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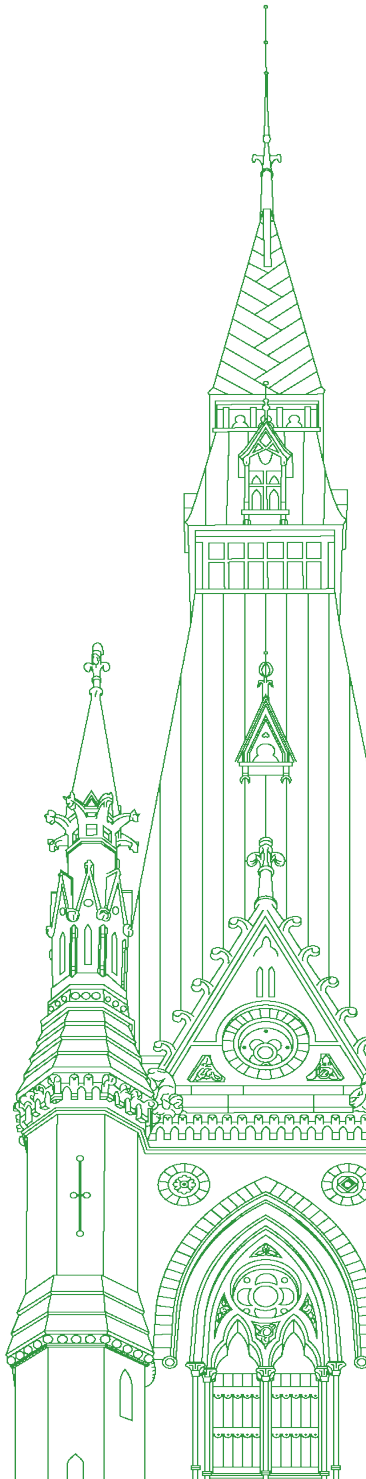

Chair: Mr. Sean Casey

Standing Committee on Health

Wednesday, June 8, 2022

● (1630)

[*English*]

The Chair (Mr. Sean Casey (Charlottetown, Lib.)): I call this meeting to order.

Welcome to meeting number 25 of the House of Commons Standing Committee on Health. Today we meet for two hours to study the subject matter of supplementary estimates (A) with Minister Duclos and senior officials.

Today's meeting is taking place in a hybrid format, pursuant to the House order of November 25, 2021. Everyone here who's participating is quite familiar with the preliminaries, so I won't belabour those points.

I'll remind you not to take screenshots or photos of your screen.

The proceedings will be made available via the House of Commons website.

In accordance with our routine motion, I'm informing the committee that all witnesses have completed the required connection tests in advance of the meeting.

Colleagues, I have a couple of things before we introduce our witnesses. First, the minister has a hard stop at 5:15.

Second, I want to remind members of this: Traditionally, the witnesses are allowed to spend as much time answering the question as the questioner has taken to pose it. If necessary, I'll be enforcing this.

Minister, if you go on longer than the question, you can expect to be interrupted by me or by the person who posed the question.

Members, if you cut the witness off before they've been afforded as much time to answer the question as you have taken to ask it, you can expect me to intervene and allow for the witness to answer.

I'd like to welcome our witnesses who are with us this afternoon, starting with the Honourable Jean-Yves Duclos, Minister of Health.

Mr. Michael Barrett (Leeds—Grenville—Thousand Islands and Rideau Lakes, CPC): Mr. Chair.

The Chair: Yes, Mr. Barrett.

Mr. Michael Barrett: My apologies for the interruption, Chair.

Since the minister is with us for a shorter period of time than I expect the departmental witnesses will be, I'm wondering if it is possible to have the minister's opening remarks only, so that we can put our questions to the minister. Following his departure, we could then hear the opening remarks from departmental officials, if they are planning on giving them.

The Chair: Absolutely.

From the Department of Health we have the deputy minister, Dr. Stephen Lucas. From the Canadian Food Inspection Agency, we have Dr. Siddika Mithani, president. From the Canadian Institutes of Health Research, we have Dr. Michael Strong, president. From the Public Health Agency of Canada, we have Dr. Harpreet Kochhar, president, and Dr. Theresa Tam, chief public health officer.

Thank you all for taking the time to appear today.

We are going to begin with opening remarks from Minister Duclos, followed by questions for Minister Duclos. We'll defer the statements from the other witnesses until Minister Duclos has departed.

Minister Duclos, I hope you're feeling okay. I understand that you've recently been diagnosed with COVID. Thank you very much for being with us.

You now have the floor.

[*Translation*]

Hon. Jean-Yves Duclos (Minister of Health): Thank you, Mr. Chair.

I'll try to be very brief in my opening remarks.

[*English*]

I would like to start by thanking all of you for the opportunity to appear today to speak about the supplementary estimates as they regard the health portfolio.

As you mentioned, I am accompanied by a great team of officials—the highest-ranking officials that there can be on the health portfolio—including Deputy Minister Lucas; the president of the agency, Dr. Kochhar; Dr. Tam, the chief public health officer; Dr. Mithani, president of the CFIA; and Dr. Strong, president of the CIHR.

[*Translation*]

I'll begin by saying a few words about our ongoing fight against COVID-19 and the importance of continuing it.

When Minister Bennett and I met with you a few weeks ago, the epidemiological situation was critical. Although we experienced another surge across the country due to the BA.2 variant in the months that followed, in recent weeks we have fortunately seen a decrease in transmission in most areas.

Laboratory test positivity has also generally declined. The rate of hospitalizations remains high and variable across the country, but in most regions the incidence of severe disease continues to decline overall.

[*English*]

With the supplementary estimates I am presenting today, we have refined our plans further to better support our mandate priorities as we move forward.

In total we are seeking just over $1.54 billion on behalf of the health portfolio, which includes Health Canada, the Public Health Agency of Canada, the Canadian Food Inspection Agency, the Canadian Institute of Health Research, and the Patented Medicine Prices Review Board. Of these five organizations, only Health Canada and PHAC are seeking additional resources through these supplementary estimates.

[*Translation*]

I'll start with Health Canada, which is seeking a net increase of $20 million through the Supplementary Estimates (A), 2022-23, which would bring the proposed estimates to just under $3.9 billion.

The proposed increase reflects a reallocation of $20 million for the Safe Restart Agreement from 2021-22 to 2022-23. Specifically, the funds will be used for testing and evidence-based tracking, contact tracing, and improved data management, so that relevant public health information can be shared with all levels of government.

[*English*]

The Chair: Did his screen just freeze?

He's in Quebec City.

Mr. Michael Barrett: They have better Internet in Whitehorse, where Dr. Hanley is.

● (1635)

The Chair: We're going to suspend to see if we can get this resolved.

The meeting is suspended.

● (1635)

_____(Pause)_____

● (1635)

The Chair: The meeting is back in session.

We can hear you, Minister, and I'm not sure exactly where you got cut off.

Hon. Jean-Yves Duclos: I suggest that we turn straight to questions, because I have tried my best to be as quick as possible, but obviously I used some of the time. I'm sorry for that, but being in confinement, it's hard to have people around me to set up the appropriate network and make the appropriate connections.

I'm sorry for that, but I'll turn it back to you, Chair.

The Chair: Thank you, Minister.

We're going to begin with rounds of questions, starting with Mr. Barrett for six minutes, please.

Mr. Michael Barrett: Thanks very much, Chair, and I thank the Minister for joining us today.

Minister, I just want to express to you my best wishes for good health and recovery following your having announced that you have come down with COVID. You look great, and I'll offer that as a statement and not a question.

I have two questions with respect to COVID mandates.

What are the metrics that are currently being used to keep the mandates in place? We'll start with that first question, sir.

Hon. Jean-Yves Duclos: Thank you for your kind words.

Data is a great question. Let me just point to the fact that although we would all like COVID to be ended, over the last months, between January and May, we have had 10,000 people lose their lives and 60,000 hospitalizations, which is much larger than pre-2022, so the rates of hospitalization and death have unfortunately increased over the last few months, and we are following that closely.

● (1640)

Mr. Michael Barrett: We've heard from infectious disease specialists over the last few days, and I appreciate the numbers that you've offered with respect to cases and mortality, but infectious disease experts have said that the mandates are not contributing to the prevention of loss of life.

These are experts like Dr. Isaac Bogoch, who offered “at the end of the day the current policy probably isn't doing a whole lot”.

Do you agree with these expert infectious disease specialists, Minister?

Hon. Jean-Yves Duclos: Experts do indeed point to what you allude to, Mr. Barrett, which is that we need to use all tools available. This is obviously a disease that can be serious, but it's also a disease that can be prevented. By definition, being a communicable, transmissible disease, it can be stopped. At least the incidence can be reduced through all sorts of tools, including vaccination and other ones as well.

Mr. Michael Barrett: We've seen and heard, again from infectious disease specialists, that the policies that are in place lag the science. We know that uptake on what is currently known as full vaccination is exceptionally high in Canada, but we also have naturally acquired immunity, in addition to that first and second dose that an overwhelming majority of Canadians have received. Approximately 50% of Canadians have received third doses as well. Aside from incremental changes to uptake on the vaccine, the mandates that are in place are not driving further vaccination.

On what date do you expect that you will lift the vaccine mandates? Is there a target in terms of further vaccination that your ministry has selected that needs to be achieved?

Hon. Jean-Yves Duclos: Those are great questions. Let me speak to the one on how and when we revise those decisions. These decisions are revised every week. We have meetings of the COVID-19 committee every week. We obviously depend on the experts, the data, the science and obviously the prudential principle, which is that this disease has come with surprises ever since we came to know about it two years and a few months ago.

On the vaccination rates, you're right, we can be proud of the [*Technical difficulty—Editor*] in terms of the third dose, which is essential according to all experts to protect us against the continuation of COVID-19.

Mr. Michael Barrett: Chair, there was a bit of an interruption in the minister's connection there, so I didn't hear the complete answer, but I'm going to continue. It looks like it's restored.

As Canadians haven't been provided with a further target, we have heard that a date for mandates with respect to the border and when they will expire.... Do you expect that they will be extended, and what is the data specifically that's being used to justify an extension or a termination of the mandate that's currently set to expire at the end of this month?

The Chair: Minister, did you hear the question?

