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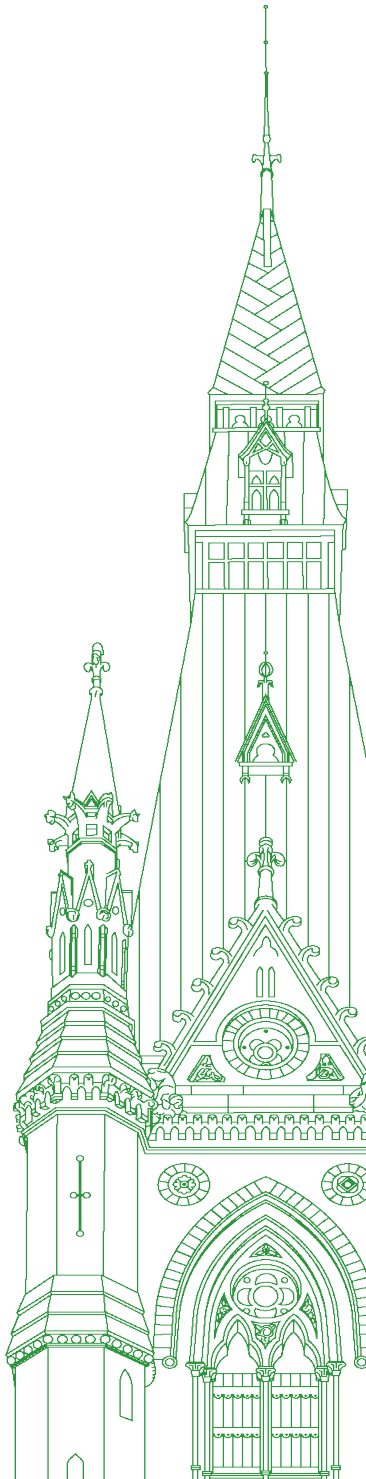

Chair: Mr. Sean Casey

Standing Committee on Health

Wednesday, June 15, 2022

● (1730)

[*English*]

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

Welcome to meeting number 27 of the House of Commons Standing Committee on Health.

Today's meeting is televised. We're going to meet until seven o'clock or a motion for adjournment, whichever comes earlier.

We have the minister until 6:30 p.m., so for one hour.

Today's meeting is a briefing on mental health and addictions in Canada, with Minister Bennett and senior officials.

The meeting is taking place in a hybrid format pursuant to the House order of November 25, 2021.

Per the directive of the Board of Internal Economy of March 10, 2022, all those attending in person must wear a mask, except for members who are at their place during proceedings. In accordance with our routine motion, I'm informing the committee that all witnesses have completed the required connection tests in advance.

We will now welcome the witnesses who are with us this afternoon and who have been patiently waiting.

We have the honourable Carolyn Bennett, Minister of Mental Health and Addictions. From the Canadian Institutes of Health Research, we have Dr. Michael J. Strong, president. From the Department of Health, we have with us, in the room, Heather Jeffrey, associate deputy minister. Online, we have Jocelyne Voisin, assistant deputy minister, strategic policy branch; Eric Bélair, associate assistant deputy minister, strategic policy branch; Kendal Weber, assistant deputy minister, controlled substances and cannabis branch; and Jennifer Saxe, director general, controlled substances directorate, controlled substances and cannabis branch. Finally, from the Public Health Agency of Canada, we have Candice St-Aubin, vice-president, health promotion and chronic disease prevention branch.

Thank you to all of you for hanging around to inform us, and to wait out the votes.

I understand it's just the minister providing an opening statement this afternoon.

Minister Bennett, welcome to the committee. You have the floor.

[*Translation*]

Hon. Carolyn Bennett (Minister of Mental Health and Addictions and Associate Minister of Health): Mr. Chair, thank you for the opportunity to appear before the committee today to discuss my mandate and priorities.

I would like to begin by acknowledging that I am speaking to you today from the unceded traditional territory of the Algonquin Anishinaabeg people.

[*English*]

I'm excited to have the whole team of public servants during National Public Service Week. They are the wind beneath our wings, and we're very, very grateful.

As most of you know, the core of my mandate is to ensure that mental health care is treated as a full and equal part of our universal health care system. There can be no health without mental health.

Since 2015, we've made historic investments to support the mental health of Canadians, including $5 billion to the provinces and territories to increase the availability of mental health care, $598 million for a distinctions-based mental health and wellness strategy for indigenous peoples, $140 million to support veterans, $45 million for national mental health care standards, and $270 million for the Wellness Together portal.

Through the $5-billion bilateral agreements with the provinces and territories alone, our government will provide them with an additional $600 million of funding on an annual basis to support mental health care, from now until 2027.

We want to reassure the committee that we're still fully committed to the additional $4.5 billion over five years promised in the 2021 platform for the new ongoing, permanent Canada mental health transfer.

What we heard from early engagements with partners and community-based organizations, while providing these vital mental health services on the ground, is that a new permanent transfer had to be built on appropriate transparency and accountability.

We are engaging with the provinces and territories to inform the design of the new Canada mental health transfer as well as a comprehensive evidence-based plan, including the sharing of indicators and outcomes.

[*Translation*]

We are working towards national standards for mental health and addictions support so Canadians know what they should be able to expect in terms of timeliness and quality services, treatment, and support.

Last March we announced a partnership with the Standards Council of Canada—who demonstrated expertise in national standardization initiatives—to develop national standards for delivering mental health and substance use services.

[*English*]

While the COVID-19 pandemic has exacerbated the gaps in mental health supports available to Canadians, it also accelerated the use of virtual care options to expand the availability and flexibility of those services.

As I think we discussed last time, the Wellness Together Canada online portal service provides free 24-7 mental health and addiction services and resources to people in need across Canada, including one-on-one counselling. The new companion app, called "PocketWell", will ensure that Canadians have access to the mental health and substance use services they need, no matter where they live.

The overdose and toxic drug supply crisis has taken a tragic toll on the families, loved ones and communities of those we have lost across Canada. Since 2020, our government has invested $282 million in the substance use and addictions program, which includes the $100 million that was in budget 2022.

Evidence shows that harm reduction measures save lives, and we have invested over $64 million specifically to expand access to a safer supply of pharmaceutical-grade drugs and to life-saving naloxone across the country.

Substance use is a health issue. We are working to divert people who use drugs away from the criminal justice system to access adequate supportive health and social services and build those truly important trusted relationships.

We recently approved B.C.'s application to allow personal possession of small amounts of certain illegal drugs, which included a comprehensive implementation and evaluation plan. This proposal addressed the public health and public safety impacts of this request, has the support of key law enforcement and will inform other jurisdictions as to any potential future national approach.

Thank you for the opportunity to highlight some of the key aspects of my mandate. I really look forward to expanding on my brief remarks through your thoughtful questions.

● (1735)

The Chair: Thank you very much, Minister.

We're going to begin with those questions now, starting with the Conservatives.

Mr. Lake, you have six minutes.

Hon. Mike Lake (Edmonton—Wetaskiwin, CPC): Thank you, Mr. Chair, and thank you, Minister.

I just want to be absolutely clear that I'm not going to ask you about funding in the past for mental health related to previous spending, because I know that when I ask these questions, that tends to be where you go.

I'm going to ask about page 75 of the Liberal platform, which I'm looking at right now. The new investment promised on page 75 of the Liberal platform is under "Canada Mental Health Transfer" at $250 million for 2021-22.

Could you please tell the committee how much the government actually spent in 2021-22 for the Canada mental health transfer specifically?

Hon. Carolyn Bennett: I think, Mike, as I said in my remarks, that what has happened is that in the bilateral agreements with the provinces, there was a commitment. In 2021, there was an actual total of $600 million in new money and another $600 million coming up, such that we are in 2021-22, and that will be ongoing until 2027—600 million new dollars every year.

Hon. Mike Lake: Is it accurate to say that there was no money spent specifically for the Canada mental health transfer in budget year 2021-22, yes or no?

Hon. Carolyn Bennett: As I think I said in my remarks, when we went out to the provinces and territories, but mainly to the stakeholders, they wanted it to be accountable and transparent. They felt that the bilateral agreements maybe hadn't been able to show what you were getting for that money. In choosing the indicators and moving towards what will be a plan built on national standards, the transfer will be sorted out with data—

Hon. Mike Lake: Just to be clear, the Liberal platform promised $250 million in 2021-22 and $625 million for 2022-23, so that's $875 million that should have been spent or budgeted for by now specifically for the Canada mental health transfer.

