first sign of distress instead of allowing Austin to suffer for seven long hours.

I'm speaking on behalf of all parents when I say I do not want to see anyone lose their child because someone else was afraid to call 911.

Thank you for allowing me to speak.

The Chair: Thank you for your testimony.

The clerk has pointed out that when we change panels, we revert to the original time, so we have seven-minute sessions for questions, starting with Mr. Oliver.

Mr. John Oliver (Oakville, Lib.): Thank you very much for your testimony and for sharing your very moving personal story with us today.

My first question for all of you is around communication.

Thirty-five states in the U.S have introduced this kind of legislation, almost all in the last year. I think Washington was the earliest back in 2012. They're all experiencing difficulties with communicating this and reaching out to teenagers, to users, that protection is in place for them.

Do you have any thoughts on how to reach out to this very diffuse population to share that this legislation is passed?

Mr. Donald MacPherson: It's the same in Vancouver with the non-attendance at overdose calls. Not that many people know about it. There is getting legislation through and then there's the commitment by the government and its agencies filtered down to the community to communicate it. For this legislation to mean anything, people have to know about it and they have to trust it. That starts the minute something is passed. What's our communication strategy?

We're there to help. Waterloo is there to help. Others are there to help. It needs to be a focused effort.

Mr. Michael Parkinson: I would concur that education and training for people in enforcement of justice and for people who are afraid of enforcement of justice and those in between would be essential to ensure success of this bill, that people are going to pick up the phone and call 911.

As to how to do that, across Ontario and across Canada, my personal experience is people are committed. There's a tremendous amount of human and social capital. People are willing to step up and help out. If there are resources—there's not always money—but with support from the federal government from the get-go you can deploy those resources and reach those people. Admittedly, people who are using Illegal drugs or engaging in illegal acts are a little trickier to reach, but it's not impossible.

I suspect in the U.S. it's probably an afterthought.

● (1630)

Mr. John Oliver: Recognizing the signs and symptoms of an overdose early on that the person is getting into difficulty...I think about the work we've done on recognizing heart attack and stroke. Do you think the epidemic of this kind of overdose is large enough now that it would warrant that kind of public health initiative?

If we pass this legislation and people understand that it's acceptable to call and they're not going to be punished for it, is it worthwhile beginning through public health—and our PHAC body here could initiate it. Is it a big enough problem that it would warrant that degree of national attention?

Mr. Michael Parkinson: I would suggest yes.

Today would be the second best time to undertake that kind of endeavour. Christine is an exception in Canada in that she has talked about losing her son, Austin.

There are 6,000 victims in Ontario in a 15-year period, and 99% of them are not speaking out. The work that Christine and others have done in Elmira to provide that education in collaboration with public health really makes a difference. It makes it okay to talk about this.

To answer your question, yes, absolutely.

I've met too many parents who thought they'd just let their daughter sleep it off, or a wife who thought her husband was just really tired: he's snoring; she'll just let him sleep it off. The next time they check on their family member, they're dead or in deep distress.

Mr. John Oliver: Mr. Saint-Denis, is the definition of overdose contained in the proposed Bill C-224, an acceptable definition? Would doctors and the police agree with that as well? Is that a standard accepted definition?

Mr. Paul Saint-Denis (Senior Counsel, Criminal Law Policy Section, Department of Justice): It appears to me to be satisfactory, but I must tell you that perhaps my colleague who works at our legal services at Health might have additional views on that.

Ms. Norma Won: I'm not sure I have additional views, but that definition does work in a health context.

Mr. John Oliver: Again, to all of you, is there a need to educate the police forces as well if the bill is passed so that they are arriving...? What happens often in neighbourhoods gets passed around very quickly among kids.

Have you seen a need to educate the police forces?

Mr. Paul Saint-Denis: The bill is drafted in a peculiar manner in the sense that it directs police not to charge, which is not something that we would typically do in terms of, certainly not in terms of criminal legislation.

We would suggest rather, if we were drafting it—if this were a government bill—that the person who meets the criteria here is not guilty of committing an offence rather than say that the police shall not charge. There are two reasons. One is, that is not the way we typically draft legislation. Two, we try to impose or restrict police discretion as little as possible.

One of the concerns that this particular provision poses for police is if they do charge by accident, but they do charge, does that make them liable? Are they civilly liable for having laid the charge on the individual who meets the criteria set out here?

As I say, we would have approached it a little differently.

Mr. John Oliver: Instead of saying “not to be charged”, you would have said “is not to be found guilty”.

Mr. Paul Saint-Denis: That's correct. We would have said along the lines of a person who—and set out the criteria—is not guilty of an offence as set out in section 4(1). That would be the typical approach that we would have taken.

The Chair: Ms. Harder, you're going to split your time with Mr. Carrie. I'll let you know at three and a half minutes.

● (1635)

Ms. Rachael Harder (Lethbridge, CPC): Thank you.

My question is also for Paul.

Could you help me interpret a part of subclause 2(3)? Right now, it would seem that it applies to everyone at the scene. As a legal expert, can you comment on how broad this descriptor is?

Would there be another commonly accepted legal term that might narrow that scope a bit to those that are immediately around the individual who is suffering from the overdose?

Mr. Paul Saint-Denis: You're right in that it is very broad. As an example, if an overdose were to occur at a rave party, there may be dozens of people there. Would the precision here apply to everyone at the rave? Perhaps there's a way of narrowing it.

Again though, it does depend on the bill's sponsor's intention. Listening to his explanation, my sense was that he thought that it should apply to a fairly broad category of individuals. Perhaps that is his intention.

My concern would be that it would cover off a number of people who would have had nothing to do with seeking assistance. This bill targets the person who calls for or seeks assistance for someone who is overdosing or the person who is overdosing and seeking assistance for himself.

To provide an exemption from the possession offence for virtually everyone else who is in an undefined space might make it a little difficult for police to actually interpret what that means. If you were to characterize it or limit it to “in the immediate vicinity”, that would help to some extent. You would then end up with a somewhat similar problem in that you would have to define what “immediate vicinity” would mean. At least it would be some measure of constraining the application of this provision.