Hon. Jean-Yves Duclos: I think I heard it. Again, I'm sorry. The problem is on our side. I'm sure the Internet connection is fine on your side. It's probably in this particular place that the connection is weak.

I think I heard most of the question from Mr. Barrett. As we said, the timeline is reviewed every week, so it could be any time. It could be later, and that depends on the evidence and the advice that is provided by experts within PHAC.

Obviously, you might want to speak to Dr. Tam eventually, because she will have more precisions on the type of regular meeting she's having with her own officials.

● (1645)

The Chair: Thank you, Minister Duclos and Mr. Barrett.

We have Mr. van Koeverden, please, for six minutes.

Mr. Adam van Koeverden (Milton, Lib.): Thank you, Mr. Chair. I just want to flag to the clerk that I don't think the phone lines are working. I'm sorry to re-emphasize that if it wasn't necessary.

Thank you, Minister. I hope, as well, that you are feeling well. Our briefings and regular calls have been missing you, but you look healthy and strong, so it's good to see you in good spirits, and thank you for joining us despite feeling under the weather.

I'd like to change the topic a bit towards women's reproductive health, if that's okay. Our government has said from the very beginning in 2015 that we are a government that believes in access to safe and consistent reproductive health services, including abortions. Although abortion has been legal in Canada for over three decades, many continue to experience barriers to access to safe abortions and female reproductive services.

Minister, can you update this committee on what's being done to remove some barriers to services and offer some accurate reproductive health information for Canadians?

Hon. Jean-Yves Duclos: Thank you, Adam.

As you say, it's about both rights and access, and therefore barriers. The rights of women to have adequate and timely health reproductive and sexual services are, I think, well understood and very much supported by Canadians on all horizons. That being said, the actual access to those services still varies in 2022, which unfortunately puts at risk the safety and health of many women across our country. That's why we announced, in fact, just recently—three weeks ago, I believe—an important investment in community organizations, local and national, to help women with information, guidance and support through information and appropriate guidance for the [*Technical difficulty—Editor*] because it not only aligns with our vision and our mandate but also supports community organizations in doing the important work they need to do.

Mr. Adam van Koeverden: Thank you, Minister.

In respect to the time that we have allocated, I might recommend that you go off video for us, so that we can continue to hear your answers without any other interruptions, if that is okay with the clerk. I think it might satisfy the chair, perhaps.

Usually it's typical that we ask people to be on camera when they're speaking, but it's possible that turning off your camera will improve the connection a bit.

The Chair: I have no objections, but I leave it up to each individual questioner if they want me to turn it back on.

Mr. Adam van Koeverden: Okay.

Do I have some time left, Mr. Chair?

The Chair: Yes. You have three minutes.

Mr. Adam van Koeverden: My second question, Minister, is with respect to the World Health Assembly, which you recently attended in Geneva, the 75th World Health Assembly. You delivered a statement on the theme of health for peace and peace for health, in which you stated that there cannot be health without peace. You condemned the destruction of Ukrainian health facilities and attacks on their health care workers.

Can you tell us a bit more about this trip and what's being done to support Ukraine from a health perspective amid its current health emergency?

Hon. Jean-Yves Duclos: Thank you again. I hope you can hear me.

Yes, we were at the World Health Assembly, the 75th annual conference. Yes, we did speak about exactly that: no health no peace, and no peace no health. In that context we worked very hard with member organizations to support a motion that was then posted and tabled by the Ukrainian government and the Ukrainian health minister—whom I was fortunate to meet—obviously to denounce the invasion by Russia, but equally importantly to speak about the terrible health and health care circumstances in which Ukrainians are finding themselves.

On behalf of all Canadians I offered the Ukrainian health minister our unwavering support and full commitment to working with them to look after the health and health care of their citizens.

● (1650)

Mr. Adam van Koeverden: Thank you, Minister.

I appreciate the answers and I will cede my remaining time to the chair. I hope you get some rest.

The Chair: Thank you very much, Mr. van Koeverden.

[*Translation*]

Mr. Thériault, welcome back to the committee. You have the floor for six minutes.

Mr. Luc Thériault (Montcalm, BQ): Thank you, Mr. Chair.

Greetings to the minister, and I hope he gets well soon. We'll be delighted to hear him answer questions in the House once he's recovered.

Mr. Minister, the Bloc Québécois supports diversity in all areas, but I want to talk about something else. We're going to put some meat on the bone and talk about beef labelling.

We recently learned that Health Canada wants to change the labelling on ground meat to include a statement about trans fats. We certainly understand the fight against artificial trans fat, given that it has such adverse health effects. However, don't you think that adding a statement on a label to indicate something that is naturally occurring in the product is going too far, and is harmful to our producers? That's what they think, anyway. Especially since the very same piece of meat—only not ground—would include no mention of trans fats and wouldn't be a problem.

But scientific findings on the effects of natural trans fats are completely different compared to findings on the effects of artificial trans fats.

Couldn't we just use common sense in labelling beef, just as we do for butter?

Hon. Jean-Yves Duclos: That's an excellent question, Mr. Thériault.

These recommendations and decisions are based on a very detailed scientific analysis by Health Canada, the regulatory agency, and on a great deal of collaborative work with partners and experts outside the Government of Canada.

I would like to invite the deputy minister, Mr. Lucas, to clarify the process. If you'd like to hear specific details on the ground beef issue, he could also provide those.

Mr. Luc Thériault: The process isn't really what interests me. What I am interested in, Mr. Minister, is your opinion about why we have this double standard in place. There's no labelling on dairy products, or butter products, but there is labelling on beef products. For the same cut of meat, they could decide to add a statement about trans fats.

I'd like to hear your opinion. As the minister responsible for this, don't you think it's a bit overzealous?

Hon. Jean-Yves Duclos: As we've already stated, it's a process that's based on scientific analysis, on an extensive network of experts and partners, and on the main purpose, which is, of course, to have a light hand, while also helping people stay healthy.

Mr. Luc Thériault: I can see that you're not open to the idea of changing or reviewing this.

I'd like to turn to a question I asked you the last time you appeared before the committee. Last March, you told the committee that there would be announcements in the near future—those were your words—in the context of the Cannabis Act review, regarding the production and use of cannabis for medical purposes. It's an open secret that Health Canada provides licences to organized crime groups, who then combine the licences, and that this creates a whole host of problems for municipalities and their residents.

Does Health Canada plan to stop acting as a front for the cannabis black market? When are you going to review the act and fix this problem once and for all? We already talked about this several weeks ago.

Hon. Jean-Yves Duclos: As I understand it, a review of the act is currently under way. Again, the deputy minister will be able to give you specific details about that.

Having said that, there's a significant and absolutely critical exercise that I'm focusing on with my team of officials. We need to ensure, as you say, that the current measures, which may be revised, are applied fully and effectively.

Mr. Luc Thériault: People are currently circumventing the law. Doctors from other provinces can even issue licences in another province, over the Internet, without ever doing the proper background checks. I raised this the last time you were here, and you said you were going to announce some changes.

Do you have any changes to announce today?

● (1655)

Hon. Jean-Yves Duclos: I asked to get regular updates on this issue. The deputy minister will be able to provide you with more details about that.

Just a few days ago, I saw significant progress in this area in terms of results, but also in terms of actions. I think the deputy minister could give you some examples.

Mr. Luc Thériault: Are you going to give me any examples of results? I'd be happy to hear the details of any results in this area.

Hon. Jean-Yves Duclos: I saw the documentation not too long ago, and I think that we'll be able to give you a fairly detailed overview very soon of everything that's been done, of the important results that have been achieved, and also what remains to be done. As you said, there will always be more work to do on this issue.

For example, Health Canada has conducted a significant number of audits and validations. In addition, there have been a significant number of licences revoked or paused in the issuance of these licences by Health Canada because of the considerations you mentioned.

The Chair: Thank you, Mr. Minister.

Thank you, Mr. Thériault.

[*English*]

Next is Mr. Davies, please, for six minutes.

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

Minister, I join my colleagues in wishing you a speedy and full recovery. Thank you for being here.

Minister, COVID-19 has exacerbated existing health care challenges. It's put immense pressure on overburdened facilities, increased backlogs and pushed health care workers to the brink of exhaustion.

I think it's fair to say there is widespread agreement that Canada's health care system is under serious strain, if not in crisis. There is also unanimity among provinces and territories that we need long-term, stable increases to the Canada health transfer, and urgently.

What is your position on Canada health transfer increases, and when will you meet with the provinces and territories to work out an agreement?

Hon. Jean-Yves Duclos: That is a great question. Let me answer it in two ways.

First, about what we have been doing and what we are doing in terms of concrete actions, you will remember budget 2022, which announced important investments on health human resources. For instance, there is $115 million over five years, I believe, to facilitate the approval of foreign credentials, which would lead to 11,000 new health care workers per year being able to use their talents to serve Canadians and patients.

The second thing is the $26 million over four years for loan forgiveness to rural nurses and doctors, to support them when they work in those more remote communities.

As well, I speak to my colleagues almost every week. We had a health ministers meeting just this week—I think it was on Monday. We speak to each other very often, and for exactly that purpose, as you said, Mr. Davies, that we need to mend the damage that was created by COVID-19, and indeed move forward—

Mr. Davies: Thank you. I'm sorry, but I—

The Chair: Thank you, Minister.

Mr. Davies, please.

Mr. Don Davies: Minister, I know you're aware that Canada's rising food prices are hurting families that were already struggling. Nearly one-quarter of Canadians report going hungry due to costs, and two million children across the country are now at risk of going to school hungry. In the last election, both the Liberal Party and the NDP pledged to invest $1 billion to establish a national school nutritious meal program, so that no child is forced to struggle through the day on an empty stomach.

Can you confirm when this funding will be in place?

Hon. Jean-Yves Duclos: I'm sorry, Mr. Davies. I heard one-third of your question. I think you spoke about the school nutrition program.

Mr. Don Davies: Yes, and the $1-billion pledge in the Liberal platform, and the NDP's. I know that money is not in the supplementary estimates or the budget. When will that money be expended?

I think they have frozen.

Mr. Chair, I hope my time has been frozen.

● (1700)

Hon. Jean-Yves Duclos: Yes, I think I am frozen on my side of the Internet.