I think what I'm hearing you say is that stakeholders asked not to spend that money in those two years. Can you please point to which stakeholders specifically asked the government to wait, to not spend that money right now and wait for later?

Hon. Carolyn Bennett: What the stakeholders wanted was more money for the substance use and addictions program, for the mental health promotion innovation programs, for distinctions-based mental health and for veterans, and they wanted the $45 million to establish the national standards.

The provinces and—

● (1740)

Hon. Mike Lake: For the $875 million that was promised in the platform for a Canada mental health transfer and has not been delivered yet, which specific stakeholders have said not to spend that money right now because they need to consult more? You pointed multiple times to stakeholder input.

Hon. Carolyn Bennett: I have been from coast to coast in this country. There were concerns that the $5 billion in the bilateral agreements wasn't transparent and accountable in terms of the money that was being spent. They wanted us to develop the plan. They wanted us to work on that common statement of principles that the provinces and territories have worked on towards national standards, integrated youth services, digital care integrated into primary care and those kinds of things.

Hon. Mike Lake: To be clear, though—

Hon. Carolyn Bennett: They were worried that if the money went without the kind of rigour that is in the child care agreements, we wouldn't be able to prove what works, what doesn't work and how we fund what works.

Hon. Mike Lake: I'm sorry, Mr. Chair, but I think that the answer's supposed to be the same length as my question.

To be clear, the Liberal Party—the government—having been in power for six years, didn't consult with the stakeholders prior to making a promise in the 2021 platform.

Hon. Carolyn Bennett: There had not been a minister of mental health and addictions before this. The decision was that, being appointed minister, I needed to get out and talk with the grassroots and the people delivering the service from coast to coast to coast.

Hon. Mike Lake: That wasn't the promise. The promise made was for, so far, $875 million to have been spent or budgeted by now.

Hon. Carolyn Bennett: What I'm saying is that we are totally committed to that $4.5 billion that will be, over the next years.... We need to get it right. We need to make sure it goes to the—

Hon. Mike Lake: Just to be clear, though, the platform promised that the money would have been spent right now. Was it a mistake to have made that promise at election time?

Hon. Carolyn Bennett: I'm saying that for the $600 million that the provinces and territories are getting now in the bilateral agreements, we are looking at how that money is being spent. We want to make sure it gets results as we build the mental health transfer based on national standards.

Hon. Mike Lake: Can you tell me what the current 24-7 suicide prevention hotline number is in Canada today?

Hon. Carolyn Bennett: I know that if I google “suicide” on my phone, which is what happens to people now, I will get that number right away.

We are committed to getting this done. As we've told you before, there is a real interest in getting it right and learning from the—

Hon. Mike Lake: Minister, if you had a friend—

The Chair: I'm sorry, Mr. Lake. That's your time.

Next we're going to go to Dr. Hanley, please, for six minutes.

Mr. Brendan Hanley (Yukon, Lib.): Thank you, Mr. Chair.

Thank you, Minister Bennett and all the officials, for appearing today. Thanks for the hard work that all of you are doing.

Mr. Chair, I would like to save the last two minutes of my six minutes for Mr. Morrice to have a chance for a question, if you'd be kind enough to help me with that.

Minister Bennett, I'm certainly very happy to see the B.C. exemption. I know you agree with me that the toxic drug crisis is not a “B.C.-only” problem. My constituency of the Yukon still has among the most per capita deaths in the toxic drug crisis. It's a crisis that touches communities across the country—families, parents, children, indigenous and racialized people, and young people everywhere. I believe the agreement is a big step in the right direction.

I'd love to hear your thoughts on the potential for decriminalization of personal possession in other jurisdictions in Canada and your thoughts on a future national approach.

Particularly, have other jurisdictions already expressed an interest in pursuing decriminalization of personal possession in their regions? Can you update us on which ones?

Maybe I'll stop there and let you speak to that.

Hon. Carolyn Bennett: First, I want to thank you, Dr. Hanley, for your leadership on this. I think that debate in the House of Commons really demonstrated that this crisis is touching members across the House and real people, families and loved ones of parliamentarians from coast to coast to coast.

We believe the B.C. exemption is a huge first step in cracking open this big door and in being able to do it in an evidence-based way, with the appropriate indicators for public health and for public safety. We have to make sure that we build, during the pre-exemption period, a process that will get us the data in real time and a dashboard. We have to be able to evaluate in real time how we are making a difference and that it's still in the public interest.

I have received an application from the Toronto Board of Health, and we are working with them. We understand many jurisdictions have passed motions, but we haven't received any other applications yet. We believe they should be forthcoming from Montreal, Edmonton and maybe the police forces in Saskatoon and Regina.

● (1745)

Mr. Brendan Hanley: Thank you.

Can you elaborate a bit on when you have or are expecting applications from municipalities and how that will actually work in practice—particularly as we gain experience from the B.C. example—when it's not the entire jurisdiction, the province or the territory, that is actually pursuing the request?

Hon. Carolyn Bennett: What we will learn is that because of the B.C. exemption, because people have already seen what a successful application looks like, they will be able to move more quickly on the kinds of criteria we've been looking at in terms of diversion to health and social services. It's also ramping up those health and social services, though, to make sure they can address the needs and are able to engage with stakeholders and people with living experience. For law enforcement and business, it's to make sure that consultation is ongoing, with public education and law enforcement training, but it's mainly a process for the research and evaluation, to see what's working and whether any application needs to be adapted to get better results.

I think that now that people see what it took to get the B.C. exemption approved, it will really help the other jurisdictions. Obviously, things like law enforcement training would be individual in a jurisdiction. The four drugs in B.C. may not be the drugs that another jurisdiction would want to have the personal exemption for, but I think as we work together—

The Chair: Minister, if we're going to give Mr. Morrice a chance, this is the time.

Mr. Brendan Hanley: Yes. Thank you very much.

The Chair: Go ahead, Mr. Morrice, and welcome to the committee.

Mr. Mike Morrice (Kitchener Centre, GP): Thank you, Chair, and thank you, Mr. Hanley.

Thank you, Minister Bennett, for being here.

Many parliamentarians talk about how mental health is health. I think it's really critical we ensure we follow through on that. In my community, for example, it is a struggle. The connection between housing and mental health is leaving many behind. I turn to organizations like the Canadian Alliance on Mental Illness and Mental Health, the national voice for mental health across the country. It's a member-driven alliance of 16 mental health groups. When they talk about the kind of funding we need, they look to the Royal Society of Canada, which is talking about 12% of health care funding going towards mental health.

Minister Bennett, can you comment on whether you agree with the need for parity in funding on mental health, on whether that 12% amount is the amount you're also striving towards, and the actions you are taking to get us there?

Hon. Carolyn Bennett: I think, Mike, what you're saying is so important, because there's a difference between health and health care. There is a difference between prevention and health promotion, but also the health and social services that keep people well. Whether it's supportive housing.... What do we count? In the approaches of the provinces and territories, they know they need that social housing the Canadian Mental Health Association has been helping to design, the kinds of things that Minister Hussen is doing in rapid housing.

Do communities have those wraparound health and social services that allow the federal government to buy the building? When we think of the expenditures on keeping people well, not just patching them up when they get sick, I think we see that dealing with poverty, violence, the environment, shelter, equity and education are all part of keeping people well.

Mr. Mike Morrice: Is there time for a brief follow-up?

The Chair: Thank you, Minister.

No. We're past time.

[*Translation*]

Mr. Garon, you have the floor for six minutes.

● (1750)

Mr. Jean-Denis Garon (Mirabel, BQ): Thank you, Mr. Chair.

Thank you, Minister, for being with us today. We really appreciate it.

Madam Minister, on March 10, 2017, Quebec signed an asymmetrical agreement building on the 2014 agreement, which is based on asymmetrical federalism respecting Quebec's jurisdictions. The implementation agreement of the 2017 accord includes a component on home and community care services as well as mental health and addiction services. This agreement expired on March 31, 2022.

During the election campaign, Mr. Trudeau promised to add $4.5 billion to these bilateral agreements over five years. Of course, the Bloc Québécois and the Quebec government opposed this.

We are now in the first year of your mandate and the budget has been tabled.

Where is the $4.5 billion in the budget?

Where are you in terms of getting that money out?

