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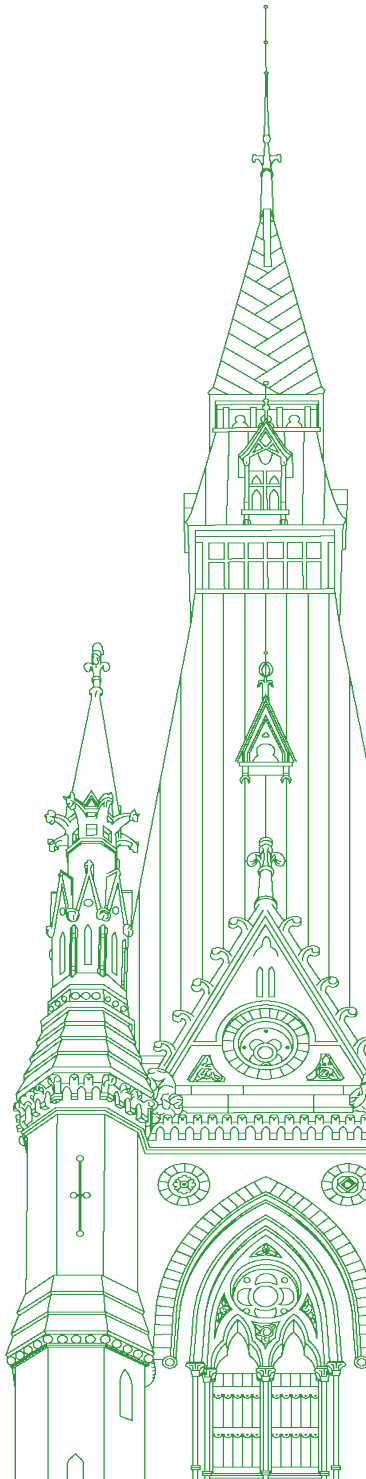

Chair: Mr. Sean Casey

Standing Committee on Health

Thursday, March 23, 2023

● (1100)

[*English*]

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

Welcome to meeting number 58 of the House of Commons Standing Committee on Health. Today we are meeting for two hours to consider the supplementary estimates (C), the main estimates and the departmental plans.

Today's meeting is taking place in a hybrid format pursuant to the House order of June 23, 2022. We have one member of the committee participating virtually. In accordance with our routine motion, I'm informing the committee that Mr. Jeneroux has completed the required connection tests in advance of the meeting.

First, allow me to welcome the Honourable Jean-Yves Duclos, Minister of Health, who is joining us for the first hour.

He is joined by the following officials: from the Canadian Food Inspection Agency, Sylvie Lapointe, vice-president, policy and programs; from the Canadian Institutes of Health Research, Dr. Michael Strong, president; from the Department of Health, Stephen Lucas, deputy minister, with Jocelyne Voisin, assistant deputy minister, strategic policy branch, and Dr. Supriya Sharma, chief medical adviser, health products and food branch; and from the Public Health Agency of Canada, Heather Jeffrey, president, and Dr. Howard Njoo, deputy chief public health officer.

Thanks to all of you for taking the time to be with us today.

We will begin with opening remarks.

Minister Duclos, welcome to the committee. You have the floor for the next five minutes.

[*Translation*]

Hon. Jean-Yves Duclos (Minister of Health): Good morning, Mr. Chair.

Thank you for the opportunity to speak to you today about the main estimates for the 2023-24 health portfolio.

As you noted, I am joined by Mr. Stephen Lucas, deputy minister; Ms. Jocelyne Voisin, assistant deputy minister of Health Canada's strategic policy branch; Dr. Supriya Sharma, chief medical advisor and senior medical advisor for Health Canada's health products and food branch; and Heather Jeffrey, the new president of the Public Health Agency of Canada. I would like to take this opportunity to congratulate her on her new role and responsibilities. Dr. Howard Njoo, deputy chief executive officer of the Public Health Agency of Canada; Dr. Michael Strong, president of the Canadian Institutes of Health Research; and Ms. Sylvie Lapointe, vice president of policy and programs at the Canadian Food Inspection Agency.

On February 7, Prime Minister Trudeau announced the plan, "Working together to improve health care for Canadians", which provides $198.6 billion in additional investments over 10 years. It includes $46.2 billion in new funding to the provinces and territories and $2.5 billion in additional federal support.

This is a collaborative plan with the provinces and territories to deliver real and meaningful results for our health care workers and for patients and their families.

In addition to guaranteed increases to the Canada health transfer, $25 billion in bilateral funding to provinces and territories will be dedicated to shared health priorities. For example, this funding will improve access to quality family medicine when people need it, especially in rural and remote areas. The funds will also support our health care workers to retain, train and recruit more of them, as well as recognize the skills of workers trained elsewhere in the country or abroad, which will contribute to reducing surgical and diagnostic backlogs. Another priority is to improve access to timely, equitable and quality mental health and addiction services. Finally, because data saves lives, we want to work together to modernize our health system so that Canadians have access to their own health information electronically, which they can share with their professionals to improve the quality and safety of the care they receive.