DM Lucas, you might hear me, and more importantly, you might have heard the question and are aware of our joint work with the Minister of Agriculture.

Would you like to provide a brief statement on that?

Dr. Stephen Lucas (Deputy Minister, Department of Health): Thank you, Minister Duclos.

Mr. Chair, work on this is a collaborative endeavour with not only the Minister of Agriculture, but the Minister of Social Development as well.

Health Canada's contribution is in terms of guidance and support for children's healthy eating and healthy living. The government continues to work on this very important area for Canadians, and children specifically.

Mr. Don Davies: Thank you.

In the aftermath of the omicron wave, long COVID cases are expected to spike across Canada. Dr. Theresa Tam has cautioned that the impact of long COVID is going to be, in her words, “quite substantial”, yet long COVID has been relatively ignored in federal public health policy to date.

Minister, will you commit to bringing in a national long COVID strategy?

Hon. Jean-Yves Duclos: That's a great question, again.

Dr. Tam, who is indeed listening to us, may be invited to speak more about the increasing evidence of the sustained and profound impact that this is having on individuals, but also on our society.

We invested $250 million over the last two years in critical areas of COVID-19 research, including long COVID research. We also added another $20 million in budget 2022 for additional research on the long-term impacts of COVID-19 infections on Canadians, and on the wider impacts on health care and the health care system, so it's—

Mr. Don Davies: Thanks, Minister. I hate to interrupt, but I'm getting the nod from the chair about the time.

Budget 2019 proposed $1 billion over two years, starting in 2022-23, this year, with up to $500 million going purely to launch a national strategy for high-cost drugs for rare diseases. However, no estimates for 2022-23 to date have included any allocations for this initiative.

Minister, can you confirm when the national strategy for high-cost drugs will be in place?

Hon. Jean-Yves Duclos: It is indeed true that this is an official framework, and the budget, therefore, will be used for exactly the purpose you mentioned, which is to invest in research and development and availability of drugs to cure rare diseases. This will obviously involve a lot of partnership work with experts, and this is ongoing and going really well. It's part of the overall pharmacare agenda, which is not only that the drugs exist but also that they be available and, most importantly, available to those who need them the most, often Canadians who have little or no ability to pay for them.

The Chair: Thank you, Minister, and thank you, Mr. Davies.

Next is Mr. Lake.

Go ahead, please, for five minutes.

Hon. Mike Lake (Edmonton—Wetaskiwin, CPC): Minister, nine months ago, you ran on a platform that committed that a re-elected Liberal government would commit to permanent ongoing funding for mental health services under the Canada mental health transfer, with an initial investment of $4.5 billion over five years. Do you still stand by that commitment?

Hon. Jean-Yves Duclos: That's a good question to ask the first-ever Minister of Mental Health and Addictions in the history of Canada, my colleague Minister Bennett. I know she is working really hard on that.

Hon. Mike Lake: Minister, your mandate letter says that you are to "work with the Minister of Mental Health and Addictions and Associate Minister of Health and with the support of the Deputy Prime Minister and Minister of Finance to establish a permanent, ongoing Canada Mental Health Transfer". That's in your mandate letter.

Minister, do you stand by the costing document from your platform nine months ago, on page 75, that promised a Canada mental health transfer of $250 million in 2021-22 and $625 million in 2022-23? Do you stand by that commitment that you ran on just nine months ago?

● (1705)

Hon. Jean-Yves Duclos: We certainly stand by the commitment to invest in the mental health of Canadians, and this is ongoing with my colleague Minister Bennett and others, as you have rightly pointed out. What I can also add is that this is part of something we started to do in 2017 with a $6-billion investment—

Hon. Mike Lake: Sir, I'm sorry, but I'm short on time.

Minister, your platform committed $250 million under the heading "New Investments" for a Canada mental health transfer in 2021-22, and $625 million in 2022-23. Why has that committed money, which is supposed to have been allocated already, not been allocated?

Hon. Jean-Yves Duclos: You're right that this is a new investment, and this is not surprising because it's aligned with what I was going to say, which was the fact that beginning in 2017 we have been investing in the mental health and addictions services that Canadians need.

Hon. Mike Lake: Sir, can you confirm that the $250 million and the $625 million was money allocated in 2017, yes or no?

Hon. Jean-Yves Duclos: We can confirm two things. First, the $6 billion, which is for the next five years, has in total $3 billion for mental health and addictions and $3 billion for long-term care—

Hon. Mike Lake: Sir, I'm sorry. I know you love numbers, and I'm going to ask a very specific question on numbers.

Mr. Adam van Koeverden: On a point of order, Chair, given the difficulty with the hybrid system here, I would respectfully ask my colleague to allow the minister to answer the question. He hasn't been able to get a sentence out in his response.

The Chair: It's a fair point. You're cutting him off before he's been afforded the same amount of time you've had to pose the question. Perhaps you could be just a little more patient, Mr. Lake.

Go ahead.

Hon. Jean-Yves Duclos: I will try to be even quicker. I understand that you're interested in what we are doing and hoping to do. What we are doing is exactly that. We have committed to the $6 billion over five years, and Minister Bennett will be able and glad to come back to you very soon with more details on that.

Hon. Mike Lake: Minister, nine months ago you ran an election campaign in which you promised people struggling with their mental health that there would be $250 million spent on a Canada mental health transfer in 2021-22 and $625 million in 2022-23. Why have you broken that promise?

Hon. Jean-Yves Duclos: What I can again speak to is, first, the commitment, which, as you said, is quite clear; second, what we have done since 2017; and third, the significant increase, from $45 billion to $49 billion, in the Canada health transfer between now and next year, then moving up to $51 billion, $53 billion and $55 billion. In four years, the CHT will have increased by 20%.

Hon. Mike Lake: Minister, I'll speak to the first of the things that you just articulated there. On the commitment you made, why has that commitment been broken?

Hon. Jean-Yves Duclos: As we said, the commitment has not been broken. In fact, it's complementary to other commitments that you have heard of and that I believe Canadians need to hear about as well.

Hon. Mike Lake: If the commitment hasn't been broken, can you please point us to any document that highlights where the $250 million is that was promised for 2021-22 for the Canada mental health transfer, and any document that points to where the $625 million is that was promised in your platform for 2022-23 for the Canada mental health transfer? If you don't have them right now, I would ask that you please table them with the committee.

Hon. Jean-Yves Duclos: I can ask my colleague, Minister Bennett, to come to the committee or to send you that information. We work really well together, as you would expect and would hope. I can make that request to her.

Hon. Mike Lake: Thank you very much.

The Chair: Thank you, Mr. Lake and Minister Duclos.

Next is Dr. Powlowski, please, for five minutes.

Mr. Marcus Powlowski (Thunder Bay—Rainy River, Lib.): Minister, it seems to me, anyhow, that part of managing the ongoing COVID pandemic and especially avoiding a further need for shutdowns is doing better at getting out therapeutics for the treatment of COVID. Certainly, studies have shown Paxlovid to be quite effective if given early to high-risk people to prevent progression to more severe disease.

I think that in the supplementaries there is some extra funding for therapeutics. Can you tell me more about that in terms of how much money and for which therapeutics?

● (1710)

Hon. Jean-Yves Duclos: Yes. Paxlovid has been a remarkable drug until now, as we know, and, as you of all people know, the initial clinical evidence was strong. It has been increasingly available in clinical settings across Canada. It started a bit slow, because provinces and territories initially found it a bit challenging, let's say, as always happens, to make sure the drug was available in the right places, but we can be very proud of the outcomes they have achieved in the last few months.

Added to that is Evusheld, which is another therapeutic that is more particularly available for vulnerable populations that may not respond well to COVID-19 vaccines. That's also something very good from a clinical but also a social and public health perspective. We have other tools in our tool kit that we're hoping to bring forward.

Mr. Marcus Powlowski: What is the amount of money that we've put towards therapeutics?

Hon. Jean-Yves Duclos: In total, we have budgeted $2 billion for the range of treatments, and that includes, as I said, Paxlovid and other possible drugs that fortunately and remarkably have been developed quite quickly, and in some cases with very good results.

Mr. Marcus Powlowski: Is Evusheld now approved by Health Canada? I think it is being pretty widely used in the United States for people who for one reason or another can't take Paxlovid because they're taking other drugs that interact with it, or they have renal failure or are on dialysis. Can either you, Minister, or anyone in the department tell us whether that has been approved yet by Health Canada? If not, when do we expect that it may get approval?

Hon. Jean-Yves Duclos: Maybe I should turn to Dr. Lucas immediately, who may then turn to another official.

Dr. Stephen Lucas: Mr. Chair, Evusheld by AstraZeneca was authorized by Health Canada on April 14 of this year. The Government of Canada has purchased treatment courses that have been distributed to provinces.

Mr. Marcus Powlowski: Thank you very much.

Minister, on a totally different subject, I know it's already been mentioned that you recently returned from the World Health Assembly. I understand that the World Health Assembly and WHO have embarked on writing a new treaty on control of infectious disease and also on revisions to the international health regulations.

Maybe you could tell us a bit about what you found with respect to what WHO is doing in improving global health governance to try to prevent further pandemics like this in the future, or, if there are pandemics, making us better able to respond to pandemics on a global level.

Hon. Jean-Yves Duclos: I'll answer it in two different pieces.

First is on COVID-19 and a very important related issue, which you know quite well, the antimicrobial resistance issue. That has been a key element in discussions at the WHO, and prior to that at the G7 meeting. On both of these, we need a better ability to share data and to coordinate actions across the world, in particular in development of vaccines and therapeutics.

The second piece is around climate change. We spent quite a lot of time, at the G7 meeting in particular, speaking about what we increasingly know to be the terrible impact of climate change on the health of Canadians and the health of others, but also on the impact for our health care systems and making our health care system more resilient to the impact of climate change in our country and across the world.

The Chair: Thank you, Minister. We've now reached the hour at which you have a hard stop.

I want to thank you for testifying from isolation. I want to thank you for battling through the technical difficulties.

Minister Duclos, there's an emergency physician in my riding by the name of Dr. Trevor Jain, who accepts nominations and grants awards for COVID warriors. I'll be putting your name forward.

Thank you so much for being with us. I know that you have another commitment at this time. I wish you good luck and a good recovery.