Hon. Carolyn Bennett: Our government has also promised to provide Quebec and other provinces and territories with new funding targeting virtual care and long-term care security. This is in addition to the Canada Health Transfer, which will bring more than $10.1 billion to Quebec...

Mr. Jean-Denis Garon: Madam Minister, where in the budget is the $4.5 billion over five years that was supposed to be added to these recently expired bilateral agreements?

Hon. Carolyn Bennett: In terms of the transfer to Quebec, I think the government had budgeted $5 billion for the 2017-18 fiscal year.

Mr. Jean-Denis Garon: It is 2022, Madam Minister.

Hon. Carolyn Bennett: For Quebec, for the 2022-23 fiscal year, it's 134.99 under the original bilateral agreement. The provinces and territories are currently working together on the issue of a future mental health transfer.

Mr. Jean-Denis Garon: So I understand that the amounts are not in the budget.

Thank you very much, Minister.

According to what is in the 2022 budget, "The government also intends to engage with provinces and territories to inform the development of a new Canada Mental Health Transfer [...]"

Where are the negotiations on this? We hear very little about it.

Have your representatives met with the Quebec government?

Hon. Carolyn Bennett: I had a good discussion with Minister Lionel Carmant from Quebec. This is a very important issue. Last week, I also had discussions with Ms. Martinez Ferrada as well as with representatives of organizations that work in the field of addiction and social services.

It's very important to start from the ground up in order to build a mental health plan and address the real issues on the ground.

Mr. Jean-Denis Garon: Thank you, Madam Minister.

I am glad to hear you say that. However, you talked, particularly in your opening remarks, about transparency, accountability, national standards, indicators, a national indicator, and the Standards Council of Canada.

What do you make of the notion of unconditionality, Madam Minister?

Do you know that health is not part of your jurisdiction?

Do you know that Quebec and the nine provinces are asking for an unconditional increase in the Canada health transfer?

Hon. Carolyn Bennett: We think it's very important to have a better understanding that health is a shared domain. Health services are really within the jurisdiction of the provinces and territories. The province of Quebec—

Mr. Jean-Denis Garon: Madam Minister, the federal government has made this a shared domain over time by using the federal spending power. That is not at all in the letter or the spirit of the Constitution.

You spoke earlier—

Hon. Carolyn Bennett: Yes, but—

Mr. Jean-Denis Garon: I would ask you to let me finish. It is my turn to ask the questions, Madam Minister.

● (1755)

Hon. Carolyn Bennett: Health services are a provincial responsibility.

Mr. Jean-Denis Garon: Madam Minister, if I may, I would like to ask you a question.

You spoke earlier about federal funds that have been spent to date on setting national standards.

What are the costs associated with setting national standards, to date?

How much money have you spent on this?

Hon. Carolyn Bennett: We spent $45 million, but it was done with the support of the provinces.

Mr. Jean-Denis Garon: Are you telling me that the Quebec government asked you to establish national standards?

Hon. Carolyn Bennett: We have an agreement for the declaration—

Mr. Jean-Denis Garon: Mr. Chair, I would like the minister to provide the committee with a document that confirms that the Government of Quebec has requested this.

The Chair: Madam Minister, MP Garon has time for one last question before his time runs out. Please allow him to ask it.

Mr. Jean-Denis Garon: Madam Minister, can you provide us with a document confirming that the Quebec government has officially asked you to impose national health standards?

Hon. Carolyn Bennett: Yes, we have an agreement, and there is a statement from the provinces and territories for the—

Mr. Jean-Denis Garon: I am talking about Quebec, Minister.

Hon. Carolyn Bennett: This agreement addresses the common standards and priorities of all provinces.

Mr. Jean-Denis Garon: So you're telling me that Quebec has asked you to impose national standards and conditions on them? I'm not talking about the 10 provinces, I'm talking about Quebec.

The Chair: Your time is up.

I will give the minister the opportunity to give a brief response without interruption.

Hon. Carolyn Bennett: The statement on the shared priorities of all provinces and territories covers six areas, including primary health care and mental health services. Quebec is a leader in integrated service delivery.

[*English*]

It's truly exciting. I look to show you the leadership of Quebec on the integrated use strategy, which now has 11 out of 13 jurisdictions right there with this really exciting plan for the country.

The Chair: Thank you, Minister.

We'll go to Mr. Johns, please, for six minutes.

Mr. Gord Johns (Courtenay—Alberni, NDP): Thank you, Minister, for being here.

Before I get started, be really brief in your answers if you can, because I have a very short period of time here with you.

On June 1, the day after the announcement of a limited exemption to the Controlled Drugs and Substances Act for British Columbia, the Minister of Justice was reported to have said, “There isn't at this stage any larger discussion on decriminalization.”

My question is this: Why isn't this happening? It seems to be conflicting with what you're saying today, that you're open to the other applications that are coming.

What happens if a community like Dawson City applies? Are you going to support resources so that they can get an application in? What about a small, remote first nation in Saskatchewan, where they have an overdose crisis, for example?

Hon. Carolyn Bennett: I am willing to accept all applications. We need to see all of the kinds of criteria that were in there for B.C., like law enforcement training and increasing the health and social services, in order for it to be a successful application.

Mr. Gord Johns: Minister, in 2020, 73% of the people who died of a toxic overdose died outside of B.C. The stigma of criminalization will continue to cost lives across the country.

Why isn't this conversation happening outside of British Columbia? What are you going to do for those small communities that don't have the resources to make a comprehensive application, like British Columbia?

Hon. Carolyn Bennett: I think you and I have had this conversation before.

We need the public safety criteria, as well as ramping up the health and social services, before we can begin that conversation. We have to know that the health and social services are there. We have to know that there won't be any unintended consequences in public safety, like gangs, organized crime and the things we have seen from not having a very strong implementation plan.

Mr. Gord Johns: Minister, you had an expert task force on substance use. They were unanimous in saying that criminalizing people who use substances needs to end. They were unequivocal on that.

Are your government policies on this issue based on evidence or opinion polls?

Hon. Carolyn Bennett: They're absolutely based on evidence, but also on the evidence we had from the frontline organizations that wanted to make sure that health and social services were ramped up. You cannot divert people from the criminal justice system to health and social services if they're not there.

Also—

Mr. Gord Johns: Minister, they were unanimous. Your own expert task force was unanimous.

The evidence is clear that 27,000 people are dead. You don't need more evidence, Minister.

● (1800)

Hon. Carolyn Bennett: We need an implementation plan, and that's what we're going to get. We have to have an implementation plan in order to be able to approve these.

I am very excited about the conversations I've had with that expert task force. People are excited that the big steel door's been cracked open, but it's going to be cracked open safely. We do not want to have what happened in Colorado.

Mr. Gord Johns: Incrementalism in the government's response to substance abuse is what's killing people. People are dying.

I'm going to go to May 31. You said safe supply was the real antidote to the toxic drug crisis. What are you doing to scale up safe supply so that it's available to anyone at risk of drug poisoning in this country?

Minister, I asked your colleague, Minister Tassi, the Minister of Public Services and Procurement, if she's procuring any safer supply. Do you know what she told me? She said she's waiting for a request from the Minister of Health or yourself, and she hasn't gotten one. Why is that?

Hon. Carolyn Bennett: Gord, I think you know that's not how it works.

Mr. Gord Johns: That's how she told me it works.

Hon. Carolyn Bennett: No, that's not how it works.

Mr. Gord Johns: The minister is on record at the committee of the whole, saying that she requires a request from yourself or the provinces. If the provinces request safer supply, will you provide them with a safer supply?

Hon. Carolyn Bennett: At the moment—

Mr. Gord Johns: We know, as you know, that COVID-19 vaccines save lives, and so does safer supply.

Hon. Carolyn Bennett: I agree with that. I also agree that...we have approved diacetylmorphine, the injectable heroin, at Health Canada, but the Pharmascience company is not ramping up to produce it.

We need all these things, but we need doctors to prescribe them. There's a lot of it out there. What Christy Sutherland is doing in the Downtown Eastside on powdered fentanyl—

Mr. Gord Johns: Minister, you're even saying yourself—

Hon. Carolyn Bennett: We have lots of ideas.

Mr. Gord Johns: —that you can't access what you need. Why isn't the public services and procurement minister doing it?

Anyway, I'm going to leave that with you, because I have more questions.

Last May and June, the expert task force recommended that "Canada make significant investments in providing a full spectrum of supports for people who use drugs or substances or who are in recovery." Do you believe that the $100 million in this year's budget, over three years, implements that recommendation and reflects the scale of this crisis?