● (1105)

[*English*]

Protecting the health and safety of Canadians is a top priority of the health portfolio, now and in the months and years to come. The main estimates that I am presenting today reflect just this and identify the actions we are taking towards that goal.

In total, I am seeking $10.5 billion on behalf of the health portfolio, which includes Health Canada, the Public Health Agency of Canada, the Canadian Food Inspection Agency, the Canadian Institutes of Health Research and the Patented Medicine Prices Review Board.

I'll start with an overview of Health Canada's plans.

The 2023-24 main estimates reaffirm Health Canada's focus on providing services that are important to people in Canada, including the implementation of an interim Canada dental benefit plan. To achieve this and other objectives, I'm seeking of a total of $4.1 billion. As you know, the COVID-19 pandemic exacerbated existing mental health and substance use challenges for people in Canada. My colleague, Dr. Carolyn Bennett, will provide details later today on the investment that addresses these challenges.

The main estimates for the Public Health Agency of Canada propose a total budget of $4.2 billion for 2023-24. This proposed spending will help ensure that PHAC has resources in place to continue to play a pivotal role in safeguarding and improving the health and well-being of Canadians. PHAC's main estimates include funding for the procurement and deployment of COVID-19, mpox and domestic influenza vaccines.

CFIA, the Canadian Food Inspection Agency, also has an important mandate in safeguarding food, animals and plants, which enhances the health and well-being of Canadians, our environment and our economy. CFIA has a proposed net increase of $4.3 million in its 2023-24 main estimates, which will enable the agency to continue to contribute to the health and prosperity of all Canadians.

As Canadians learn to live with COVID-19, the importance of investing in health and medical research becomes more important than ever. CIHR's proposed spending on health research for 2023-24 is $1.4 billion.

[*Translation*]

In conclusion, these investments demonstrate the government's resolve to continue supporting health and health care for all Canadians.

These commitments are outlined in more detail in our recently tabled departmental plans, which will also be reviewed today.

Thank you for the opportunity to provide these introductory remarks. I would be pleased to respond to any questions or comments.

The Chair: Thank you, Minister.

We will start with the first round of questions.

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

[*English*]

Mr. Stephen Ellis (Cumberland—Colchester, CPC): Thank you very much, Chair, and thank you to all the witnesses and to the minister for being here today.

Health care is always going to be a significant and important area for discussion for all Canadians, perhaps now more than ever, given that the system is in a significant state of flux and change of course.

Minister, if I might, I'll start with active pharmaceutical ingredients. These are the building blocks of medications, of course, and one of the concerns that I would appreciate your sharing with the committee today is that of remote inspections. Historically, there would be on-the-ground inspections for active pharmaceutical ingredients in producing nations. Of course, due to the pandemic, remote inspections have perhaps become more the norm.

That being said, we're looking at potential drug shortages given contamination, which we've seen historically in Canada, and certainly we know that at the current time there are significant shortages of every oral pediatric antibiotic.

Could you comment, sir, on the mitigation processes for those drug shortages that are likely to occur in the future?

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

Thank you for your interest in this issue, which is obviously a great source of concern, stress and sometimes distress for families and their caregivers, and certainly for patients and clinicians across Canada. That's why, as you've suggested, we have made some important progress over the last year when it comes to the production and inspection of those facilities, some of them obviously involving collaboration with provinces and territories and, in some contexts, with international producers and importers.

On the specifics of inspections, and remote inspections in particular, I would like to turn—if that is fine—to Dr. Sharma.

● (1110)

Dr. Supriya Sharma (Chief Medical Advisor and Senior Medical Advisor, Health Products and Food Branch, Department of Health): In terms of the remote inspections, it's true that we relied more on those over the pandemic, but it wasn't the first time we had done those sorts of paper-based assessments of facilities.

First of all, the remote inspections were on the lowest-risk products, such as the APIs, which have other controls on them as they go through the drug manufacturing process. The second part of that is that we were building on a lot of work that we'd done internationally with confidence building through our international partner organizations on how best to use that type of information. We would still prioritize for in-person inspection anything that would be of higher risk, again not just because of the product but because of potential issues with any of the other finished products that would go into them.

Really it's a risk-based approach that we take to inspections, and the pandemic allowed us to pilot a few other IT solutions as well that helped enable those inspections.

Mr. Stephen Ellis: Thank you very much.

Through you, Chair, if I might, is it not true, though, that nitrosamines have been a significant contaminant in medications that we brought here to this country and have caused rolling shortages in very common medications? Certainly, in my experience as a practitioner, that has been the case with antihypertensives, and it has caused significant consternation to Canadians, who have needed to change which medication they're on, sometimes on a monthly basis. Of course, this can cause confusion and potential health risks to those patients.

Hon. Jean-Yves Duclos: Again, that's a great question. We have Dr. Sharma, who is also an expert. Coming from you, Dr. Ellis, I think these questions are very appreciated, and we feel not only the concern but also the expertise behind them.

Please go ahead, Dr. Sharma.