Thank you, Minister.

● (1715)

[*Translation*]

Hon. Jean-Yves Duclos: Thank you very much, everyone.

[*English*]

The Chair: I'd like now to welcome the other witnesses who were introduced at the outset, and invite them to proceed with their opening statements. Perhaps we can begin with the Canadian Food Inspection Agency.

Dr. Mithani, you have the floor for the next five minutes.

Dr. Siddika Mithani (President, Canadian Food Inspection Agency): Thank you very much, Mr. Chair.

I do not have any opening remarks for this session.

The Chair: Well, that leaves us more time for questions.

Dr. Strong, from the Canadian Institutes of Health Research, do you have some opening remarks for us?

Dr. Michael Strong (President, Canadian Institutes of Health Research): Thank you, Mr. Chair.

I'm the same as Dr. Mithani. I am most happy to answer questions as they come forward.

The Chair: We're making remarkable progress.

The Public Health Agency of Canada, Dr. Kochhar, are you ready to go right to questions, or do you have some opening remarks for us?

Dr. Harpreet S. Kochhar (President, Public Health Agency of Canada): Mr. Chair, I don't have any opening remarks, and I'll reserve the time for answering any questions.

Thank you.

The Chair: Excellent.

Colleagues, I guess we can just continue on.

[*Translation*]

Go ahead, Mr. Thériault. You have two and a half minutes.

Mr. Luc Thériault: Thank you, Mr. Chair.

We know that, to date, only PAXLOVID has been approved as an antiviral drug. I have already asked about molnupiravir, for which an application was filed in August 2021. The application for authorization for PAXLOVID was submitted in December 2021 and was approved in January 2022. Mr. Lucas had said that it was coming, and he informed us of that several weeks ago now. I wonder what's wrong.

In my opinion—and I imagine Dr. Tam would agree—there are specific interactions between PAXLOVID and other drugs, so a second antiviral drug that doesn't have the same problematic interactions cannot be avoided. These interactions are due to a particular ingredient in PAXLOVID that is not in molnupiravir.

When will molnupiravir be approved?

Is there a problem? We've been waiting for this approval for a long time.

[*English*]

Dr. Stephen Lucas: Mr. Chair, I will respond to the question. The review of Molnupiravir by Health Canada's regulatory—

[*Translation*]

Mr. Luc Thériault: Mr. Chair, I can't hear the interpretation.

[*English*]

The Chair: Can you just hold on a second, Dr. Lucas?

[*Translation*]

Mr. Luc Thériault: Could the witness repeat what he said?

Dr. Stephen Lucas: Mr. Chair, I'll start again.

Merck's application for authorization for the antiviral drug molnupiravir is under review. Health Canada's regulatory team is using data from Merck's clinical trials to assess the benefits and risks of this product.

Mr. Luc Thériault: Last time, you told me the same thing, saying that it was coming in a few weeks. It's been a few months already.

Is there a problem?

Dr. Stephen Lucas: It's always important to assess the quality, efficacy and safety of a product before it's approved. Health Canada continues to review the antiviral drug molnupiravir for the treatment of COVID-19.

● (1720)

Mr. Luc Thériault: I agree. There is no need to compromise on this. However, the product has been registered in many other countries around the world. What's stopping Canada from registering it in a decent period of time? It's becoming indecent. We would need two antiviral drugs, with distinct effects, on the market.

Don't you agree?

If there is no issue, what's happening? Is the delay due to lack of staff to do the right thing? There must be a problem, since it has been approved in many other countries around the world.

Dr. Stephen Lucas: Health Canada is continuing its review process using Merck's data in collaboration with other regulatory agencies, such as the European Medicines Association and the Swiss regulatory agency. It's an important and independent process that must be conducted using scientific data.

[*English*]

The Chair: Thank you, Dr. Lucas.

Next we have Mr. Davies, please, for two and a half minutes.

Mr. Don Davies: Thank you, Mr. Chair.

Dr. Tam, can you tell us PHAC's assessment of the chances of a seventh wave of COVID in the fall?

Dr. Theresa Tam (Chief Public Health Officer, Public Health Agency of Canada): Mr. Chair, the pandemic is not over, and given the continuous evolution of the SARS-CoV-2 virus, we think that it's very likely that we will get some more viral activity in the future. We can't predict exactly how big the next wave is, but I think we need to prepare. We need to prepare for the fall and winter season.

Mr. Don Davies: Thank you.

What is the current thinking around what the next virus will look like in terms of a mutation?

Dr. Theresa Tam: It's very important that we continue to monitor the genomics, the genomic sequencing, which is being done right now. The omicron virus continues to undergo evolution.

You've probably seen the various sublineages. In particular, right now we're monitoring three: the BA.2.12.1, the BA.4 and the BA.5, which have some immune escape properties as well as increased transmissibility.

Those variants could potentially cause an increase in activity. Even more importantly, we're watching out for some very different variants that may, just like omicron when it first started, have come from an immunocompromised host or even from animal sources. Those are even more concerning, and as yet we can't predict that, since it can happen by chance.

Mr. Don Davies: Thank you.

Dr. Tam, what's the current thinking in terms of whether there's a significant difference in the ability to transmit COVID-19 between a vaccinated and an unvaccinated person in Canada? I'm thinking in terms of the omicron variant that's prevalent right now.

Dr. Theresa Tam: I think omicron was and is a game-changer. Prior to that, two doses of vaccine, for example, had very high efficacy against infection, and therefore transmission, as well as against severe outcomes.

When omicron came along, protection from two doses really waned over time and saw a real decline over time to 20% or less after six months. It is an immune-evasive variant. A third dose gives you a boost back up to 60% on average for protection against infection.

Mr. Don Davies: Thanks.

Finally, Dr. Tam, many notable public health officers in this country at the provincial level have called for decriminalization of drugs as the proper health policy response to the overdose epidemic.

What is your opinion on that as Canada's chief public health officer?

Dr. Theresa Tam: The opioid and polysubstance use crisis is a challenge for public health. We should not treat it as a criminal issue, so I think the recent policy changes, in particular what has been happening in British Columbia just very recently, are a step in the right direction, though we should always treat the crisis as a public health issue.

● (1725)

Mr. Don Davies: Thank you, Dr. Tam.

The Chair: Thank you, Mr. Davies.

We have Dr. Ellis for five minutes.

Go ahead, please.

Mr. Stephen Ellis (Cumberland—Colchester, CPC): Thank you, Mr. Chair. This is a heads-up that I have some policy questions for whoever might want to answer them.

Unvaccinated travel on a federally regulated boat in Canada—is that permissible? I'm asking for a simple yes or no.

Dr. Harpreet S. Kochhar: Mr. Chair, this is Harpreet. The question, if I heard correctly, is whether unvaccinated travel on a boat is permitted. I'm sorry. I'm just asking—

Mr. Stephen Ellis: That's it, Doc. You got it.

Dr. Harpreet S. Kochhar: At this point, any unvaccinated travel on a boat specifically entering into Canada is not permitted.

Mr. Stephen Ellis: What about a ferry there, Dr. Kochhar?

Dr. Harpreet S. Kochhar: In terms of the border measures we currently have, I think—

Mr. Stephen Ellis: That's inside of Canada, Doc.

Dr. Harpreet S. Kochhar: On a ferry in Canadian waters, there is no such restriction.

Mr. Stephen Ellis: I'm sorry, but you're saying that unvaccinated people can get on ferries inside Canada? Is that what you're saying?

Dr. Harpreet S. Kochhar: Unvaccinated people, if they are travelling in between different cities or different entities....

Maybe I'll confirm this, Mr. Chair. I think they're permitted to get on so long....

I'll get back to you, Mr. Chair. I want to confirm that I'm giving you the right answers. I'm sorry.

Mr. Stephen Ellis: Okay, then, I'll move on. It's the same policy stuff.

Are unvaccinated travellers permitted by air—yes or no? It's a simple answer.

Dr. Harpreet S. Kochhar: Again, is this domestic?

Mr. Stephen Ellis: Yes, it's domestic.

Dr. Harpreet S. Kochhar: On the domestic side, we don't allow the unvaccinated to travel on planes.

Mr. Stephen Ellis: Well, I guess maybe I'm a policy expert now, but oddly enough, you can get on a ferry inside of Canada unvaccinated and you can get on a plane unvaccinated from remote northern communities. You can do that.

I guess this is going to make this very difficult for you to answer this question, since you didn't know the policy, but how does the science that applies to other people not apply to these folks?

Mr. Adam van Koeverden: On a point of order, Mr. Chair, I think we'd all agree that we're fortunate to have officials here with us. My colleague is addressing the president of the Public Health Agency of Canada. I think a little respect is due.

Thank you.

Mr. Michael Barrett: On that point of order, Chair, and after a quick review of the rules, Mr. van Koeverden's intervention is not a point of order. It's a point of debate.

The Chair: Thank you, Mr. Barrett.

Dr. Ellis, you can take whatever advice you want from those comments, but you have the floor. Go ahead.

Mr. Stephen Ellis: Thanks, Mr. Chair.

I just find it somewhat distressing that the head of one of Canada's agencies doesn't know the policies that his agency creates. It also makes it very difficult to understand the science that directs such policies when you don't even know the policy.

Given the fact that unvaccinated Canadians are allowed to travel domestically by air and on ferries, how does that science apply to anybody else in Canada who is unvaccinated, say from my riding of Cumberland—Colchester, which is in Nova Scotia. How can they not get on an airplane if certain Canadians can?

What is the magical science that exists for certain people that doesn't exist for others in Canada? Please explain that to me, sir.

Dr. Harpreet S. Kochhar: Mr. Chair, maybe I'll come back to this question. Certain populations are exempt for travel for essential purposes, and that is an exemption. Discretionary travel is not allowed for foreign nationals on a plane, unless they have an exemption as such. Domestically, you cannot get on a plane, and that is the case. If you have a right of entry internationally, you can get on the plane, and that is also with a test, and then further day 1 and day 8 tests, as well as quarantine.

That's the main frame of the rules, Mr. Chair.

● (1730)

Mr. Stephen Ellis: Thank you.

Dr. Kochhar, through the chair, what do you determine as essential, and who determines that?