Hon. Carolyn Bennett: The $100 million is for the substance use and addiction program, but, over the past number of years, we've invested about $800 million in this. We know the SUA program is hugely successful and oversubscribed. We will get that money out the door, and if we need more money, we'll go get it.

Mr. Gord Johns: Minister, if you look at the comparable amount of money the government spent per capita on SARS and COVID-19, and the deaths, it's not even comparable.

Your party promised, in its 2021 platform, to spend $4.5 billion over five years on a new mental health transfer, in order to expand services and address backlogs. It also promised to fund the three-digit suicide prevention hotline. In 2019, the House unanimously supported a national suicide prevention plan as well. However, none of these initiatives received any funding in this year's budget. When can Canadians expect to see action on these?

I see I'm running out of time.

Can you provide to this committee, in writing...when that's going to happen, and whom you're consulting on the Canada mental health transfer?

Hon. Carolyn Bennett: Absolutely. I'll be happy to put out a plan for you. On the three-digit...as you know, the United States is just a bit ahead of us, and we're going to learn from them—

Mr. Gord Johns: Parliamentarians need a timeline. They need it in writing. They want a commitment, Minister.

The Chair: That's your time, Mr. Johns. I was going to let the minister finish, but you interrupted her.

If you have anything else you want to add to that answer, Minister, please do, and then we'll go to Mr. Lake.

Hon. Carolyn Bennett: No, I'm happy to put it in writing, Mr. Chair.

Mr. Michael Barrett (Leeds—Grenville—Thousand Islands and Rideau Lakes, CPC): Mr. Chair, for this next round, would we be able to get you to flag us at the halfway mark, for a split time between Mr. Lake and Dr. Ellis?

The Chair: Absolutely.

The floor is yours, Mr. Lake, for two and a half minutes, and then we'll go to...was it Dr. Ellis?

Mr. Michael Barrett: Yes, sir.

Hon. Mike Lake: Minister, a couple of weeks ago, I asked a question in the House. It was a very legitimate question. You referred to my question as "annoying" and "despicable". What I find more than "annoying"—maybe not "despicable", but completely unacceptable—is that, three months ago, I asked you what the suicide prevention hotline number was, and you didn't know it then. People would expect you, the minister responsible for mental health and addictions in this country, to know what the suicide prevention hotline number is. "Just google it" could not be a more unacceptable response when you're talking to Canadians at risk of suicide.

Do you recognize that?

Hon. Carolyn Bennett: I'm saying that most people, now, just tap the number on their phones. So 8-3—

● (1805)

Hon. Mike Lake: What if somebody in crisis asked you what the suicide prevention hotline is, and you didn't have it? You talk about consulting stakeholders. If you asked them, they would say we need a 988 suicide prevention hotline. It's been 550 days since we unanimously passed a resolution on that. It's completely unacceptable that we don't have it.

For reference, what is the proposed three-digit suicide prevention hotline?

Hon. Carolyn Bennett: Mike, you know that the United States has worked for four years on this, and—

Hon. Mike Lake: What's the three-digit hotline proposed? What's the number?

Hon. Carolyn Bennett: Can you say that again?

Hon. Mike Lake: What's the proposed three-digit hotline number?

Hon. Carolyn Bennett: It's 988.

Hon. Mike Lake: Right, so you know that off the top of your head.

Hon. Carolyn Bennett: Yes, but do you know that, in some of the rural parts of Canada, 988 is the beginning of a seven-digit number? The CRTC and people have to sort this all out. Some places in Canada are seven digits. Some places in Canada are 10 digits. This is....

Many places I go don't have enough people answering these calls. We have to make sure that when we push "start", it will work. The United States has spent four years doing this. When they start in July, we will be watching very carefully. I think everybody is very worried about the capacity, and that we not let people down.

Hon. Mike Lake: The unanimous consent motion and the promise you made in your platform wasn't to watch very carefully what happens in the U.S. It was to establish a three-digit suicide prevention hotline. It's been 550 days. How many more days do you need?

The Chair: Be very brief, Minister. He wants to split his time, and he's at the halfway mark.

Hon. Carolyn Bennett: Mike, we're not waiting for the CRTC. We're not waiting for anything. We are working every day on building the capacity to make sure that when we push "start", there will be the capacity to answer this, from coast to coast to coast.

Hon. Mike Lake: You just said you were waiting.

The Chair: Thank you, Minister.

Thank you, Mr. Lake. If you still want to split your time, you're past it.

Hon. Carolyn Bennett: They know they will have some wrinkles.

The Chair: Dr. Ellis, please.

Mr. Stephen Ellis (Cumberland—Colchester, CPC): Thank you, Mr. Chair. My questions will be through you to the minister.

Minister, can you tell us which country is the biggest threat to Canada with respect to importing fentanyl?

Hon. Carolyn Bennett: My evidence is that a lot of the fentanyl is being made here now.

Mr. Stephen Ellis: Well, that's probably not what experts would say. That being said, it's coming from China. That's a very important thing. Maybe I'll come back to it.

Do you know the usual dose of fentanyl in medical procedures? I understand you're a physician, but perhaps have not been practising for a while. If you don't know it, that's okay. No? With fentanyl, it's 100 micrograms.

As well, how many people would 2.5 grams of fentanyl be enough to treat?

I'll give you the math, just so we can move through this. It's 25,000 people. We're allowing people to possess enough fentanyl for medical treatment doses for 25,000 people.

How much Narcan do we expect the police to actually carry around? Are they going to fill paddy wagons full of Narcan doses? It's nonsensical. How could we possibly say that 25,000 medical doses of fentanyl is an appropriate amount?

Hon. Carolyn Bennett: Doctor, I think you know that what is on the street is not pure fentanyl. It's been cut with all kinds of other things. That is the reason it's so deadly now.

Mr. Stephen Ellis: Okay, let's say it's 10,000.

Hon. Carolyn Bennett: It's filled with benzodiazepines. It's filled with all kinds of things that Narcan doesn't even touch.

Mr. Stephen Ellis: Okay, if we say 10,000 doses, is that appropriate?

Hon. Carolyn Bennett: Doctor, I think the fact that we have all of the law enforcement agencies on side with this, as well as public health, means that we are beginning by beginning. We're going to start by starting.

Mr. Stephen Ellis: Wow.

Hon. Carolyn Bennett: As you know, the original B.C. application was 4.5 grams. The Vancouver approach had different amounts for different drugs. The police have asked us to have a cumulative amount, because it's much easier to enforce.

Mr. Stephen Ellis: I have one more question.

Interestingly enough, could you please table the documents that really justify the 2.5 grams of fentanyl, please, Minister, for this committee?

Hon. Carolyn Bennett: I just explained that 2.5 grams isn't—

Mr. Stephen Ellis: That's not what I asked, ma'am. Could you please table the documents?

Hon. Carolyn Bennett: I'm going to tell you that I can table documents that show that—

Mr. Stephen Ellis: No—that justify the 2.5 grams of fentanyl, the 25,000 treatment doses.

Hon. Carolyn Bennett: That is not what we approved.

The Chair: You're past time, Dr. Ellis. Please let her answer and then we're going to move on.

Go ahead, Minister.

Hon. Carolyn Bennett: We approved 2.5 grams, cumulative, of whatever a person is carrying. As you know, there are many people using drugs who would use that. We are also getting criticism from the people using drugs that it's not enough in terms of what their daily dose would be of the street version of it.

● (1810)

The Chair: Thank you, Minister.

Next we will go to Ms. Brière for five minutes.

[*Translation*]

Mrs. Élisabeth Brière (Sherbrooke, Lib.): Thank you, Mr. Chair.

I thank the minister and all the witnesses for being with us this afternoon.

[*English*]

Minister, you mentioned in your remarks that the development of national standards for mental health and substance use services is a key component of your mandate. Can you expand on why this is so important for you?

Hon. Carolyn Bennett: Thank you. I'm also happy to talk to my colleague, Monsieur Garon, about this.

What happened was the provinces and territories came together on what they called a common statement of priorities that were their six priorities: integrated youth services, primary care with mental health, digital health, substance use treatment, substance use human resources and integrated care for people with complex problems. Now the Standards Council of Canada is working with all the stakeholders to work on those things that the provinces and territories have identified as their priorities, but, as we get out across the country, there are many other things we're hearing, like appropriate detox and withdrawal and the standards that exist.