Ms. Rachael Harder: Would it be too restrictive if we were simply to say “the individual who makes the phone call for help”? Would that be too narrow?

Mr. Paul Saint-Denis: It would do that, but then again, listening to the sponsor's explanation, there may be information available from people who did not seek the assistance but who may be able to provide assistance to the responders. I think you want to balance this between its being too restrictive and too broad. Perhaps something along the lines of “in the immediate vicinity” might be the sort of balance you are looking for.

Ms. Rachael Harder: Thank you.

Mr. Colin Carrie: I want to thank all the witnesses for being here, especially Ms. Padaric. Your story about your son, Austin.... As the father of teenagers, I can't even imagine what you went through.

I do have a question for you. This bill is one tool in the tool box. About Austin's death, you mentioned that the drug dealer actually crushed the opioid, held it up to his nose, and then indicated to him to snort it. I find that appalling. I don't know if you are aware that there are actual technologies out there. Have you ever heard of tamper resistance in opioids? Out of curiosity, would you be supportive? I know there is a possibility.... In the United States right now, for example, they are trying to make the entire classification of opioids tamper resistant. Is that another tool that you think is important to put in the tool box?

Ms. Christine Padaric: I think that would certainly help.

Mr. Colin Carrie: Thank you very much for that.

My next question is for Mr. Saint-Denis.

You mentioned the rave and the situation this could put law enforcement officers in. Are you aware of any data out there in other jurisdictions where they put these laws in? Does it actually make a difference?

Mr. Paul Saint-Denis: I am not aware. Not only am I not aware of the impact of this legislation, but honestly, in Canada—I can't speak about other countries—I am unclear as to how often a policeman would charge someone in this kind of situation, where someone has called 911. I understand the fear of the drug user. I am unclear as to how rational that fear is. I don't know if it is based on anything, in the sense that.... Would police necessarily charge someone whom they find in this kind of situation? I am not aware that this has happened. It doesn't mean it hasn't, but I am just not aware that it has. Perhaps some of my colleagues here....

● (1640)

Mr. Colin Carrie: Mr. Parkinson, I believe you are with Waterloo, and you were here when our colleague mentioned the statistics. I think he mentioned that 88% of people surveyed would call if they knew that this was the situation.

My concern is to have some hard data. As parliamentarians, we have the responsibility to analyze whether there is hard data to support what we are doing. Sometimes we come up with really great ideas, but they don't actually work out the way we thought they would. When you are talking about these 88% who would call, who are the people you were talking to? What was the group you analyzed for this? Bear in mind that many of the people who would be calling would be intoxicated at the time. Does that figure into the analysis of the 88% you were talking about?

Mr. Michael Parkinson: The 88% wasn't a group that we surveyed. It was a group surveyed out of Washington state. The research was reported by the University of Washington, I think. It indicated that 88% of people who were using opiates would be more likely to call after being informed about the good Samaritan legislation that existed there. We are in the same boat at the Crime Prevention Council: evidence-based or evidence-informed, and lots of really great ideas. I am not aware of any evaluation of existing state initiatives in the U.S.A. I am aware that something is coming in from New York state. I think that this is a flaw, really, on the Americans' part. We don't have to walk down that road in Canada. It might be palatable to pass Bill C-224 with a commitment to evaluate and revisit it, particularly some of the issues that have been addressed around this table, in a year or two.

Mr. Colin Carrie: Yes, my concern would be that, and we did hear from Mr. Saint-Denis, and I think his testimony was quite credible. My concern here is that there is no hard data to actually support it. Will we actually be putting law enforcement officers at a disadvantage as well, and the drug dealers who are around it, as my colleague said? How broad is this going to be? These people who are actually out there supplying drugs to our kids are going to be getting off scot-free just because they happen to be in the vicinity.

The Chair: Is there a question?

Mr. Colin Carrie: I'm just wondering. Are you not aware of any data that actually shows an increase in the call rate or people calling in because of these in those jurisdictions?

Mr. Michael Parkinson: I'm aware of a small study out of Massachusetts, and it was a hospital-based overdose prevention intervention program. People who went through it were informed about the good Samaritan law in Massachusetts, and the call rates jumped close to 90% from 41% upon entering this kind of program. That's a small survey.

To your point about putting officers at risk or people getting off scot-free, I think Christine's example is one of tens of thousands across Canada that lives would be saved. If there's something more important than saving lives of Canadians, then I think communities across Canada would like to know what that is.

When we did our report in the Waterloo region, we convened, as we always do, a multi-sectoral table. Senior management from all first responders were there. The medical community was there. Community services and social services were there. What we learned in those discussions was that police want to attend in an overdose emergency. There may be evidence; it may be things go wrong, but their first priority is the preservation of life, and I absolutely believe that to be true.

But we have situations in Ontario, in Nova Scotia and so on where people do get charged with possession, and that sometimes includes the victim. It has a chilling effect.

One story out of Halton spread through Ontario within two weeks. Everybody knew about it. So I think at the end of the day, you're on the right side of history to pass Bill C-224.

● (1645)

The Chair: Mr. Davies.

Mr. Don Davies: Thank you to all the witnesses for being here.

I want to nail down some facts. I really understand this bill. First, Mr. Saint-Denis, in the bill, for proposed subsection 4.1(2), the heading reads “Exemption from possession of substance charges”. Then the language beneath it simply makes reference to being “charged under subsection 4(1)”. Is 4(1) the section of the act that deals with possession?

Mr. Paul Saint-Denis: Yes, it is.

Mr. Don Davies: Okay.

I guess I'm certain now that this only protects people at the scene from being charged with possession. Is that correct?

Mr. Paul Saint-Denis: That is correct.

Mr. Don Davies: Okay.

Mr. Parkinson, you used the language, and I copied it exactly, that people would not call "because of fear of entanglement with the criminal justice system."

Ms. Padaric, I have to also tell you that it's very courageous of you to share your story. Thank you for doing that with us.