Dr. Harpreet S. Kochhar: Mr. Chair, we have described "for essential purposes" as those who are in certain sectors, for example, health care, oil and gas and others. There exist some other exemptions that are specifically related to maintaining the supply chain. They're considered to be essential. There's a definition, and that is how we treat them.

Mr. Stephen Ellis: Thank you for that.

Mr. Chair, I have a couple more questions.

The Chair: You can have one more.

Mr. Stephen Ellis: Great.

We spent about $2 billion on rapid antigen tests. How many of those are still on the shelves and have gone stale dated?

If you don't know the answer, I'd love for that to be provided and tabled here with the committee in the next two weeks, please.

Dr. Stephen Lucas: Health Canada, working with provinces, territories and other suppliers, has had very careful inventory management to avoid expiration of tests. This has been managed very closely, including working with manufacturers, taking a life-cycle approach in terms of being able to ensure that inventories are updated. This is an area where we take every step needed to minimize the risk of tests reaching their expiry date.

Mr. Stephen Ellis: Thank you, Mr. Chair, but I'd like to clarify that I asked specifically for a number, which wasn't provided, and then I asked that evidence be tabled here with the committee in two weeks, please.

Dr. Stephen Lucas: Mr. Chair, we can follow up with specific evidence, but I stand by my response that every effort is taken, in terms of the 600 million tests that have been acquired, distributed and used in Canada, to ensure that they don't expire.

The Chair: Thank you, Dr. Lucas and Dr. Ellis.

Next we have Dr. Hanley, please, for five minutes.

Mr. Brendan Hanley (Yukon, Lib.): Good afternoon, everyone. I want to thank all of the officials for appearing today.

I would like to start with Dr. Strong, on the theme of long COVID, the state of research, and what you see as the trends, where we're going and the plans for long COVID.

Dr. Michael Strong: It's a terrific question.

We have, since the inception of the pandemic itself, invested funding through rapid response programs. In addition to that, the government will be releasing another $20 million directed specifically at long COVID.

As an example of the type of work that's being done, $3.6 million went to understanding the impact of long COVID on children, youth and families in Canada, and that is really the foundation of what will be a much longer study. We're also looking very carefully at mechanisms; very little is known about how this actually occurs.

A lot of work is being done and will continue to be done as we go forward.

Mr. Brendan Hanley: Thank you very much.

Dr. Lucas, on the clinical patient side in terms of support for long COVID, I think we're all worried about the burden that long COVID is proving to present, with rates of 20% to maybe 30% of COVID disease leading to long COVID syndromes. That is clearly concerning. I hear probably every week from my own constituents....

I wonder if you could give me a bit of the state of where we are with support and projected support for long COVID.

Dr. Stephen Lucas: Thank you, Mr. Chair.

This is an area of active work not only with the research community, as Dr. Strong just said, and with the Public Health Agency in working with their partners to better understand the prevalence and presentation of long COVID, but also with the provinces and territories in terms of supports.

We had a discussion on this just last week at the council of deputy ministers of health in terms of specific centres or clinics that some provinces are establishing; work to develop clinical guidance in terms of assessing treatment modalities linked with research programs; and work that is more from a health policy perspective in terms of assessing the potential future impacts—both health and, more broadly, social and economic—which will be supported by the research that Dr. Strong spoke about through the Canadian Institutes of Health Research.

● (1735)

Mr. Brendan Hanley: Thank you very much.

I want to pivot a bit. I noticed in the supplementary estimates some additional funding for the vaccine injury support program.

Dr. Tam, I wonder if you would be able to provide us a bit of an update in terms of the initial few months of that injury support program's existence and how that may be or will be perhaps increasing the confidence that Canadians have in our vaccine system.

Dr. Theresa Tam: Yes, it's a program that is important not just for COVID vaccines but for all vaccines. It's there to address any vaccine adverse events that are serious following immunization, which I think from a public health perspective is a very important program, and it facilitates support for individuals who may have experienced adverse effects.

It is run by a third party. I'm not involved in the administration of the program. I think it's something that Canada needs, and it complements a program that Quebec has. I understand that the federal government is essentially providing Quebec with federal funding support so that it levels the playing field, essentially, for supports across Canada.

The Chair: Thank you, Dr. Hanley and Dr. Tam.

Mr. Brendan Hanley: Thank you.

The Chair: Next we're going to Mr. Barrett, please, for five minutes.

Mr. Michael Barrett: Thanks, Mr. Chair, and thank you to the officials for joining us for this portion of the meeting.

I want to follow up with the Public Health Agency of Canada on some of my questions for the minister with respect to the June 30 timeline and the restrictions in place at the border. Are you able to provide us today with the metrics being used to sustain or to allow those restrictions to expire at the end of the month, please?

Dr. Harpreet S. Kochhar: Mr. Chair, we have metrics that we use regularly in terms of how we provide advice.

The guidance advice is based on scientific evidence that is available on the effectiveness, availability and uptake of vaccines, what is evolving domestically and internationally, the epidemiological situation and the effectiveness of other public health measures at keeping people safe. These are a few of the metrics that are actually looked into in terms of making sure we have taken every reasonable precaution to protect health and safety.

Mr. Michael Barrett: I appreciate that, Doctor. What I'm looking for here specifically is whether you can provide the goalposts so that Canadians will know when we've got the touchdown.

Before, we talked about a two-dose series of the COVID vaccine. We had wild uptake, very positive uptake, on that. We haven't seen the same with a third dose, but now, with the natural acquired immunity from omicron, with the portion of the population that has had a third dose and with the well over 80% of Canadians who have had a two-dose series, are we talking about vaccinations as the metric you're using? Or is it about waste-water surveillance? Is it about hospital capacity?

What I'm looking for is, instead of hearing what the basket of areas is that you're examining, do you have the numbers that you're using to advise on and, if you have them, are you able to provide them to this committee?

● (1740)

Dr. Harpreet S. Kochhar: Mr. Chair, as I mentioned earlier, these criteria are the main ones we use. Of course, we take into consideration the waste-water surveillance; of course, we take into consideration all the other factors that were mentioned. We are continuing to look at that in a global context.

There aren't any firm numbers, or anything that it can really be pinned on in terms of saying that this is the.... It depends on how much vaccination coverage there is, what our current public health measures are and what our hospital capacity is. All of them are taken together.

We do the modelling, which is presented, and we base it on that. We continue to put together all of those public health measures, which include vaccinations and recommending a third dose, as per the National Advisory Committee on Immunization advice.

Quite a few of those are continually in ascent.

Mr. Michael Barrett: I understand that, Doctor, and that's a similar answer to the one we've received from PHAC over a period of time. Really, though, there has to be a number that you've identified, at which it would be acceptable, in each of those epidemiologically important categories, that then you would make a recommendation that now is the time to lift the mandates.

In each of those areas, are you saying there is no number? In hospital capacity, there is no number, In waste-water surveillance, there is no number. In community transmission, there is no number. In vaccination uptake, there is no number, and in terms of community spread in other countries.... Once those numbers are hit, would it not be safe for vaccine and mask mandates to be lifted?

Dr. Harpreet S. Kochhar: Mr. Chair, what I am actually saying is that all of these variables are taken into consideration, and—

Mr. Michael Barrett: We understand that, sir, but what are the numbers?

Dr. Harpreet S. Kochhar: As I mentioned, Mr. Chair, this is a combination of different metrics. There aren't any specific numbers that we could actually cite, because it depends upon the activity of the virus in the different communities as well as the different settings, and also the protection that is provided to the population from vaccinations and other public health measures, like masking, handwashing and others.

There is a multitude of combinations of factors that allow us to give that kind of public health advice.

The Chair: Thank you, Mr. Barrett and Dr. Kochhar.

Next, we're going to go to Ms. Sidhu, please, for five minutes.

Ms. Sonia Sidhu (Brampton South, Lib.): Thank you, Mr. Chair, and thank you to all the officials for being with us. My question is for Dr. Tam.

Dr. Tam, we know that institutions like UBC have programs like mini med, which is an engagement program that attracts youth to learn more about science and inspires them to become doctors, scientists, researchers and more.

You have been at the forefront of this pandemic response. What are your thoughts on how we can continue to empower youth to enter the STEM fields?

Dr. Theresa Tam: It is really important. We want to attract people to all scientific domains, including public health. I hope people will consider public health.

It means beginning not just at the university stage, but in high school, with making sure that even at that stage there is good support for students, especially girls, for example, in terms of certain STEM fields, where there is a gender imbalance that needs to be addressed.

I certainly have met with a lot of university faculties to try to promote that aspect of scientific capacity building. In my last report, in 2021, I indicated that a strong public health workforce is absolutely critical to our future preparedness, and for all sorts of complex public health challenges. It is really important for us to build capacity. Of course, there is also investment, from the research side, into universities that can support students in pursuing a scientific career.

Ms. Sonia Sidhu: Thank you, Dr. Tam.

The next question is maybe for Health Canada.

We know that a poor diet, particularly a diet that is high in sodium, sugar and saturated fat, is one of the major risk factors of chronic diseases.

I recently met with the Canadian Celiac Association. We know that some people with chronic and autoimmune diseases must follow a strict diet, like a gluten-free or low-sodium diet. This can present challenges, especially for low-income Canadians who may not have those kinds of means.

Can you provide an update on the work that is being done to improve access to healthy food for people in need of that kind of diet?

Health Canada or the Canadian Food Inspection Agency can answer that.

● (1745)

Dr. Stephen Lucas: Mr. Chair, perhaps I'll start, and Dr. Mithani may wish to comment as well.

Health Canada contributes to the overall objectives in healthy eating and food policy through guidance on and awareness of healthy eating, including Canada's food guide and its work to support awareness, nutritional guidance, food nutritional labelling, and voluntary initiatives with industry, such as sodium reduction.

It also works with partners at Agriculture and Agri-Food, the Canadian Food Inspection Agency, and Employment and Social Development Canada to address issues of food affordability, where the other departments have the lead. Health Canada provides scientifically based advice on nutritious eating and food alternatives that can help people with dietary and health-related restrictions, as well as on overall healthy eating to support good health and reduce the risk of chronic disease.

Do you wish to comment, Dr. Mithani?