Whatever province you're in—for example, Monsieur Garon, in Quebec—it's the same treatment for blood pressure or for cancer. For mental health, there haven't been those kinds of standards. That's why people want those kinds of practice guidelines on those kinds of things, like perinatal mental care. What should people be able to expect wherever they live in Canada? How do we build that into a plan and then build the transfer on that?

Mrs. Élisabeth Brière: Thank you.

What specific areas will the standards for mental health and substance use deal with? How will these national standards be set, then?

Hon. Carolyn Bennett: I mentioned the other ones, but the one I'm most excited about, Élisabeth, is integrated youth services. It's being led by Quebec and Ontario, mainly building on what was started in British Columbia by Dr. Steve Mathias in the Foundry.

Integrated youth services means wraparound service. The young person can get peer counselling, primary care, social work, addictions counselling, help with housing, help with education and help finding a job. These integrated youth services are now signed onto by 11 of the provinces and territories. I think that we will be able to show not only the benefit to young people but also the economic benefit to having these kinds of integrated services coast to coast to coast. It's a hugely exciting movement across the country.

Mrs. Élisabeth Brière: Budget 2021 provided $45 million in funding for the development of standards. How is this funding being allocated?

Hon. Carolyn Bennett: The Standards Council of Canada is not the expertise body. Where there's been an identified need for a standard, then it uses dollars to get out to talk to the people on the front lines, to talk to the organizations, to talk to the people with lived and living experience and to come together with what really would be, as we say, the most appropriate care in the most appropriate place by the most appropriate provider at the most appropriate time. What should that standard of care and quality be?

Mrs. Élisabeth Brière: Now to the opioid crisis, can you tell us what your discussion was with the Province of British Columbia? Where are you at now in fighting that important crisis?

Hon. Carolyn Bennett: Thank you.

What's exciting about working with British Columbia now is that it has put together a table for research and evaluation on this project. Out of that table, we will together be developing the indicators, both on public health and on public safety, to demonstrate what works, the efficacy of the exemption and that it remains in the public interest. If we have to adapt, then we will adapt. That's the work we're doing now, from now until January 31, on what the process will be.

Canada is setting up an arm's-length process with CIHR, not only to work with British Columbia but also to use the learning in real time so that we can help other jurisdictions have a much more rapid approach to a successful application.

● (1815)

The Chair: Thank you, Madame Brière.

[*Translation*]

Mr. Garon, you have the floor for two and a half minutes.

Mr. Jean-Denis Garon: Thank you, Mr. Chair.

Minister, I understand that you were very surprised by a colleague's question, but I want to remind you that just because the provinces have outlined six health priorities, which are common to all of them, does not mean that they have asked you for funding conditions. You should stop saying that, because it is absolutely false.

I'd like to turn now to Bill C-5, which provides alternative measures for people with addiction problems. The witnesses who came to speak during the studies on this bill told us that they lacked the resources to receive and support people in distress because of their addiction. In Quebec, this money is normally distributed through the Canada-Quebec Contribution Agreement on the Substance Use and Dependency Program. It is important to recognize Quebec's areas of jurisdiction. We must often remember that asymmetrical federalism exists, out of necessity.

At this time, concretely, where are you in your negotiations with the province of Quebec to receive its share of these funds?

Hon. Carolyn Bennett: The bilateral agreement with the province of Quebec also allows for programs, projects—

Mr. Jean-Denis Garon: Madam Minister, Quebec's share—

The Chair: Mr. Garon, you asked a question that lasted one minute, and you interrupted the minister after 20 seconds.

Mr. Jean-Denis Garon: Mr. Chair, I just want to clarify my question.

The Chair: The minister has the right to take the same amount of time to answer the question as the time taken to ask it.

Madam Minister, you have the floor.

Hon. Carolyn Bennett: The bilateral agreement with Quebec is not just about the $5 billion invested in the provinces and territories for mental health. It is also about the implementation of projects in communities, for example, projects dealing with substance use and innovation projects, such as those undertaken in Ms. Brière's constituency. It is the province or the National Institute of Public Health that decides on the projects. The priorities are set by the provinces. In other provinces—

The Chair: Thank you.

Hon. Carolyn Bennett: —it's not necessarily the same priorities. It's possible, in Canada—

The Chair: Thank you, Madam Minister.

Hon. Carolyn Bennett: —to decide which projects the funds will be allocated to.

The Chair: You may ask one brief question, Mr. Garon.

I would also ask the minister to answer briefly.

Mr. Jean-Denis Garon: Mr. Chair, as the minister did not answer my question, I'll ask it again.

With respect to the $100 million over five years announced in the budget, what is the status of your negotiations with the province of Quebec regarding the payment of its share through the Canada-Quebec Contribution Agreement for the Substance Use and Addictions Program?

This could not be more specific, Madam Minister. Where are you on the negotiations?

Hon. Carolyn Bennett: In terms of bilateral agreements, it's a transfer.

[*English*]

It's a strength.

[*Translation*]

The Chair: Thank you. Your time is up.

[*English*]

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

Go ahead, please.

Mr. Gord Johns: Minister, on May 31 you said in a statement, "Together we will end this tragic crisis...so that no more families, friends or communities will lose a loved one to a heartbreaking overdose." Do you believe your government has a credible plan to end the thousands of deaths we're seeing across this country each year?

Hon. Carolyn Bennett: I believe that we now, with the Canada drug strategy, are working very hard on the prevention, on the treatment, on the harm reduction and on law enforcement, and that we are building towards that plan. We are doing it in partnership with the provinces and territories and with all the communities to do what they can on the ground, as well, and we respond to their needs, yes.

● (1820)

Mr. Gord Johns: Canadians need to see the plan. I want to know what your plan is to ensure that all Canadians dealing with substance-use disorders can access publicly funded, evidence-based treatment on demand.

Hon. Carolyn Bennett: Well, I think, as you know, Mr. Johns, one problem is that we need....

The conversation with the College of Family Physicians was very interesting. I did a training program that was only two years long. The College of Family Physicians is now considering a project, a residency program, that would be three or four years long. It wants the capacity across the country. It does not believe that family doctors coming out of training have comfort with mental illness, with addictions or with pain, so we need to increase those mental health human resources, including family doctors.

Mr. Gord Johns: Yes, but we need a plan to do that. Other countries have actually had courage and have committed resources—like in Portugal, the Czech Republic, Switzerland and Germany. I could keep going on with the list. We don't have a plan. Where is the plan?

Anyway, Minister, I also want to know this. Some provinces reject the importance of harm reduction, and they won't seek an exemption to decriminalize, for example. Some communities in those provinces might. How will you ensure equitable treatment for people who use substances across this country?

Hon. Carolyn Bennett: What happens in British Columbia, I believe, will be a very important model for the rest of the country. We will, hopefully, be able to demonstrate that it works, saves lives, and keeps communities safer.

Mr. Gord Johns: Is it a trial group? Is B.C. in a trial group with the rest of the country? Is that what you're doing? Will people die at this pace?

Hon. Carolyn Bennett: What we are doing is just as Mike said. We're building supportive housing. We're building all of the elements in partnership with the provinces and territories, but so many of the projects go straight to the municipalities, so that we can really save lives with the substance use and addictions program, with the mental health promotion, with innovation funds. We are really doing the proof of concept that provinces and territories can pick up and run with when it's shown that they work.

The Chair: Thank you, Mr. Johns. Thank you, Minister.

Next is Ms. Goodridge, please, for five minutes.

Mrs. Laila Goodridge (Fort McMurray—Cold Lake, CPC): Thank you, Mr. Chair, and thank you, Minister Bennett, for your testimony here today.

To just carry on along lines similar to the ones you've heard from some of my colleagues, I believe strongly that decriminalizing without having any appropriate access to treatment is akin to putting the cart before the horse. Mr. Johns talked about Portugal. In Portugal, effectively, drugs were still illegal; it just was no longer a felony. There was a very ample treatment space available.

What investments are you making to have more access to treatment in British Columbia, or are you hoping that we end up like Colorado, which has been an abject failure?

Hon. Carolyn Bennett: Again, as we move forward working with provinces and territories, certainly what we felt in British Columbia was that it was building up the health and social services to deal with the issue in a very appropriate way, as well as the harm reduction programs, prevention and the training of law enforcement. Those four prongs of drug policy, I think, are very important.

Treatment remains the purview of provinces and territories. We are helping them with that bilateral agreement in the $5 billion, which they get to spend on their priorities.