If I understand your tragic story correctly, the dealer intimidated the other people in the room, Austin's friends, because presumably he would have been worried about being charged with dealing because he's the person who gave that. Is that right?

Ms. Christine Padaric: Yes.

Mr. Don Davies: I'm going to put it to Mr. Parkinson and Ms. Padaric: isn't that a gaping hole in this bill that it only exempts people from being charged with possession, and you could still be charged with dealing? Those people who have that fear will certainly not call 911, and certainly that's what happened in the tragic death of Austin. Do I understand that correctly?

Mr. Parkinson, maybe you could go first.

Mr. Michael Parkinson: In Austin's situation, that was absolutely the case. How prevalent that is across Canada, what went down that Friday night in Elmira, I really have no idea.

Mr. Don Davies: From a principle point of view, do you think this bill should be amended to protect people at the scene from being entangled with the law and not one particular aspect of it? If our purpose is to encourage people to call, we should give immunity around the whole suite of drug-related offences. Why are we only picking out possession and leaving people vulnerable to being charged with trafficking—which I'll get to in a minute—which involves just sharing drugs? So people who share drugs aren't going to be calling 911 or people with warrants for their arrest. By the way, many people who are drug users are in breach of their probation if they are using drugs, so they're not calling 911. If we leave those things aside, we're not doing everything we can to encourage the calling of 911, which is what we want to do to save Austin's life and the lives of others like him. Am I missing something there?

Mr. Michael Parkinson: No, I don't think you are. We knew that of the people who said that entangling with the criminal justice system was a barrier, 53% were on probation or parole. I don't think this bill will encourage those folks to make the call.

It is my personal opinion that simple and sweet, the way this bill is, is the way to start. I suggest that you evaluate it among those groups that are not being reached and then propose an amendment, however far that is down the road. Hopefully it will not be a decade. The advantage to getting the bill through right away is, I'm convinced, that it will save lives right away.

Mr. Don Davies: Ms. Padaric, do you have a comment?

Ms. Christine Padaric: I really want to re-emphasize the need for education. In Austin's situation, just going back to that, the drug dealer in that case was charged with manslaughter. None of the witnesses was charged.

In the teaching I do within high schools to students who are ages 15 to 17, we talk about the signs and symptoms of overdose so that they're aware and they understand what's actually happening. Then I bring in 911 as being one of the steps to follow, and we talk about that.

I really believe that it helps for people to have a plan in place before they're put into that type of extremely stressful situation. We talk about what they would do in that circumstance. What I find the kids are doing is they're brainstorming with each other, and they're coming up with solutions, like they would leave the apartment and call, or they would go into the washroom and make the phone call. They're brainstorming ways to do it anonymously to get around that issue.

We have to keep in mind, too, that yes, there are a lot of drug dealers out there. But there are a lot of kids just at simple house parties where pills are present. So to come out with a trafficking charge.... I have no idea what percentage of deaths occur in that type of environment. Austin, yes, he was in a drug dealer's apartment, and it was filled with drugs. Again, a lot of these emergencies have been just outside in a park or in someone's parents' basement.

● (1650)

Mr. Don Davies: Mr. MacPherson, I want to ask you a question about the issue of the folks from the police or the people at the scene. Mr. Saint-Denis commented that he's concerned about the way police might react. If I am understanding correctly, it's not police behaviour we want to change. We want to change the psychology of the people at the drug scene so that they believe that they will not be charged. Do I understand that correctly?

Mr. Donald MacPherson: Yes, and I think the best way to do that is to have them not attend at all, but that's not what this bill is about. Absolutely, there are nightmare stories coming out of the U.S. about police arresting people at scenes where good Samaritan legislation is in place. The U.S. legislation is varied in terms of how many offences are included. Some include more than others, so it's a bit of a dog's breakfast across the country. There is no evaluation.

The only data I'm aware of is a study out of Australia that evaluated police non-attendance at overdoses, and they attributed a 7% decrease in overdose deaths to that police policy.

Mr. Don Davies: In lieu of not attending, do you believe that this bill should be amended to broaden immunity to not only simple possession but to possession for the purposes of trafficking or, let's say, immunity for breach of probation?

Mr. Donald MacPherson: Our position is that we should see this bill in the context of a national overdose epidemic. We should take a health emergency attitude towards it and try to do as much as possible to make this bill precipitate as many calls as possible. I understand being incremental. You know, pass it and evaluate it. I think it could be made better, and it should be made better, if at all possible.

The Chair: Thank you.

Go ahead, Ms. Sidhu.

Ms. Sonia Sidhu (Brampton South, Lib.): Thank you, Mr. Chair.

Thank you all for your presentations.

We all know that in Ontario, drug overdoses are the third leading cause of accidental death. How urgent is the situation in other regions of Canada? Can you explain how the definition of overdose was determined?

Mr. Michael Parkinson: Drug-related overdoses are now the second leading cause of accidental death in Ontario. Falls are number one. It's changed since our report, and opioids in particular have now exceeded motor vehicle collisions. Is it a problem in other parts? I think British Columbia is hopefully not in the middle but at the end of an emergency. Alberta is absolutely in an emergency state. In my province of Ontario, hundreds of medical professionals and others have called for leadership coordination, urgent action, and an emergency preparedness plan and action.

Bootleg fentanyl has shown up in Quebec City. It's claimed lives. There have been seizures. It's showing up in Nova Scotia. I think every state probably from Ohio eastward to Maine is going through the similar experience as Alberta and British Columbia where the bootleg fentanyls in particular are driving overdose rates to new records.

Ms. Sonia Sidhu: If Bill C-224 were to become law, it would be important that people be made aware that they would potentially be exempt from possession charges in the circumstances set out in this bill. In your opinion, how should these amendments be communicated to the public? Should they be part of a larger public information campaign related to preventing drug overdoses?

● (1655)

Mr. Donald MacPherson: Yes, they should be part of a larger, more comprehensive campaign to bring awareness to the various policy shifts that we need to make to prevent overdoses. I think that's where health and enforcement have a huge role to play working together. Messaging from the police around this issue will be very important to try to allay fears, as well as messages from health authorities.