Dr. Siddika Mithani: The only thing I would like to add is that the role of the CFIA is to look at labelling issues with respect to food products. Our mandate is focused on food safety. Therefore, we ensure that undeclared allergens, issues of food safety, and risks for special populations are clearly looked at when we look at the labelling of food.

We are also involved in the enforcement side or approach. That is what we do. We work very collaboratively with Health Canada to ensure that enforcement is based on risk. When there are high-risk, targeted products, our focus is there.

The Chair: Thank you, Dr. Mithani and Ms. Sidhu.

[*Translation*]

Mr. Thériault, you have two and a half minutes.

Mr. Luc Thériault: Thank you, Mr. Chair.

First of all, Mr. Chair, when I was speaking with the minister earlier about the problems of circumventing the Cannabis Act, the minister mentioned that Mr. Lucas could provide us with a document outlining what has been done and what needs to be done. I would like that document to be tabled in committee.

Next, I would like to come back to a point that was raised earlier on Bill C-5.

In all likelihood, this bill, which includes an important component for fighting drug addiction, should be passed. It introduces diversion measures. We agree that addiction problems must first and foremost be linked to public health and not strictly be a matter for the justice system.

Let's take Portugal as an example. Architect Dr. Goulão said that if the necessary resources weren't put on the front lines, if there wasn't any investment, if there were no means to carry out this diversion process, it would be better to leave it in the hands of the justice system.

The bill will be passed. Have you started discussions with the provinces, territories and Quebec on how to implement it, or are you going to leave people to fend for themselves?

This is a good example of why we need increased health transfers. The bill is about giving more responsibility to people on the ground and to front-line workers.

Are we going to leave drug addicts on the street, without a criminal record, without them being prosecuted? This will not solve anything.

Where are the discussions on that? If you haven't started, when are you going to?

● (1750)

Dr. Stephen Lucas: Thank you for the question.

[*English*]

Health Canada has worked closely with provinces and territories, community stakeholders, people with lived experience, and partners such as labour unions and trade associations to tackle the problem of toxic drug supply and the opioid overdose crisis. We have invested over $800 million to date, including through the emergency treatment fund—$150 million was transferred to the provinces and territories to support treatment. This has been supplemented by investments through the substance use and addictions program, which supports projects in partnership with provinces, community partners and others.

The government has invested $6 billion in mental health and addictions work through the provinces and territories, including wraparound services like the Foundry Project in British Columbia and other similar projects throughout the country, which support children and youth and get them the support, harm reduction and treatment services they need.

The Chair: Thank you, Dr. Lucas.

[*Translation*]

Thank you, Mr. Thériault.

[*English*]

We have Mr. Davies, please, for two and a half minutes.

Mr. Don Davies: Thank you, Mr. Chair.

Dr. Tam, on March 11, my colleague Daniel Blaikie and I wrote you a letter asking for your review of federal vaccine mandate policy, and at your appearance before this committee on March 21, you noted that Transport Canada and other departments were in the process of reviewing vaccine policies related to domestic travel. Can you tell us when we might expect the product of that review?

Dr. Theresa Tam: No, because it is up to the transport minister and, of course, for federal workers and relevant sectors, it's up to the Treasury Board minister as well.

Mr. Don Davies: Is it your view as Canada's chief medical officer that there's a medical or health basis to the vaccine mandate on federal transportation like airlines? Is that still valid at this point?

Dr. Theresa Tam: Well, when the mandates were implemented there was a strong resurgence of the delta variant and the vaccines were very effective, even though there were the beginnings of some waning immunity. Even two doses are effective against infection and, of course, serious outcomes.

Omicron is a game-changer, in that you really need to increase the number of doses of vaccine. Three doses would boost your immunity against infection, and definitely for serious outcomes, so these things need to be considered. Given the reduced vaccine effectiveness against the omicron variant, even with three doses, vaccines alone cannot prevent full transmission, so a layered approach has to be considered, including layering mask-wearing, for instance, but these are the things that the relevant ministers need to consider on the path forward.

Mr. Don Davies: Thank you.

Mr. Lucas, the mandate letter to the minister last December says there's a direction to "promote healthy eating by advancing the Healthy Eating Strategy", and that "includes finalizing the front-of-package labelling to promote healthy food choices and supporting restrictions on the commercial marketing of food and beverages to children".

Can you confirm when restrictions on the commercial marketing of food and beverages to children will come into effect and when front-of-package labelling might be in place? Are we months away? Are we years away?

Dr. Stephen Lucas: Mr. Chair, both of these initiatives are being pursued. The government gazetted in the Canada Gazette, part I, draft regulations on front-of-pack labelling, I believe, back in 2019. Stakeholders have been re-engaged in late winter and spring, and work is moving forward to advance that initiative in the months ahead.

In regard to work on marketing to children, the government and Health Canada have been working specifically with a range of stakeholders: health stakeholders, patient groups—

● (1755)

Mr. Don Davies: With respect, Mr. Lucas, the question was "when", not what you're doing. When can we expect to see that?

The Chair: Respond quickly if you can, please, Doctor. We're past the time.

Dr. Stephen Lucas: I did respond in regard to front-of-pack labelling.

In regard to marketing to children, work is under way. There is a private member's bill before the House. The government is watching the parliamentary process. We're working with stakeholders. The industry has provided a voluntary code, and we will continue working on this in the months ahead to address this important issue as well.

The Chair: Thank you, Dr. Lucas and Mr. Davies.

Next we have Dr. Ellis, please, for five minutes.

Mr. Stephen Ellis: Thank you, Mr. Chair. I have a quick question for Dr. Tam.

Did I hear correctly that you said that three doses of the vaccine is about 60% effective?

Dr. Theresa Tam: Thank you for asking for that clarification.

Three doses of vaccine against infection in symptomatic disease soon after you get that third dose is about 60%, but the studies range in their estimates, and for severe disease it is over 90%.

Mr. Stephen Ellis: It's interesting, Dr. Tam. This is just a comment, but for varicella, the mortality rate was about 21 people per 100,000 in adults, and a perhaps more effective vaccine was supplanted by another. I find it unusual that you continue to recommend this vaccine that's not very effective.

Anyway, that being said, interestingly enough, masking mandates are stopping in Ontario on public transit and other various health care settings except long-term care homes.

I wonder, does Dr. Moore have some metrics that perhaps he needs to share with the Public Health Agency so that we can have some numbers here? Would that be helpful to the Public Health Agency of Canada?

Dr. Theresa Tam: The requirements for domestic transportation are in the domain of the Minister of Transport. Whether someone requires you to wear a mask or not, I would recommend that people add on that layer of protection, especially if the viral activity is high in your area, whether someone has requested or required it or not.

Mr. Stephen Ellis: Dr. Tam, are you suggesting that Dr. Moore is wrong?

Dr. Theresa Tam: I didn't say that. In terms of the local jurisdiction, they will know more than I do about the disease activity, but for the general population, I still advise people to layer on that protection, particularly if they're at high risk and to protect others.

Mr. Stephen Ellis: Those are interesting comments. Thank you for that.

We've talked a lot about metrics and numbers, and I have a very pointed question. What is it that makes the Public Health Agency of Canada afraid to share those numbers with Canadians? What are you afraid of?

Dr. Theresa Tam: It's a question of people needing to understand the complexity of public health decision-making. You cannot make these very complex decisions based on a singular metric. The decision-makers have to take into account a number of metrics, even looking at health care capacity, which is different across Canada. It's not the same between Yukon and Ontario. As the federal government, they need to take that into account and make sure they're protecting all populations across Canada with some of the mandates they are responsible for.

You have to look at a composite picture of all those metrics or measures that Dr. Kochhar mentioned. It's not that simple. You cannot boil down a complex decision by simple metrics; all of them are important.

Mr. Stephen Ellis: Yes. Thank you for that, Dr. Tam.

If I could, Mr. Chair, oddly enough, we've asked for those metrics to be presented here at this committee. This is not to be disparaging to my other colleagues, but there are three physicians on this committee. The Public Health Agency of Canada has refused—over and over and over and over and over and over again—to provide these metrics. I would dare say that perhaps three physicians might be able to understand this very complicated stuff they're talking about.

Dr. Tam, I find it utterly shocking, dismissive, and quite frankly unbearable that you continue to refuse to provide this. There have to be some metrics. This is utterly ridiculous. To not provide them to this committee is embarrassing, quite frankly.

● (1800)

Dr. Theresa Tam: As far as I know, the Public Health Agency of Canada, as part of the remittance from the last committee, provided the answers that this committee was looking for. The president of the agency has—

Mr. Stephen Ellis: I'm sorry, Dr. Tam, but that's absolutely untrue. I'm the one who requested that material. The stuff we got talked about the same foolishness. I'm sorry to be disparaging to Dr. Kochhar and to the minister, but it was the same foolishness that we hear over and over again, that vaccines are very helpful. Yes, they are. We're fine with that. Tell us the metrics. It's simple.

It's unbelievable. This is unacceptable, Dr. Tam.

I have nothing else.

The Chair: Dr. Tam, you go ahead and respond to that. Then we'll move on to the next questioner.

Dr. Theresa Tam: I think the metrics are what they are. When you're looking for specific numbers, it's actually really difficult to do that, because you have to take into account all those metrics at the same time. They include what I've talked about, which is vaccine effectiveness, of course. The current two-dose vaccine regimen is not enough, so as chief medical officers we said that up-to-date vaccinations are what we recommend.

The other metrics, if you're looking at this, will be the pandemic activity across the world. In the United States it's still going up. In Canada the current wave has come down. That's great, but hospitalization is still high, and it depends on where you are.

I believe that kind of information has been provided to this committee, but we can certainly follow up.

The Chair: Thank you, Dr. Tam.

Mr. Jowhari, go ahead for five minutes, please.

Mr. Majid Jowhari (Richmond Hill, Lib.): Thank you, Mr. Chair, and thank you to the officials for appearing in front of the committee.

I want to go back to COVID-19 spending, specifically as it relates to supplementary estimates (A).

We know that in the supplementary estimates (A), $1.5 billion was allocated to PHAC. When you do a deep dive, you realize it's in support of therapeutics and treatments, which is, in my view, a good sign. As you all know, we started with huge spending on vaccines, PPE, research and development, building domestic capacity and buying a lot of testing.