In the common statement on the priorities of the provinces and territories, substance use treatment was one of the priorities. Then we will have a national standard.

Mrs. Laila Goodridge: Thank you, Minister. I know that treatment of substance use has definitely been a very large priority in the province I come from, Alberta. There have been large investments in treatment.

When you were making your comments earlier, you said that the reason you picked the 2.5 grams was that it was easier for law enforcement, and that Vancouver had asked to have a different amount, depending on the substance. Did you pick 2.5 grams not necessarily based on medical evidence, but instead based on ability to help law enforcement enforce?

● (1825)

Hon. Carolyn Bennett: In working with both the public health experts and the public safety experts, we learned that 85% of the drugs that had been confiscated were in amounts of less than two grams. The people on the street were saying that some people there use three or four grams—

Mrs. Laila Goodridge: Yes, Minister, I very well understand. Was this a decision that was made based on medical evidence, or was this a decision based on people who are suffering from addictions telling you that they want more drugs?

Hon. Carolyn Bennett: This decision was taken very carefully with both public health and public safety. In fact, the Canadian chiefs of police, the B.C. chiefs of police and the deputy commissioner of the RCMP have all said very positive things about this as being a good start.

Mrs. Laila Goodridge: Okay, but was this based on medical evidence?

Hon. Carolyn Bennett: The medical evidence I heard, particularly the people dealing with or serving people who use drugs.... Some of those people were saying that people will use way more than this.

Mrs. Laila Goodridge: Okay, but is this based on medical evidence or was it based on hearsay and how people are using this?

Hon. Carolyn Bennett: I can promise you it wasn't based on hearsay. It was based on the dual responsibilities I had for mental health and public safety.

Mrs. Laila Goodridge: Thank you.

I will cede the rest of my time to Mr. Lake.

Hon. Mike Lake: Thank you to my colleague, and thank you, Minister.

I'd like to use my time to move a motion, as follows: That the committee request the minister to table all documentation confirming that it has met its commitment to fund the Canada mental health transfer, as clearly outlined on page 75 of its 2021 election platform.

The Chair: Thank you, Mr. Lake. The motion is in order.

The debate is now on the motion.

Go ahead, Dr. Ellis.

Mr. Stephen Ellis: Thank you, Mr. Chair.

Certainly, for my colleagues, realizing that this has been an exceedingly contentious issue with the minister here with us today and that there's an expectation by all Canadians who suffer from mental illness and really were looking for a significant funding transfer, and hoping for that—it is certainly supported by the Canadian Mental Health Association as well—I think that understanding where the $875 million is, in view of the approximately one-third of Canadians who identify as having mental health issues, would be a very appropriate topic to understand here on the health committee.

Since it would appear very clearly that the government has not fulfilled its obligation to provide this, not in one year, Mr. Chair, but now in two years, from my perspective, $875 million is missing—almost $1 billion, let's be honest—and committed, and is not being provided for the treatment of Canadians. We also know that their mental health has suffered even more significantly since the pandemic, and certainly ongoing since then, especially with the threat, perhaps, of future lockdowns that we hear about from the government on an almost daily basis. I think this is very germane to committee business. I certainly hope that my colleagues from the other parties will support this motion.

Thank you, Mr. Chair.

The Chair: Thank you, Dr. Ellis.

Mr. Johns, please.

Mr. Marcus Powlowski (Thunder Bay—Rainy River, Lib.): Mr. Chair, could we get you to repeat and/or send us the motion?

The Chair: I think it was Mr. Lake who moved it.

Mr. Lake, do you have the text of the motion that you could read into the record?

Hon. Mike Lake: Interestingly, I wrote it down after I said it, because I was saying it on the fly here. I think it's important.

I don't know if the clerk or one of the analysts wants to read it back. I've written down what I think I said. Of course, the record will say what I actually said.

I believe that what I said was that the minister table with the committee all documentation that confirms that it has met its commitment—let me just pull this up—to fund the Canada mental health transfer, as clearly outlined on page 75 of its 2021 election platform.

● (1830)

The Chair: Okay. That's consistent with my recollection of what you said, Mr. Lake.

Colleagues, Mr. Johns is next on the speaking order, but the minister committed to be with us until 6:30, and it is now 6:30, so I'm going to take this opportunity, as we continue to debate—

Hon. Mike Lake: On a point of order, Mr. Chair, if the minister were to commit to this, it would make our vote really easy.

The Chair: Thank you.

Minister, thank you so much for being with us. We had a lengthy delay, and I know that you had to move other things around. You responded very promptly to our request that you appear. We are grateful for that.

I don't want to further impose upon the time you've set aside for us. It looks like there's going to be some further debate on the motion. If you have anything you want to say before you go, please say it, and then we're going to move on with the motion.

Hon. Carolyn Bennett: I just wanted to reiterate what Minister Duclos said last week in terms of the significant increase in the Canada health transfer, as well as the $600 million a year in the bilateral agreements from 2018.

We can very easily document what has gone to provinces and territories and also what is in the substance use addiction programs and the mental health innovation. I'm happy to give you what we have.

The Chair: Thank you, Minister.

Mr. Johns, please.

Mr. Gord Johns: I'm worried about time, too. We have half an hour with the senior staff and questions, so I move that we vote on this right now.

The Chair: Ms. Brière, please.

[*Translation*]

Mrs. Élisabeth Brière: Thank you, Mr. Chair.

Before we vote, I would like to repeat that we have reiterated many times that mental health is part of health.

We have made historic investments. Since 2015, $5 billion has been provided to provinces and territories to increase access to mental health care. This includes $598 million for the distinctions-based mental health and wellness strategy for indigenous peoples, $140 million to support veterans, $45 million for national mental health standards, as the minister pointed out earlier, and $270 million for the Canada Wellness Together portal.

I think this demonstrates our commitment to action on this issue.

The Chair: Thank you, Ms. Brière.

[*English*]

Are there any other interventions?

Seeing none, we're ready for the question.

We're clear that this is, as was indicated a couple of times, a request from the committee for the tabling of documents.

Hon. Mike Lake: I'd like a recorded vote, please, Mr. Chair.

Hon. Carolyn Bennett: I'm happy to provide a written response, so we'll be able to let you know what there is.

The Chair: That should make the vote really easy. Thank you, Minister.

Go ahead with the recorded vote.

(Motion agreed to: yeas 11; nays 0 [*See Minutes of Proceedings*])

The Chair: Now we're going to continue until seven o'clock with questions for the officials. The next person to pose questions is Ms. Sidhu, please, for five minutes.

Ms. Sonia Sidhu (Brampton South, Lib.): Thank you, Chair, and thank you to all the officials for being here with us.

It's not common for all communities to have an open conversation about mental health. I know this government is working to break down the stigmas. Recently there were investments for mental health happening for the distress centres, including Brampton South Asian Canadians Health & Social Services, which provides culturally appropriate services. It's much needed to address this mental health issue.

How is this government working to support communities with culturally sensitive mental health services, especially when it comes to youth services?

● (1835)

Ms. Heather Jeffrey (Associate Deputy Minister, Department of Health): Indeed, social determinants are key to the response. Many of our programs and our experience during COVID-19 show that communities from different backgrounds experienced the pandemic and the mental health impacts very differently. For that reason, we've emphasized the importance of disaggregated data and consultations with communities to make sure that their needs are reflected and data is shared. We've established programming that is available in a wide variety of languages. For example, Wellness Together Canada provides mental health services in over 200 languages, including 24 indigenous languages.

Our Public Health Agency colleagues have an extensive program of outreach and programming in communities, in their languages and responding to their needs.

I would like to pass this to Candice St-Aubin, who is responsible for that programming, just to comment on the specifics.

Ms. Candice St-Aubin (Vice-President, Health Promotion and Chronic Disease Prevention Branch, Public Health Agency of Canada): Yes, we have directed interventions for mental health promotion and prevention of mental illness, as well as trauma and PTSD and those populations that have been most impacted during COVID-19. That would be $100 million over three years within the mental health promotion space, as well as $50 million dedicated to PTSD and trauma-informed impacts. These are directly in the community and are being developed and delivered by community members in the language and cultural choice that best impact and support their community members.

Ms. Sonia Sidhu: Thank you.

How important has virtual care been in assisting Canadians in terms of mental health, with virtual platforms such as Wellness Together Canada and PocketWell?