Ms. Sonia Sidhu: Thank you. I'm done, Mr. Chair.

The Chair: Thank you very much.

Mr. Webber.

Mr. Len Webber (Calgary Confederation, CPC): Thank you, Mr. Chair.

First of all, I'd like to make a comment to Ms. Padaric. I have to say, first of all, welcome to my hometown of Calgary. I hope that you're there educating our Calgarian students with the wonderful work that you do. I do have to say thank you sincerely for allowing Austin to donate his organs to save lives. What began as a tragedy became a miracle with what you chose to do and what I'm sure Austin wanted to do. Thank you sincerely for that.

You've pretty much answered most of my questions, Ms. Padaric, so I'm going to move on.

I'm hoping that the chair will allow me to ask MP Mr. McKinnon a couple of friendly questions. I just wanted to ask a few quick questions about his consultation. Would you allow that at all?

The Chair: Is that allowed? Do we have unanimous consent?

I think we do.

Yes, go ahead.

Mr. Len Webber: Thank you.

You mentioned that you have a list of organizations and police chiefs and such throughout the country that you've consulted. Did you also go a step further?

Mr. Davies alluded to this as well with regard to perhaps the bill not being broad enough. Mr. MacPherson mentioned as well about the bill not being broad enough with regard to individuals who are in the room who have outstanding warrants or who are in violation of parole. Are the community, police chiefs, and law enforcement willing to accept that as perhaps an amendment to your bill to include ignoring individuals in the room who have outstanding warrants or who are violating parole?

Mr. Ron McKinnon: I didn't ask that specific question. However, every police officer and every first responder we talked to said that the first order of business any time they attend a scene is to minimize loss of life, to secure the scene and minimize loss of life. If circumstances warrant other more extreme charges, they're circumstantial, but saving lives is what all first responders and police officers are about.

Mr. Len Webber: I recently visited East Hastings in Vancouver and I was in the company of Mr. Carrie. We were touring down the back lanes. Of course, we had a couple of police alongside of us. They literally turned a blind eye to what was going on in the back lanes with drug injections. Is this common practice throughout the country where police turn a blind eye? It's almost as though they had given up in that particular community. I can understand why, because to convict the hundreds if not thousands of individuals who are basically breaking the law would exhaust our court systems.

Are you hearing that from around the country as well?

Mr. Ron McKinnon: I don't believe that circumstance is common around the country. Vancouver's Downtown Eastside is unique. It's one of the poorest postal codes in the entire country. It has a high percentage of drug users.

Insite has operated there for the last 12 years, and very successfully. They've had many, many drug overdoses on their premises with zero loss of life. That's another arrow in this harm reduction quiver. The police in the area are very supportive of efforts of this kind. These are not problems that are really solvable by police action. These are public health issues, and we have to start thinking about them as public health issues.

I'd like to comment further that certainly this bill could have been broader, but we were looking for something that we could achieve with a very strong consensus. I know that one of the most common charges is possession for the purposes of trafficking. I'd love to see that in there, but if we put that in there, I'm not sure we would have the continued support of the government. Right now we have support from everybody throughout the House, pretty much, as far as I can tell.

It's a very strong first step.

● (1700)

Mr. Len Webber: Thank you.

The Chair: Now we go to Dr. Eyolfson, for five minutes.

Mr. Doug Eyolfson: Thank you very much.

Mr. Parkinson, a question was put to you earlier on whether there's been any data to show that once you enact this, it changes. I'm a physician, and I've read my share of medical research. If there's one thing I've noted, it's all the pitfalls of population-based research. I know just enough statistics to know that in research, you have to hire a statistician to make sense of numbers.

Would it be fair to say that if you tried to track this, there would be too many confounding variables to say that this made a difference once you did it? These are things like changing rates of drug use and other things that were independent of that. Would that not make trying to prove this after the fact—

Mr. Michael Parkinson: You could do a pre and post survey, I suppose. There's the period of time before the bill passes and it's implemented.

Mr. Doug Eyolfson: Right. Exactly.

What I mean, though, is would you find that the...?

Mr. Michael Parkinson: It could be challenging, to be fair.

Mr. Doug Eyolfson: Yes. That's what I mean. That was the point I wanted to make, that it would be challenging.

Would the lack of strong numbers saying that it worked be evidence that it wasn't working?

Mr. Michael Parkinson: No, it would not.

Mr. Doug Eyolfson: All right. Thank you.

This is a more pointed question for Justice.

When we talk about possession, I know we find it a little broad when we talk about possession and then possession versus trafficking. I know that a lot of jurisdictions actually have amounts that you must have on you for simple possession versus possession for the purpose of trafficking.

Might that at the very least give some threshold here that would give some protection to people who are holding substances, or do you think that needs to be expanded?

Mr. Paul Saint-Denis: Are you suggesting that in this legislation we put in amounts in terms of the possession offence being contemplated?

Mr. Doug Eyolfson: No, no. I think jurisdictions already have that, or many jurisdictions do. They say that certain amounts are a threshold for the purposes of trafficking versus personal use. Those already exist in legislation in many places.

Mr. Paul Saint-Denis: They do, but in the jurisdictions I'm familiar with, the amounts go to the penalty rather than to the offence, per se.

I guess it would be possible, but then the difficulty would become, first, what amounts, and then, what amounts for which drugs? More than a hundred and some drugs are covered off by the offence of possession here in subsection 4(1).

Mr. Doug Eyolfson: Thank you.

My last question is one which I guess everyone could answer in turn, with just a simple yes or no.

We agree that there are some holes in this law. Things could be changed, and things could be tightened up, but would you not agree that despite these holes there's a significant potential for saving lives with the bill as it is, as its first step?

Mr. Parkinson.

Mr. Michael Parkinson: Yes.

Mr. Doug Eyolfson: Mr. MacPherson.

Mr. Donald MacPherson: I would agree.

Mr. Doug Eyolfson: Mr. Saint-Denis.

Mr. Paul Saint-Denis: We're looking at potential, so I think yes, there's the potential.