In this budget, we are now turning our focus to therapeutics and treatments. Specifically, I want to point back to the comment the PBO made on this expenditure. He mentioned that the shift from funding medical research and vaccine development to therapeutics and treatments represents “the changing needs over the pandemic stages”.

My question for the department—for Mr. Lucas—and for Dr. Tam and Dr. Kochhar at PHAC, is this: Do you foresee future alterations to government expenditure on COVID-19 as a result of these changing needs? What should we be looking at in supplementary estimates (B) and (C) relating to these types of needed investments?

Dr. Harpreet S. Kochhar: Specifically, as pointed out, the supplementary estimates (A) provide re-profiling, both for aspects of therapeutics and making sure we are well prepared. As Dr. Tam pointed out earlier, COVID is not over yet, so we continue to build from where we started.

As we move forward, and as was mentioned, the medical countermeasures will still be very effective tools we would likely want to have in our arsenal in order to make sure we are prepared. In fact, a lot more emphasis will be on preparedness as we go further, whether it's on capacity-building or using new tools. In that context, when we talk about...whether it's domestic biomanufacturing or health human resources, those are all important components in terms of us being ready and the investment being there.

In reality, the lessons learned from this pandemic allow us to make those strategic investments, whether they're in capacity, expertise or tools, including medical countermeasures and therapeutics we can utilize as we move forward in our quest to get past this pandemic.

● (1805)

Mr. Majid Jowhari: Thank you.

Do any of the other officials want to make a comment? Where do we see the future investment?

Dr. Stephen Lucas: We are actively watching for developments in new types of treatments, whether it's treating after diagnosis or prophylactically in advance, such as with Evusheld from AstraZeneca. There's the evolution of monoclonal antibody treatment, which we know varies in effectiveness with the nature of the specific variant. There's the development of new formulations for vaccines that consider the original virus strain as well as variants, such as omicron.

These are important developments that the public health agencies, Health Canada and CIHR, from a regulatory perspective, are tracking to ensure that Canadians can have access, in a timely fashion, to the most effective vaccines and treatments.

Similarly, in terms of—

Mr. Majid Jowhari: Thank you. I have only about 15 seconds left.

Is there any work being done around treatment and prevention for Canadians who don't wish to be vaccinated, for whatever reason?

Dr. Stephen Lucas: Go ahead, Harpreet.

Dr. Harpreet S. Kochhar: Mr. Chair, as mentioned by Dr. Lucas, there are prophylactic things, including treatment, with Paxlovid being one of those. It's also making sure that these are available and are appropriately used, at the very first instance, when the diagnosis of COVID is made. Certainly, with more monoclonal antibodies and more of those therapeutics coming online, we will probably want to invest in them with regard to prevention.

The Chair: Thank you, Mr. Jowhari and Dr. Kochhar.

Next, we have Mr. Lake, please, for five minutes.

Hon. Mike Lake: Thank you, Mr. Chair.

The Liberal platform promised $4.5 billion for a Canada mental health transfer over five years, beginning with fiscal year 2021-22. How much of that money has been allocated so far?

Dr. Stephen Lucas: Mr. Chair, that the government has affirmed its commitment to a Canada mental health transfer—

Hon. Mike Lake: I'm really short of time. How much money has been allocated so far?

Dr. Stephen Lucas: The government has made investments in mental health and, as noted in the budget, has and will engage the provinces and territories in terms of the work going forward, including on the Canada mental health transfer.

Hon. Mike Lake: Can I just clarify? On the amount allocated specifically for the Canada mental health transfer, is the amount allocated so far zero? Yes or no.

Dr. Stephen Lucas: The government has invested in mental health transfers to the provinces going back to 2017. It has committed to a transfer and will engage the provinces, as outlined in the budget, in terms of the Canada mental health transfer.

Hon. Mike Lake: In fiscal year 2021-22, on the "new investment" for the "Canada mental health transfer", the promised amount was $250 million for fiscal year 2021-22. Is the amount actually allocated zero—yes or no?

Dr. Stephen Lucas: With regard to the last fiscal year—

Hon. Mike Lake: That's specifically for the Canada mental health transfer promised under the Liberal platform as a new investment in 2021-22.

Dr. Stephen Lucas: The government is committed to working with the provinces and territories on designing and developing a Canada mental health transfer, as well as other discussions on health, building on investments made from budget 2017 in mental health and addictions as well as home care.

Hon. Mike Lake: In 2022-23, this fiscal year, the new investment promised—now this is the 2021 Liberal platform—was promised as a new investment for something titled the Canada mental health transfer. How much was allocated for fiscal year 2022-23 for the Canada mental health transfer, the specifically titled "Canada mental health transfer" promised in the 2021 Liberal election platform?

● (1810)

Dr. Stephen Lucas: Mr. Chair, as I indicated, the government is committed to working with provinces and territories to deliver the services to support health care, including through our Canada mental health transfer. It is important to have these discussions with our partners to define that and develop the approach.

Hon. Mike Lake: Mr. Chair, I respect that the witness is in a difficult position, because I'm referencing a political promise made by the Liberal Party. However, with respect, it's very clear that the Prime Minister did not promise a consultation or an engagement. He promised very explicitly money: $250 million in the last fiscal year and $625 million in this fiscal year. It's very clear that the amount delivered or allocated is zero.

That's not even a question. I'll end there on that.

Changing directions completely, how much fentanyl is considered a lethal dose?

Dr. Stephen Lucas: Mr. Chair, I don't have that information at hand. We could follow up with the committee in terms of the specific—

Hon. Mike Lake: That would be great. Based on my quick Google search, it seems to be two milligrams. That seems to be the consensus.

On the new exemption from the Controlled Drugs and Substances Act for personal possession of "small amounts" of certain illegal drugs in British Columbia, I believe the definition of a small amount in this case is 2.5 grams, or more than 1,000 lethal doses. I'm not a doctor, but that's my understanding from a quick Google search.

For any of the witnesses, if your child were at a party with nine other people, and someone at that party was found to be in possession of 1,000 lethal doses of fentanyl, how would you feel? Would you believe that 1,000 lethal doses was simply for personal possession?

Dr. Stephen Lucas: Mr. Chair, I'll note two things.

First of all, I believe Minister Bennett is appearing before the committee next week for supplementary estimates. I'm sure she would be happy to speak to this issue.

Secondly, the authorization of this exemption through section 56 of the Controlled Drugs and Substances Act was based on a proposal from the Province of British Columbia as part of a comprehensive strategy centred on public health to address the opioid overdose crisis, address stigma, and contribute to saving the lives of people 18 years of age and over.

The Chair: Thank you, Dr. Lucas, and thank you, Mr. Lake.

Mr. van Koeverden, go ahead for five minutes, please.

Mr. Adam van Koeverden: Thank you, Mr. Chair.

I'll ask some questions with respect to the opioid epidemic as well, since we're on that subject, for anybody who would like to answer.

There's some fairly incontrovertible evidence that states that we need to treat this epidemic as a health care issue rather than a criminal one, and that the criminality of the drug is actually responsible for more deaths than the lethality of it. Would anybody like to comment on the efficacious nature of decriminalization in other jurisdictions as it applies to saving the lives of people who use substances habitually?

Dr. Stephen Lucas: I'll make a comment, Mr. Chair. Dr. Tam may wish to comment as well.

As I've noted, certainly in regard to the extensive proposal developed by the Province of British Columbia and with the support of law enforcement, the criminalization of simple possession within the parameters proposed is subject to a number of conditions being developed through their implementation. It's part of a comprehensive response that includes public awareness and education; harm reduction through a variety of means, including safer supply; stigma reduction through decriminalization; treatment and other wraparound supports; and law enforcement to interdict supply.

On the magnitude of the crisis and the support from a broad range of stakeholders, public health experts, the health care community and law enforcement, people with lived and living experience and other groups have seen this as a critical part of the response. It includes addressing the issue of stigma and the disproportionate impact of the crisis on indigenous and racialized people, who, subject to criminalization, have experienced significant challenges in receiving social supports and supports for treatment and recovery.

● (1815)

Mr. Adam van Koeverden: Thank you, Dr. Lucas.

Dr. Tam, do you have any reflections on decriminalization?

Dr. Theresa Tam: I concur with Dr. Lucas that we need to take a comprehensive public health-orientated approach. Decriminalization of the simple possession of drugs is one aspect of it. It is important, particularly at this juncture, where there's a very toxic drug supply. We need people to be able to access safer supply as well. During the pandemic, the number of deaths from the substance use crisis increased to 20 a day. This is why now, more than ever, these urgent approaches that are comprehensive are needed.

Mr. Adam van Koeverden: Thank you, Dr. Tam.

Are you able to differentiate numbers in any broad terms with respect to how many deaths are attributable to overdose versus a toxic drug supply?

Dr. Theresa Tam: I don't think I can answer that question. During the pandemic there's been an observation that because of the disruption in the drug supply, there are some very lethal substances out there. However, these are essentially accidental overdoses that people are not aware of in terms of what they're taking. It amounts to the same tragedy, essentially, of 20 people dying a day.

Mr. Adam van Koeverden: Thank you very much.

I'll pivot to another topic quickly. I have less than a minute.

What are the government's activities and proposals to encourage and ensure that Canadians have access to the resources necessary to maintain healthy and active lifestyles, particularly for families and kids?

Dr. Stephen Lucas: Mr. Chair, the health portfolio, working with Sport Canada and partners across the country, is working on healthy eating, as we've discussed, as well as support for healthy living, including support for community groups. This includes groups such as Participaction and working with Sport Canada in terms of the overall support policy.

There is significant focus on public education and awareness. There is support for our grassroots community groups, the celebration of positive activities and, in particular, supporting children and youth.

The Chair: Thank you, Dr. Lucas and Mr. van Koeverden.

We'll go next to Mr. Thériault for two and a half minutes.

[*Translation*]

Mr. Luc Thériault: Thank you, Mr. Chair.

Dr. Lucas, I'd like to talk about gene editing. Last May, you published an update on new genetically modified foods, in which you advocated reducing the regulatory burden for foods that would be created by gene editing.

Do you think that food products derived from this process, which does have a number of virtues, should be labelled in the same way as genetically modified organisms, or GMOs, because they are?