Ms. Heather Jeffrey: Especially in light of the COVID pandemic, virtual health care services have become even more important, especially when people haven't been able to receive them in person. Wellness Together Canada was one of the government's responses to that need. Through an investment of $270 million, Wellness Together Canada was able to provide 6.9 million individual sessions to over 2.4 million individuals by phone and by text. We've recently launched PocketWell, which is the mobile application allowing Canadians to access services whenever they need them from wherever they need them. The evaluations of that program have been very positive. Over 88% of those who used the services said that they felt better, and 41% said that they would not have been able to access services any other way. Virtual care also has many other uses in the health care space, and we have diverse programming.

I will just ask Jocelyne Voisin to comment a bit on the broader virtual care space.

Ms. Jocelyne Voisin (Assistant Deputy Minister, Strategic Policy Branch, Department of Health): Throughout the pandemic, the provinces and territories have really moved to implement virtual care, recognizing that Canadians still need access to care services. The federal government supported them in that space with a $240-million investment. There are bilateral agreements with each of the provinces and territories to help them advance virtual care and implement it in their jurisdictions. Mental health, of course, is one of the main areas that are benefiting from virtual care access.

Ms. Sonia Sidhu: Thank you.

We know, when addressing mental health, that having access to community services is essential. Recently, $8.6 million was announced for six projects across Ontario to promote mental health and well-being in our communities. Can you expand on how these projects will help to improve mental health outcomes for residents?

Ms. Heather Jeffrey: One of the things we've discovered is that it's really important that services respond to the most local needs, and that different communities are facing different challenges and services need to be provided in an accessible way. We saw this throughout the COVID response, when Canadians responded most directly to services being offered by close-to-home organizations within their communities. Stigma is a serious concern, and we want to make sure that people feel as comfortable as possible in reaching out. That means local care from organizations and community members whom they recognize and feel comfortable dealing with.

We have a wide variety of programs, including the mental health innovation fund from the Public Health Agency and the substance use and addictions program. These all fund local-level community response across the full tool kit of services that we need to respond to mental health and addictions.

● (1840)

The Chair: Thank you, Ms. Jeffrey, and thank you, Ms. Sidhu.

The next round of questions is going to come from Mr. Johns, because the Conservatives and the NDP have traded turns.

Mr. Johns, you have the floor for five minutes.

Mr. Gord Johns: Thank you, Chair, and thank you to my colleagues as well.

I have a question on mental health. What steps is the government taking to scale alternative approaches to police response involving mental health and substance use issues, such as by including peer support workers, mental health nurses, and other trained mental health care professionals?

Ms. Heather Jeffrey: As we were saying, it really takes a very broad tool kit to respond to all the different dimensions of mental health needs. It requires a full suite of wraparound services, including working with law enforcement and others who are dealing with people who have multiple needs across the spectrum.

We've been holding multiple consultations across the country with different groups, stakeholders and communities that are involved in dealing with treatment and substance-use issues. We are working on consultations to overhaul the Canadian drug and substances strategy and to refresh a mental health strategy that is going to allow that full suite of integrated services.

Maybe I'll pass the floor to Eric Bélair.

Mr. Gord Johns: I wish I could spread it around, but I don't have time. In December 2021 PHAC released modelling that projected that toxic drug supply-related deaths may remain high and possibly even increase through the first half of 2022. At the time, PHAC released a backgrounder that said, "As opioid use and related harms have changed significantly over the past years, and especially during the COVID-19 pandemic, this model will be updated on a quarterly basis."

Despite that statement, no updated modelling was published in March, as anticipated. In fact, the updated modelling still has not been published. On June 1 MPs voted on my private member's bill proposing a health-based approach to substance use, without having access to the latest modelling to inform their decision. Why did the agency not fulfill its commitment to provide this modelling on a quarterly basis?

Ms. Heather Jeffrey: The Public Health Agency is indeed conducting modelling, and I will pass the floor to my colleague, Candice St-Aubin, to speak to the data.

Ms. Candice St-Aubin: The Public Health Agency did, in fact, release its modelling projections in March, and we'll be releasing in the upcoming quarter as well, I believe in the next five or six days. I'm happy to provide the link to where the modelling is posted publicly on our website to the honourable members here at the committee.

Mr. Gord Johns: We don't see it. I look forward to finding the link to it.

How many people are you forecasting are going to die in the next half of the year from a toxic drug supply?

Ms. Candice St-Aubin: Out of toxic drug supply—not to get ahead, of course, of the modelling that's happening—I will again have to provide that in writing because, again, this has not yet been released publicly, and we're still analyzing the data and the modelling.

Mr. Gord Johns: What we can find is that you provided the updated number of deaths, but not the projected moving forward. I look forward to getting that sent to this committee.

Last week, in the supplementary estimates presented to the committee on government operations, the agency requested $1.4 billion for the procurement of additional COVID-19 therapeutics and related costs. Has the agency discussed or sought funding for the procurement of pharmaceutical-grade alternatives to controlled substances?

Ms. Candice St-Aubin: Honourable member and Mr. Chair, this is not part of my area of expertise. I'm happy to talk about mental health programming and programming to support mental health promotion, but I can refer and defer to provide information in writing on that from the doctors within the agency.

Mr. Gord Johns: Here's a question on the perinatal mental health strategy: What is the timeline for delivery on that?

● (1845)

Ms. Heather Jeffrey: For the perinatal mental health strategy, I will refer to our colleague Eric Bélair, who is from mental health.

Mr. Eric Bélair (Associate Assistant Deputy Minister, Strategic Policy Branch, Department of Health): As you know, this is a key commitment in the mandate letter of Minister Bennett. She has started to engage with stakeholders on some of the models of care that we can spread and scale across the country to help improve perinatal mental health services. This is an area that will be part of our broader action plan to help improve mental health services in Canada. There has already been one round table that Minister Bennett has held with experts and stakeholders, and she's going to be building on that to develop further measures to improve care.

The Chair: Thank you, Mr. Johns, and thank you, Mr. Bélair.

Next we're going to Mr. Jowhari for five minutes, please.

Mr. Majid Jowhari (Richmond Hill, Lib.): Thank you, Mr. Chair.

Thank you to the officials for staying back with us, and thank you for the work you're doing.

I'm going to focus my questions on youth mental health. I'm not sure who would be the best person. Let me ask the question, and I'm sure Madam Jeffrey will guide us through who would be the best person to answer.

As you know, the pandemic has hit every Canadian and everyone across the world, and, especially among youth, it's exacerbated in the worst way. We know that there were issues before for adolescents, and we know that isolation and lack of social activities have heightened some of those mental health issues.

Can you tell us what the government is doing to address the increasing mental health needs of young Canadians?

Ms. Heather Jeffrey: Yes. Thank you, Mr. Chair.

As already discussed, the mental health of Canadians definitely has been adversely impacted by the strain of the pandemic.

Health Canada is providing core funding to the Mental Health Commission of Canada to establish national standards for the mental health of post-secondary students.

In budget 2021, we also provided $100 million over three years to address the mental health impacts of the pandemic, particularly on vulnerable groups, including youth.

We've provided additional resources for Kids Help Phone, a crisis line that our Public Health Agency colleagues can comment on further, which provides additional support to children in crisis.

We have also provided funding for a campus peer support program at post-secondary institutions, to provide direct peer support to students in need.

We have held extensive consultations with universities and colleges this year and are working with different youth groups, including through integrated youth services and organizations such as the Foundry, to talk about the full suite of wraparound supports. It's not just mental health services and counselling that are required, but a full suite of supports in areas such as housing and other social supports for students in crisis.

The needs vary across the country, so it's a comprehensive approach that we've been taking, and this is definitely one of our top priorities in the transfers that we provided to the provinces. In their agreements, they've all committed to invest in integrated youth services as a matter of one of the three priorities for those transfers, and we're midway through that 10-year transfer process.

Mr. Majid Jowhari: Thank you for that explanation.

Can you explain how the funding that was announced earlier in Ontario this week through the mental health promotion innovation fund will support children's mental health?

Ms. Heather Jeffrey: I'll turn to my colleague, Candice St-Aubin. The Public Health Agency administers that fund.

Ms. Candice St-Aubin: This funding will go to support youth at risk, be it LGBTQ2+ youth or racialized and other vulnerable youth, including indigenous youth. They will be developing interventions and supports directly at the community level.

We look forward to providing or coming back with more information, including some key indicators and outcomes of success for these projects as they begin to roll out and we monitor and look for those impacts.

Mr. Majid Jowhari: Thank you.