If I could make one small observation, the question was raised earlier on as to whether or not the person who suffers an overdose is covered by this. The person who's covered by an overdose would be covered only if he seeks assistance.

Mr. Doug Eyolfson: I believe the third paragraph says that it would protect anyone at the scene. By definition, the overdose victim is at the scene.

● (1705)

Mr. Paul Saint-Denis: That's correct. I guess you could interpret the third paragraph, the precision, as covering off the overdosed individual. It could be interpreted that way, yes.

Mr. Doug Eyolfson: Thank you.

Ms. Padaric, would you agree?

Ms. Christine Padaric: I would definitely agree.

Mr. Doug Eyolfson: All right.

Mr. Donald MacPherson: [*Inaudible—Editor*] would work the other way around, too, in that if people do get arrested for very small amounts or very small warrants for shoplifting and that, word will get out on the street very quickly, which will lessen the impact of this legislation, so it works both ways.

Mr. Doug Eyolfson: Absolutely. Thank you.

The Chair: All right. Your time is up.

Ms. Harder.

Ms. Rachael Harder: I think we've touched base on this briefly, or allusively, but to hit it straight on, I guess, my question is for Paul. I'm wondering if you can clarify for me that this does in fact apply only to drug offences and not to a broad range.

Mr. Paul Saint-Denis: The exemption targets only the offence at subsection 4(1) of the CDSA.

Ms. Rachael Harder: Of the Criminal Code.

Mr. Paul Saint-Denis: No, the Controlled Drugs and Substances Act.

Ms. Rachael Harder: Okay. Could this be taken to apply to any other Criminal Code provisions?

Mr. Paul Saint-Denis: I don't think so, no.

Ms. Rachael Harder: Okay. I'm just wanting clarification. Thank you.

I guess I'm looking at crack houses, let's say, and shutting them down. Often when police come on the scene, they discover drug activity, which allows them to use municipal or provincial laws to shut down those properties. Beyond the public health aspects, this also prevents certain neighbourhoods from sinking into what we might call crime hotbeds. Do you think that granting immunity to everyone at the scene—again, working with this definition—might prevent the police from shutting down crack houses if it prevents them from laying any charges?

Mr. Paul Saint-Denis: Well, typically, a crack house will have users but will also have traffickers. The traffickers will either be in possession for the purpose of trafficking, or they will have trafficked. Those individuals would not be covered by this exemption, right? The police would still be able to go after those individuals even if they would not be laying charges against the people who are simply in possession. It would be possible for the police to take action against certain types of individuals in a crack house and not with respect to the people who are just in possession of the cocaine, for instance.

Ms. Rachael Harder: Okay.

Now, perhaps this is a quick point of clarification from Mr. McKinnon. Am I to understand that front-line workers were not consulted in the creation of this bill?

Mr. Ron McKinnon: What do you mean by front-line workers?

Ms. Rachael Harder: Front-line police and the EMS.

Mr. Ron McKinnon: No. We spoke to the parliamentary legislation drafters. We looked at the reports from organizations such as these. We talked to Justice and to Health.

Ms. Rachael Harder: Thank you.

My question goes back to Paul, then. Of course, I understand that your job here today is to offer legal expertise, but based on your legal expertise, would you recommend that we hear from front-line workers before proceeding with this bill or would you say that it's not necessary?

Mr. Paul Saint-Denis: I'm not really in a position to say one way or the other.

Ms. Rachael Harder: Do you think it would serve us well?

Mr. Paul Saint-Denis: It's your committee's call. No doubt the police would have a perspective, but it's up to you to make that call.

Ms. Rachael Harder: Thank you.

The Chair: Mr. Ayoub.

Mr. Ramez Ayoub: Thank you, Mr. Chair.

First of all, I'd like to address my sympathy to you, Madam Padaric. I'm very touched by your testimony. If we can do something through this bill to improve this for some generations ahead, that would be great.

[*Translation*]

I would like to ask a more technical question about the legal aspect, but I don't know whether Mr. Saint-Denis could answer it.

I don't want to make any waves, but subsection 4.1(1) talks about “a physiological event induced by the introduction of a controlled substance...”. It is implied that the individual introduced the substance into their own body or that they agreed to have that substance introduced by someone else.

I can't really know how it happens, since I don't have those kinds of experiences, but I assume that, at injection sites or crack houses, people help each other inject illegal drugs into their bodies. The Criminal Code could apply in some cases. In fact, this bill's intention is to save lives. However, as we know, no bill is perfect, but there may be a shortcoming in this area.

Am I wrong to bring up this aspect?

● (1710)

Mr. Paul Saint-Denis: I think that the interpretation of the term “introduction” can cover both the cases where an individual introduces a substance into their own body and those where someone else does it for them. The provision in question does not specify whether the individual is introducing the substance or whether the substance is introduced by someone else. It is simply a matter of an “introduction of a controlled substance”.

Mr. Ramez Ayoub: At the beginning of your presentation, you said that this is not how things are usually expressed in a piece of legislation. In this case, there is more of a tendency to protect rather than to prevent or charge. I feel that an attempt is being made to protect here, but that is not really what is being done. If it is not specified that the provision covers everyone, only a portion of those people can be protected.

I am under the impression that the individual who helps introduce a drug would not be protected. People in possession of an illicit drug would be protected, but not those who helped introduce the drug into someone's body. So we are coming back to the case Ms. Padaric mentioned. In fact, someone would not want an individual to call the authorities to avoid being charged. There is no problem if they save someone's life, but if the person dies, there may be an issue.

Mr. Paul Saint-Denis: Subsection (2) states “they, or another person, are suffering from an overdose”. The focus is not on the person who introduced the substance that caused the overdose, if they are a third party. The provision talks about the victim of the overdose who is suffering. The way the overdose occurs becomes secondary. The intention is to protect the victim in this case.

Mr. Ramez Ayoub: I understood that.

Mr. Paul Saint-Denis: It's not important whether the person introduced the substance into their own body or whether someone else did it.