● (1820)

[*English*]

Dr. Stephen Lucas: Mr. Chair, I'll respond and if needed we can provide further information to the committee.

The policy that the honourable member referred to was plant breeding guidance and supporting policy that distinguishes between the regulatory process for novel foods and those through accepted non-novel methods of genetic modification. As such, it's a very transparent process in terms of providing information online about various foods.

Dr. Mithani can comment on this further, but it goes back to traditional methods of grafting through to modern genomic methods and a key determination to support the transparency and utilization of regulatory review resources in areas of novel food development.

Dr. Mithani.

Dr. Siddika Mithani: The Government of Canada has requirements for food labelling that include genetically engineered food, which is genetically modified food. The Government of Canada also has a very robust and strict process to evaluate the safety of these foods as well as livestock feed, plants and animals that are created through genetic modification.

Information on food products has to be factual, accurate and not misleading. The Canadian General Standards Board has guidance on the GE labelling standard. It is generally used when or if industry wants to label a particular product as genetically engineered. They can certainly do so, but the claims have to be truthful.

Labelling is really focused on making sure that labels and information on these types of products are not misleading and inaccurate.

Thank you, Mr. Chair.

[*Translation*]

The Chair: Thank you, Mr. Thériault.

Mr. Luc Thériault: Should they be labelled, as is the case with other GMOs?

I'd like a brief answer. You can answer with yes or no.

The Chair: I didn't hear your question, but your time is up.

Was it another question, or just a comment?

Mr. Luc Thériault: It was a question. It was a simple one, and I was waiting for an answer.

Should these foods from this process be labelled, as in the case of GMOs, yes or no?

[*English*]

The Chair: Can someone answer that very briefly?

Dr. Stephen Lucas: Siddika, go ahead.

Dr. Siddika Mithani: Mr. Chair, the process that the Government of Canada uses in terms of the strict and robust evaluation of these products, which actually focuses on food safety, is the most important. Industry is able to appropriately label its products should it wish to, depending on how it wants to label them.

The focus on food safety is what we're looking at, to ensure that Canadians have access to high-quality and safe food.

The Chair: Thank you, Dr. Mithani.

Mr. Davies, you are next, please, for two and a half minutes.

Mr. Don Davies: Thank you, Mr. Chair.

Dr. Lucas, the Tobacco and Vaping Products Act came into force on May 23, 2018, and section 60.1 says that the Minister of Health must undertake a review of that act three years after its coming into force.

Can you tell me whether that review has been initiated? If so, when?

Dr. Stephen Lucas: Mr. Chair, indeed the review has been initiated and is under way, and is aimed at completion later this year.

Mr. Don Davies: Can you undertake to tell us when that begins, Doctor? The reason I ask is that it says,

> The Minister must, no later than one year after the day on which the review is undertaken, cause a report...to be tabled in each House of Parliament.

It would be helpful for us to know when that report might be expected.

Dr. Stephen Lucas: We can indeed follow up on that to provide a specific time frame.

Mr. Don Davies: Thank you.

In August 2020, the federal government invested $126 million to construct a new biologics manufacturing centre adjacent to the NRC's Royalmount site in Montreal to produce up to two million vaccine doses per month by the following year.

Can you confirm how many doses of COVID-19 vaccine have been produced at that centre to date, if any?

Does anybody know? Could you undertake to let us know that in writing?

● (1825)

Dr. Stephen Lucas: Yes, we will.

Mr. Don Davies: Thank you.

Dr. Stephen Lucas: I think my colleague, Dr. Kochhar, is coming on to respond.

Mr. Don Davies: Do you have a number?

Dr. Harpreet S. Kochhar: This is mostly with NRC, so we will take it back to get that information.

Mr. Don Davies: Thank you.

My final question is, if decriminalization of substance use, reducing stigma and treating addiction as a health issue is the proper public health policy—and you all seem to say it is—how can the government justify criminalizing possession and use of drugs in every province and territory in this country outside of British Columbia?

Dr. Stephen Lucas: Mr. Chair, as I indicated, the government has a broad-based approach, focused on public education and awareness, harm reduction, treatment, research, and law enforcement to interdict illegal and toxic supply.

The section 56 exemption granted to enable decriminalization and simple possession in British Columbia, at the province's request, is part of a broader comprehensive policy, as we noted.

This is an exemption that is granted for three years. Following a pre-implementation period in British Columbia, it will take effect at the end of January 2023 and will be closely monitored and evaluated to inform future policy in consideration in other jurisdictions in the country, and at the national level.

It is a start, and a project that B.C. has proposed for three years, subject to a rigorous monitoring, evaluation and research component of work.

The Chair: Thank you, Mr. Davies and Dr. Lucas.

Next we have Mr. Lake, please, for five minutes.

Hon. Mike Lake: I'm going to follow up on my line of questioning from last time.

Just to understand the context for me, I get the complexity of the opioid crisis. As I mentioned before, my own father passed away from a lethal dose of OxyContin in 2003. I understand and I have sympathy for the concept of harm reduction. I think we have to have some important conversations around that.

Dr. Tam, I really think that we have to be able to have a very straightforward conversation around the complexity of these things. If someone at a house party with 10 18-year-olds was found to be carrying 1,000 lethal doses of fentanyl, as Canada's top public health official in the country, would your number one concern be stigmatization of the person carrying the thousand lethal doses of fentanyl?

Dr. Theresa Tam: Indeed this decriminalization applies only to adults, but I think the key is—

Hon. Mike Lake: I'm talking about 18-year-olds here—adults.

Dr. Theresa Tam: Yes. The first thing is not to criminalize them, but to get help for them. I think they would be very unlikely to put themselves forward for further support or treatment if they knew they were going to be criminalized.

Hon. Mike Lake: We're talking about 1,000 lethal doses. We're talking about someone carrying enough fentanyl to kill 1,000 people. How do you even distinguish what's personal use and what's trafficking at that point in time?

Dr. Stephen Lucas: That, Mr. Chair, is something that law enforcement does on a routine basis, and certainly this exemption does not apply to trafficking. That would be at the discretion of law enforcement: considering the circumstance and intent to traffic or for simple possession.

Hon. Mike Lake: Assuming the decision was made that 1,000 lethal doses were for personal use, what measures would even be available to deal with that situation for the person? What kind of treatment options would that person immediately go into? What would the Public Health Agency advise in that circumstance?

● (1830)

Dr. Theresa Tam: A comprehensive approach, as Dr. Lucas has said, is very important. If there actually is an overdose, of course you need to treat with naloxone and then essentially meet the individuals where they are to get them into the help they need when they're ready.

As I understand it, the simple possession amount is a cumulative amount. Now, that may not answer your question straight away. I believe, in fact, that the communities impacted by the substance use crisis are the ones providing input into the amounts as well, and that many people have developed a tolerance to the fentanyl drugs and that's why there were so many different aspects taken into account as British Columbia applied for this particular policy—

Hon. Mike Lake: How much would a person have to weigh to have a tolerance for 2.5 grams of fentanyl in their system?

Dr. Theresa Tam: I cannot answer that question. I think people do develop a tolerance. It may be different for different individuals.

Hon. Mike Lake: I really don't know the answer to this: Is it possible that someone could have a tolerance for 2.5 grams of fentanyl?

It is possible? One of the doctors here is saying, “Yes.”

Mr. Marcus Powlowski: Is that at 2.5 grams?

Hon. Mike Lake: Yes, that's at 2.5 grams of fentanyl.

Okay. Now the doctor who said “yes” is saying “no”.

Seriously, is there a person on the planet who has a tolerance for 2.5 grams of fentanyl?

Dr. Stephen Lucas: We would be pleased to provide some research to the committee in terms of consideration on this issue.

The Province of British Columbia has provided and will provide information with regard to the threshold, which, as Dr. Tam indicates, was based on extensive consultation with a broad range of public health experts, clinicians, people with lived experience, law enforcement, community groups, indigenous groups and others.

Hon. Mike Lake: On a point of order on that point, Mr. Chair, I would like, please, to be tabled with this committee, the science behind the 2.5 grams and how that 2.5 grams can possibly apply exactly the same for each of the categories on the list.

Thank you.

The Chair: We're going to allow Dr. Powlowski one final question, and then I'm going to ask for a motion for adjournment.

Dr. Powlowski, you get the last question.

Mr. Marcus Powlowski: Okay, and I'm going to ask a really long question too.

Some hon. members: Oh, oh!

Mr. Marcus Powlowski: I'm going to help the Conservatives out with this, because they want our secret formula.

For those who don't have kids and don't know about SpongeBob, SpongeBob works at the Krabby Patty...or the Krusty Krab, which is famous for its krabby patties. As anyone who watches the show knows, Plankton is always trying to discover the formula behind the krabby patties. I think the Conservatives are convinced that we have a secret formula as to when we're going to end the mandate.

For example, it's when the COVID viral count in waste water falls below, say, 10 viruses per mL—I'm just making these numbers up—the immunization rate with the third dose is above 70%, when prevalence in the population is below some other level and where hospitalization is less than some specific number....

Now let me ask Dr. Tam. I think you've already given the answer to this, and the answer is, no, there's no magic formula, but also, isn't it important in terms of not only the absolute numbers, but how they're trending in terms of if the rate of the use of masks is decreasing, if social distancing is decreasing, if vaccination is plateauing and if the availability of treatments is increasing? Is it not an interplay of all of these things that makes giving specific numbers impossible?

Dr. Theresa Tam: Yes, that would be correct. Also, one has to look a little further ahead in terms of projections as well. While disease activity may be low at one point in time, we know how this virus is mutating, so we also need to plan ahead. I think the government and the ministers are thinking through that as well because, the moment you drop the mask mandate, if then the next week something increases, it's very difficult to reinstate policies quickly. From an implementation perspective, for the protection of the travelling public and from a workforce perspective, constant shifts in policy are very difficult to manage.

● (1835)

The Chair: Thank you very much, Dr. Tam.

We've reached our two-hour mark, and then some. To all of the witnesses, thank you for being here. Thank you for staying late. Thank you for your service to Canadians, and thank you for the remarkable patience and restraint that you showed throughout the two hours in your responses. It is greatly appreciated.

With that, colleagues, is it the will of the committee to adjourn?

Some hon. members: Agreed.

The Chair: We're adjourned.