With about a minute and 15 seconds left, I am going back to Madam Jeffrey.

Can you expand on the innovative and particularly successful model for supporting youth mental health? I understand that there has been significant success with integrated youth services.

I think the minister also mentioned that, not only in her opening remarks but also in response to some of the questions that my colleagues raised.

Can you explain why this approach is so promising?

● (1850)

Ms. Heather Jeffrey: Indeed, the standard on integrated youth services and the work that is being done from coast to coast to coast in this country on integrated youth services is extremely promising.

It isn't enough just to provide addiction supports. We also need other kinds of public health supports. We need social supports. Youth need counselling. They need access to peer groups. They need a variety of training and educational supports. All of those things need to come together to help an at-risk youth or child.

I'd like to turn briefly to Dr. Strong at CIHR, which is funding a lot of the work and leading the work on standards for integrated youth services.

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

You are quite correct. There have been some really impressive outcomes through the integrated youth services, beginning, really, since its inception in 2012.

Just to give a measure, it's a unique way of reaching out to adolescents and children with mental health issues, with over 7,500 interventions even as of 2020 and, from that, a 70% reduction in stress for children and young people, a 66% reduction in the degree of severity and, actually, by using those routes, almost a 10-fold savings in terms of the costs of bringing young people in for services where they can be dealt with and treated closer to home. It's an incredibly successful program.

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

[*Translation*]

Mr. Garon, you have the floor for two and a half minutes.

Mr. Jean-Denis Garon: Thank you very much, Mr. Chair.

I will let you redirect my question to the person who can best answer it.

In August 2020, the director of the Public Prosecution Service of Canada introduced a guideline on simple possession of a substance. She invited prosecutors to limit prosecutions to more serious cases. One of the arguments put forward was the savings that could be made in the legal costs of administering justice. This is also one of the central arguments made in favour of diversion.

With respect to Bill C-5, I would like to know if an assessment has been made as to the court costs associated with the administration of justice.

Has an assessment been made of the savings that could be made in this area as a result of the potential implementation of the bill?

Are there any figures in this regard?

[*English*]

Ms. Heather Jeffrey: In regard to Bill C-5, this is a Justice-led bill. It's not really within our purview.

What I can say from a public health perspective is that we certainly support an approach that takes a public health approach to addictions as a public health challenge and not as a criminal one. That was reflected in the action that the minister took in approving the exemption for B.C.

Unfortunately, I'm not in a position to comment on Bill.

[*Translation*]

Mr. Jean-Denis Garon: I understand, but, the principle of diversion is to move the problem from the judicial domain to the health domain. So it becomes a public health issue.

Do you think it might be appropriate for the Department of Health to try to assess what savings might be made?

At the end of the day, care will have to be provided to these people by the Quebec and provincial governments, which will have to incur additional expenses.

[*English*]

Ms. Heather Jeffrey: In our discussions on decriminalization, specifically on the section 56 exemption in B.C., certainly one of the views expressed by law enforcement colleagues at those consultation tables is that decriminalization of small amounts for personal possession allows law enforcement to redirect resources where they are most needed, in particular to focus on trafficking and some of the other serious criminal harms that come as a part of drug trafficking. Decriminalization in that sense allows law enforcement to focus their resources where they are most needed.

I can say that in terms of the public health approach, that's really the area of focus we look at when we're considering applications for exemptions.

The Chair: Thank you very much, Ms. Jeffrey.

[*Translation*]

Thank you, Mr. Garon.

[*English*]

The Conservatives will now take us to the top of the hour. I believe Mr. Vis will lead off.

Mr. Vis, welcome to the committee. It's good to see you again. You have the floor.

Mr. Brad Vis (Mission—Matsqui—Fraser Canyon, CPC): Hello, Mr. Casey. It's great to see you too.

Madam Jeffrey, you were just mentioning the B.C. agreement. Of course, that's top of mind for me as a British Columbian MP.

Do you think 2.5 grams of fentanyl is an amount used for personal use, or is that an amount that someone would use for trafficking?

● (1855)

Ms. Heather Jeffrey: The 2.5-gram exemption is what law enforcement has indicated is a majority level of drugs seized. Around 85% of drug seizures are at a level below 2.5 grams. Most of those drugs are mixed. As the minister indicated, pure fentanyl in those quantities is not a substance that would be used for personal possession.

The exemption process and the exemption itself provide clear authority for law enforcement to take action wherever trafficking is suspected, and certainly that level of possession would indicate trafficking. In no way does the exemption fetter the discretion of—

Mr. Brad Vis: Thank you.

Did B.C. law enforcement specifically ask for a 2.5-gram exemption for fentanyl?

Ms. Heather Jeffrey: The proposal from British Columbia was the result of consultations at a table that involved all stakeholders, including law enforcement. The—

Mr. Brad Vis: Health Canada didn't specifically undertake consultations with B.C. law enforcement before approving the exemption, though.

Ms. Heather Jeffrey: Health Canada considers the exemption proposal that is presented to it by the provinces. We evaluate it from a public safety and public health approach, according to our responsibilities under the act.

Mr. Brad Vis: The act made specific reference that these exemptions wouldn't apply on school grounds. Do you believe law enforcement currently has the ability in British Columbia to enforce an exemption on school properties?

Ms. Heather Jeffrey: There's a period of coming into force. The exemption will not come into force until the end of January 2023. The intervening period is a period of intensive work. We'll be accompanying the Province of B.C. in this process. One of the main areas of work is provision of guidance and training to law enforcement. They are actively engaged in this process.

I will maybe turn to Jennifer Saxe, who is the director general of the program, to speak a bit about the consultation.

Mr. Brad Vis: I don't have time. I have only three minutes.

Do you believe the decriminalization of fentanyl will save lives?

Ms. Heather Jeffrey: Our strategy to address the opioid crisis has a wide tool kit that involves quite a number of different tools. Decriminalization is one of those tools in reducing stigma. Decriminalization has been shown in different jurisdictions to encourage people suffering from addictions to come forward and—

Mr. Brad Vis: Have there been other jurisdictions that have actually decriminalized fentanyl and seen that more lives were saved?

The Chair: Mr. Vis, I just want to let you know that is your three minutes. You can work it out with Ms. Goodridge on whether you want a response.

Mr. Brad Vis: Thank you, Mr. Casey. It's good to see you again, my friend.

The Chair: Ms. Goodridge, we have about two more minutes before seven o'clock.

Mrs. Laila Goodridge: I will just let Ms. Jeffrey answer, if she could, the question from Mr. Vis.

Ms. Heather Jeffrey: There are a variety of different approaches that have been taken in different jurisdictions, and the types of substances that are included by jurisdictions reflect the use patterns that they see in their jurisdictions. The inclusion of fentanyl as part of the drug supply in Canada and in North America in general is what makes our drug supply so toxic, and what makes it so deadly to Canadians. For that reason, in order to reduce stigma, British Columbia included it as one of the four categories of substances in its exemption proposal. It reflects the usage.

Mrs. Laila Goodridge: Thank you.

I guess the short answer to that, for anyone who is listening at home, is no.

With that I would like to move a motion based on some of what we have heard in our discussions. The motion is as follows:

> That the committee request the following documents: Drugs approved in British Columbia under the pilot project exemption and why, and choices of substances to be decriminalized and justification for the choice and its amounts; and that the department provide these documents within 30 days of the approval of this motion.

The Chair: The motion is in order, but we will no longer have supports at this point in time. I would like to do two things. I would like to look to the witness to see whether this is something that you haven't had any problem to produce, which might short-circuit it, and then I'll come back to the committee.

Ms. Jeffrey, you heard the motion. Is that something you're able to get your hands on and that you're able to produce for the committee?

● (1900)

Ms. Heather Jeffrey: Yes, we can provide the list of substances in the B.C. exemption and the rationale that B.C. provided us for its request and its application.

Mrs. Laila Goodridge: Can we have a quick vote on this?

The Chair: No, we can't have a quick vote, unless there's nobody who wants to speak to it.

The motion is in order. You heard from the department that they're able to produce the information.

The debate is on the motion. Is there any discussion on the motion?

Seeing none, are we ready for the question? Do we have consensus to have the department produce the information requested?

Some hon. members: Agreed.

(Motion agreed to)

The Chair: I see consensus, so the motion is adopted. I would now like to entertain a motion to adjourn. Is it the will of the committee to adjourn?

Some hon. members: Agreed.

The Chair: Thank you. The meeting is adjourned.