Mr. Ramez Ayoub: I did understand that. I don't have any other comments.

Thank you.

[*English*]

The Chair: Mr. Davies.

Mr. Don Davies: Mr. MacPherson, how do outstanding warrants factor in the decision making of those calling 911? Do you believe individuals with warrants for non-violent crimes should also be covered by this bill?

Mr. Donald MacPherson: I think it would make the bill better and maximize people calling. Any hesitation is a problem.

Mr. Don Davies: Mr. Saint-Denis, I might be asking you a law school question here, but can you distinguish for us the difference between simple possession and possession for the purposes of trafficking in the Criminal Code?

Mr. Paul Saint-Denis: It's in the the Controlled Drugs and Substances Act. The bill is making amendments to the the Controlled Drugs and Substances Act. It's a common mistake. The possession for the purpose means that you end up having to demonstrate that the person in possession of the drug intends to traffic it. Normally what happens is that you have indicia that would prove or demonstrate to the court that the individual in question intends to traffic. Normally, things like the quantity would usually be very significant indicia, or if the individual has scales, for instance, if he has many baggies filled with drugs, if he has a client list. The more of this type of indicia that's put together, the better you can show that the individual actually possessed that particular substance for the purpose of selling it.

● (1715)

Mr. Don Davies: I see. That's helpful, thank you.

I want to quickly ask you something. I also am unclear about whether this legislation as drafted actually applies to the victim. It's quite curious wording. I understand it's the intent, I think, of the drafter to do that.

Would you advise us that it would be beneficial to try to clarify that?

Mr. Paul Saint-Denis: The observation was made that the precision at proposed paragraph 4.1(3) covers that situation.

Mr. Don Davies: Wouldn't it be easier in proposed paragraph 4.1 (2) just to say, “No one who seeks emergency medical or law enforcement assistance because they or another person are suffering from an overdose, or the person suffering from the overdose, is to be charged under subsection 4(1)”?

It would be a simple matter.

Mr. Paul Saint-Denis: Something along that line would...at least on that score, you would assuredly cover the person who's the victim of the overdose.

Mr. Don Davies: Last, I'm going to ask Mr. Parkinson a related question.

I toured the Insite facility in Vancouver, and I've seen the paraphernalia to deliver naloxone. It's in a needle. If you're in an emergency situation, you have to break some glass and get the needle in. I'm just wondering if developing EpiPen technology to deliver naloxone is something we should be looking at. It could be made widely available. Would that also help save lives in this country?

Mr. Michael Parkinson: It would broaden the appeal of carrying naloxone to a wider variety of people, including first responders such as police and firefighters. That's precisely what's happening in the U. S.A., where there's a variety of formulations available and they're being used. The caveat is they're significantly more expensive than the intramuscular version. I believe there's an application before Health Canada for an intranasal product. That will appeal to those who are squeamish about using needles.

To answer your question, yes, more formulations for naloxone would be helpful. It would also be helpful if provinces started adding naloxone to their drug benefit plans and if the federal government would add it to the Veterans Affairs and the federal formulary, so people could afford it, in light of the Health Canada decision to downscale the regulation.

Mr. Don Davies: What's the difference in price? What does the present formulation cost and what does the EpiPen formulation cost, roughly speaking?

Mr. Michael Parkinson: We have only the intramuscular version here. If you have an inside line on a bulk buy, you can have it for $1.50 a dose. It's so cheap. It would range up to $13 a dose wholesale through a pharmacy. Retail in Ontario—I'm not sure about other provinces—it's about $45 for two doses, and you'd want to have at least two doses on hand.

The EpiPens in the United States.... EpiPens are for epinephrine. They're basically an auto-injector. That's what you're talking about. They can range up to 600 bucks a pop. That's the rub. But it's up to the pharmaceutical corporation to make that application to Health Canada for approval. Maybe there are some levers that are available to Health Canada to encourage those kinds of applications. Certainly, the opioid epidemic is enticing many manufacturers in the U.S. to apply to the FDA to have those formulations approved and get them out there.

Mr. Don Davies: Thanks.

The Chair: That's it.

That brings us to the end of our presentations and our questions. I want to thank all the witnesses for coming and giving us such great information.

We are now going to go into a bit of committee work, so we'll just take a break while everybody leaves. I do want to thank you very much for your meaningful presentations.

Thank you, Ms. Padaric, for your contribution.

Ms. Christine Padaric: Thank you.

● (1715)

____________________ (Pause) ____________________

● (1720)

The Chair: I'm going to call the meeting to order again in camera, with the thought that we're going to talk about potential witnesses for our next sessions.

Mr. Len Webber: Mr. Chair, I didn't think this was going to be in camera, but that this was going to be part of the committee business. I didn't realize that you were going to have this as an in camera discussion.

The Chair: We have to decide what we're going to do with Bill C-224. We're going to have further witnesses. As to who they are going to be, we're going to talk about people and name the names of potential witnesses.

Dr. Carrie.

Mr. Colin Carrie: Mr. Chair, I know you were having a conversation there, and it's taken up some of the committee business time. I believe you need a motion to go in camera, but I thought your policy was that we could do committee business without going in camera.

The Chair: It is, but if we're going to talk about potential witnesses and say that this person can come, and this person can't, it's hard to do that not in camera.

Mr. Colin Carrie: I'll ask the clerk if we need a motion to go in camera. Clerk, is that your understanding?

The Chair: We can go in camera if we have the implied consent, but I don't know....

Yes, Mr. Davies.

Mr. Don Davies: Mr. Chairman, I believe that Mr. Webber, Mr. Carrie, and you, are all correct.

As I understand it, at the beginning of this committee, we agreed that it was appropriate to go in camera in the circumstances you talked about, when we're discussing potential witnesses, evidence, and that sort of thing. If Mr. Webber wants to simply move a motion for committee business that we clearly said should be on the record, then there's no reason to go in camera for that. I think it depends on what we're dealing with.

The Chair: Let's do Bill C-224 first, if that's all right.

Mr. John Oliver: Sure. Fair enough.

The Chair: Yes.

● (1725)

Mr. John Oliver: What I would worry about is that those [*Inaudible—Editor*]

I was going to be getting into the business of Bill C-224, so I'll wait until you're through with the procedural matters. I did have a motion to make with respect to Bill C-224.

The Chair: Well, we have one witness for Monday, and only one. We have to decide what we're going to do on Monday. Are we going to call more witnesses, or have we had enough testimony? What is the will of the committee? What do you want to do?

Mr. Eyolfson.

Mr. Doug Eyolfson: For my part, I don't know if any more witnesses would have much more to offer on this. We have a good perspective on this bill. We've seen that there are some potential problems with it, but I think we have had compelling evidence to support it at this point.

The Chair: Mr. Oliver.

Mr. John Oliver: I did hear from all of the witnesses that this is an urgent issue and that lives have been lost that could have been saved if this bill were passed. I am concerned that we're coming to the end of our time as a committee with the House potentially rising next week.

I'd like to put forward a motion that we move to clause-by-clause review on Monday of next week.

The Chair: Mr. Davies.

Mr. Don Davies: I think that's reasonable, to hear from the one witness. It's a three paragraph bill, and I think we know where the sensitive areas and weaknesses are.

I'm going to be moving some amendments for the committee to consider, but we can certainly deal with them, yes or no, on Monday.

I think we should be realistic, though. This bill will not be coming out of this Parliament in June. This is going to come out of committee, and we're going to be breaking for the summer soon. I don't know how much haste is going to really make a difference at the end of the day, but I'm happy to deal with this witness and clause-by-clause consideration on Monday, if that's what the majority decides.

The Chair: When could you submit your amendments?

Mr. Don Davies: I don't think I have to submit them. I can move them from the floor, I believe, at the meeting. That's what I would do. I'll endeavour to get them drafted. If I get them drafted in advance and translated, I'll send them around. I think you can tell by my questions where I think the bill can be improved.

The Chair: Are there any other comments or questions?

Mr. Kang.

Mr. Darshan Singh Kang (Calgary Skyview, Lib.): Mr. Chair, I think we have heard enough evidence on this bill. It's going to save lives. I think we should be able to wrap it up on Monday with clause-by-clause study.

The Chair: All right.

Mr. Darshan Singh Kang: There's compelling evidence.

The Chair: Ms. Harder.

Ms. Rachael Harder: It certainly does concern me that this entire bill has been produced without hearing from front-line workers. That seems like a glaring omission when it comes to the drafting of this legislation. I would like to hear from front-line workers.

The Chair: Do we have a motion, then?

Some hon. members: Oh, oh!

Ms. Rachael Harder: Were you a policeman?

Mr. Doug Eyolfson: I was an emergency physician for 17 years.

Mr. Don Davies: When we say “front-line workers”, I think that may mean different things to different people. I think in Ms. Harder's mind that means police. To me, it means paramedics and police.

Ms. Rachael Harder: I think it means both.

Mr. Don Davies: Yes, I think it's both. It's police. It's ambulance attendants. It's paramedics. It may be emergency room doctors. It may be social workers. If we want to hear from front-line workers, then—

Ms. Rachael Harder: Were you involved on this bill?

Mr. Doug Eyolfson: Yes, I actually was.

Mr. Don Davies: I'm sorry. I have the floor, I think.

If what Ms. Harder wants is to hear from police, then she should say, “Let's hear from police.” If it's front-line workers, then we should discuss what we mean by that. I don't think it's a bad idea to hear from police or other front-line workers, but we need to decide who we want to hear from, if that's the case.

The Chair: We have a motion on the floor, though, to go to clause-by-clause on Monday. That's the motion.

Mr. Ayoub.

Mr. Ramez Ayoub: I did ask Ron for the list of people he consulted, and he said he has that on the website. We don't have the witnesses, but the list is there, so we can consult the list. Maybe you'll find your answer there.

I agree that we have almost all the answers, though. There is no bill that is perfect, but that bill should address the first purpose it was addressing. Going to clause-by-clause study on Monday is fine with me.

The Chair: Mr. Kang.

Mr. Darshan Singh Kang: I think it's a good start.

Where do we draw the line on front-line workers? We don't have the firefighters in there. They go whenever there's an emergency. They're there, too. We could say let's go to the emergency department in the hospitals and consult those people.

I think we should specify who we would consult.

● (1730)

Mr. John Oliver: Do you guys mind if I take a turn?

The front-line workers issue is a 911 response, and you're asking a first responder question, Rachael. Why does that matter?

We're trying to save lives and we're trying to give confidence to people in the room before the first responders arrive, to make a phone call to 911 to trigger first responders. However, I'm not sure what we would gain or learn from them. The goal here is to get them to respond so they can begin to initiate treatment.

I don't know that the language of the bill would change with input from first responders in a 911 call.

The Chair: The bells are ringing. I need unanimous consent to carry on. Do I have unanimous consent to carry on or do you want to vote? I think it's 30-minute bell, but I'm not sure. Do I have unanimous consent to carry on or does anybody oppose this?

Mr. Davies.

Mr. Don Davies: I don't want to speak for Ms. Harder, but maybe one of the differences with police is trying to get some evidence about how this may impact their charging practices.

We heard a number of different ideas. They can come upon a scene as diverse as a drug trafficker or a crack house or a party. We heard some evidence from some of the witnesses that this may affect how the police will interpret their powers or how it may affect their investigative or other charging techniques. This is a valid area of investigation.

I think there is some cause to look into it, if it was the will of the committee.

I also agree with Mr. Oliver that if we're looking at it from the point of view of the victim, in a way the position of the police almost doesn't matter because we're trying to encourage the people at the scene to phone.

The Chair: I still didn't get an answer. Do I have unanimous consent to carry on?

Some hon. members: Agreed.

The Chair: All right.

It just seems to me, as Mr. Parkinson said, the minute this bill goes into effect, it will save lives; it's not perfect, but it'll save lives. To me that's the thing, and if we make it complicated—right now, there's probably support for this bill in the House. However, if we dabble with it, that may change.

Mr. Kang.

Mr. Darshan Singh Kang: We're talking about saving lives. That's how we frame the goal. If somebody's going to get charged there will be a police investigation if they have to do anything with the charges later on. However, that will depend on the police investigation.

The bill as is, is okay. We have to start somewhere. If the police investigate, if they want to charge somebody, a trafficker, or some other charges are going to come from that investigation, so be it.

The Chair: Ms. Harder.

Ms. Rachael Harder: I have a couple of things.

Number one, to refer to your comment here, I asked Mr. McKinnon outright whether or not first responders were asked, and he said no. I don't need to consult his website; I heard it from his mouth tonight.

Mr. Kang, your argument is weak, with all due respect, when you say where are we going to stop. You're saying we're going to throw our commitment to evidence-based decisions out the window because it might take too long or because we can't define where to start and stop.

I don't think that's good policy-making. At the end of the day, this committee was put in place to assess, among other things, bills that are put forward that have to do with health. That's part of our responsibility at this committee: to do due process. We need to hear from experts in this field, and in this case part of that would be front-line workers.

● (1735)

The Chair: Mr. Ayoub is next.

Mr. Ramez Ayoub: Thank you for the precision. I was going to go after the remarks of Mr. Davies and your remarks.

What is the definition of front-line worker? If we're going to ask police departments, we need to do that across the country. In the Vancouver Police Department, they are acting on their own. They have their own rules. In the Quebec region, they have maybe some other rules. In Newfoundland.... We can find out and go over it. I don't know. What is a front-line worker?

The Chair: Go ahead, Mr. Oliver.

Mr. John Oliver: I'm wondering if we're ready for the question.

The Chair: Are we ready for the question? What does that mean? Okay. We're not ready for the question, but you're up.

Mr. John Oliver: What are the time limits we have. I want to make sure that the question is asked before our extension. I think we're running out of time.

I think we have about three minutes left for any discussion before the question, just to be clear.

The Chair: We're running out of time for sure.

We'll go to Dr. Carrie.

Mr. Colin Carrie: I just want to go with what my colleague, Madam Harder, said. I believe that there's support for an initiative in this regard. We heard around the table that this approach could save lives. I was asking very specifically if there was any evidence out there. None of them could say. Dr. Eyolfson said that just because there's no evidence to say that it's not working does that mean that it won't be working.

We're talking about evidence-based decisions, and your government has been very strong on evidence-based decisions. As Madam Harder rightly said, the people on the ground weren't even consulted on this bill. The mover of the bill said, you know, they were looking for something; he wanted to get something put in, and he did. He worked with a couple of stakeholders. The people from Justice said that there were significant issues with the bill. If it were a government bill, they would have drafted it differently.

You guys are in government now. We're in opposition. Our role is to oppose. If we're going to be putting this bill forward, because the House wants something along these lines, because there is a crisis and there's a problem in certain parts of the country, at least let us do our due diligence. There doesn't appear to be evidence, or at least what I would call evidence, in front of this committee that would guide us to say that, yes, this really is a good idea. We're kind of taking a bit of a chance here.

The Chair: I heard an expression today that I never heard before, and I thought it was really good. I would like to repeat it: the enemy of good is perfection.

Mr. Colin Carrie: I'm not looking for perfection.

The Chair: No. Everyone said it's not perfect, but I think everyone agrees that as it is, it will save lives.

Who's next? We'll go to Mr. Kang.

Mr. Darshan Singh Kang: As I said, we have to start somewhere. There are going to be pro and con arguments. We could be sitting here until the cows come home debating this thing. The bottom line is that it's going to save lives.

A voice: I think I'm next.

The Chair: I know, I'm just making sure he gets on the list.

Mr. Darshan Singh Kang: We heard the evidence that 88% of people will call if there is a law. I think that's good enough.

The Chair: Mr. Oliver.

Mr. John Oliver: There is profound clinical evidence that in the case of an overdose, the faster the 911 call is made, the sooner the response is made, and the sooner corrective medications are administered, the better the recovery, the more brain tissue is saved, and the better the outcome for the person.

There is profound clinical evidence here. There is no shortage of evidence. With a quick call and a response from 911, people recover. With a failure to call, a failure to administer the drug, people lose brain tissue and they die. It's that simple.

The Chair: Dr. Carrie.

Mr. Colin Carrie: I was just going to move to adjourn. I think we need enough time to get over to vote.

The Chair: We have to deal with the motion to adjourn first. If we're still here after that, we'll vote on yours.

Those in favour of adjournment.

● (1740)

Mr. John Oliver: Isn't there a motion on the floor?

The Chair: The adjournment comes first, does it not? It's a dilatory motion, so it comes first. It's a dilatory motion.

Mr. John Oliver: We have to get over there.

The Chair: We have three in favour of adjournment.

Let's vote on Mr. Oliver's motion.

(Motion agreed to)

The Chair: Okay, we're going to have clause-by-clause study on Monday.

Mr. Don Davies: Will it be after the one witness?

Mr. Len Webber: Mr. Chair, I would like to put this motion forward:

> That, pursuant to Standing Order 108(2), the Committee undertake an immediate study of the current restrictions imposed on men who have sex with men (MSM) when it comes to the donation of blood to determine if the current five year ban is scientifically supported, or to determine if this restriction can either be reduced or eliminated while maintaining a safe blood supply system.

My motivation with this, Mr. Chair, is simply to ensure that we can increase our blood supply base here in Canada in a safe manner. If science supports this, then I support it. I would like to see a committee of experts come here and enlighten us on this issue.

The Chair: I don't know what we do here, but we have to go for a confidence vote.

What can we do with this? We know you have a long-term interest in this—

Mr. Len Webber: Absolutely.

The Chair: —and we know how sincere you are.

How do we handle this?

Mr. Len Webber: I'd like to see unanimous approval of this bill. We've all received the—

The Chair: The clerk recommends we do committee business on Monday. Bring it up there. We have to go vote, so that's what we'll do. You'll be in first place.

The meeting is adjourned.

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