Dr. Supriya Sharma: It's true that we've had recalls of products based on nitrosamines. Nitrosamines, as you know, are impurities that can happen from manufacturing. We have seen more products test positive for nitrosamines over the past few years. It may be that we've also had better technology for detecting them. We're working internationally with our partners, specifically the European Medicines Agency, to share information on how to improve the manufacturing process. We're also being very clear about what limits are acceptable, because certain nitrosamine levels in the products are acceptable, while others may potentially cause longer-term problems.

Certainly, any time there is a recall, we always weigh the risks and the benefits of that, and we are very cognizant of the fact that people are depending on these medications and it may not be that easy to switch. This is definitely not just a Canadian issue but a global issue, and international collaboration is ongoing on getting to the bottom of the manufacturing processes that may give rise to these higher levels of impurities.

Mr. Stephen Ellis: Thank you very much.

Through you, Chair, to the minister, I think this issue is of such significant importance to Canadians that we'd appreciate regular updates on it, because I think there is somewhat of a difference related to, perhaps, remote inspections and the concerns and drug shortages we already have, so we would really appreciate that.

I have perhaps a minute or so left, and I'm going to change gears significantly. The spotted lanternfly is a significant pest, and we are concerned about it coming to Canada. However, the approach to mitigating this is to perhaps look at all the lumber coming into Canada, which is about 3% of the traffic coming in, and which would cause significant bottlenecks at border crossings. There are pesticides in the States, three of them as a matter of fact, that could be used in Canada. We know that those used in the United States are not affecting the wine and other consumables in Canada, so why would we not license these products in Canada?

Hon. Jean-Yves Duclos: That's another very good question.

These are matters related to both regulatory issues and enforcement issues connected to, as you signalled, the border rule that will be applied to protect the health and safety of Canadians as well as the health and safety of whatever we produce here on Canadian soil.

I would suggest that for the right level of answer, we should perhaps turn to DM Lucas.

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

Within Health Canada, the Pest Management Regulatory Agency works closely with registrants or those seeking registration of their pesticides and has a rigorous review process in terms of ensuring the safety of those products with respect to human health and the environment. It is an open process. Should a registrant choose to bring their product to the Canadian market, we welcome their submissions and have an engagement to help support them in providing those submissions, and then there is a rigorous review of those.

● (1115)

The Chair: Thank you, Dr. Lucas.

Ms. Sidhu, please go ahead for six minutes.

Ms. Sonia Sidhu (Brampton South, Lib.): Thank you, Mr. Chair. I'm sharing my time with Adam.

Thank you to the officials and the minister for coming to our committee to give us important updates.

Minister, recently you were in Brampton and meeting many in the leadership of the local health care community. You heard from the CEO of the William Osler health care system, one of the busiest in Canada. We know that wait times and backlogs are very concerning. Can you expand on the purpose of the immediate one-time Canada health transfer top-up and how it will address these urgent needs?

Hon. Jean-Yves Duclos: Thank you.

I was indeed very fortunate to be able to visit you, Sonia, just a few weeks ago, and to meet with lots of experts, caregivers and patients, including representatives from the William Osler organization.

We know that COVID-19 has impacted lots of Canadians, but also, in particular, younger Canadians, and that's true in all sorts of ways, with lots of mental health issues, obviously, for adolescents and others, but also backlogs in surgeries and diagnostics, which have an impact not only on the short-term well-being and health of these younger Canadians, but also on their long-term prospects in life.

That's why the $2 billion you were signalling is so important. It's an immediate $2 billion that will be sent to provinces and territories very soon to look after the crisis we have and that we continue to see in pediatric settings, including in pediatric hospitals. That's in addition, obviously, to the overall increase in the CHT next year. In fact, a few weeks from now, the CHT will be increased by 10% and another 6% next year, in addition to a minimum increase of 5% over the next five years.

Ms. Sonia Sidhu: Thank you, Minister.

The next question is on the many doctors and nurses across Canada who, because they were trained abroad, cannot work in their fields even though they have strong experience and want to work in their communities. Can you expand on the steps that our government has already taken towards implementing national credential recognition and other measures with the provinces and territories?

Hon. Jean-Yves Duclos: Very good. There is an obvious connection here between the people and the talent. We know we need more people, more talent, in Canada, and that's why the leadership of our colleagues and your own leadership when it comes to sustaining and encouraging stronger immigration flows into Canada is so important. When people come, they want to come and work quickly and use their talents and expertise to serve Canadians as quickly as possible. That's why we want to enhance the ability for credentials that were internationally obtained to be recognized quickly by provinces and territories. We also want national credentials to be recognized across Canada.

That's why the great news is that with the efforts we've collectively made over the last months, we've seen significant positive movement, just a few weeks ago in Atlantic Canada. In all four Atlantic provinces, we're going to end up with regional licensure for physicians, which we can then hope to extend nationally. Other provinces, such as Ontario and British Columbia, are moving very quickly in terms of recognizing the credentials of nurses and other health care professionals. This is great news. It's great news not only for the ability of those workers to be up to their full potential, but also for the ability of patients to receive the timely and critically important care they need, and in many different settings.

The Chair: Mr. van Koeverden, you have two minutes.

Mr. Adam van Koeverden (Milton, Lib.): Thank you very much, Mr. Chair.

Thank you, MP Sonia Sidhu, for allowing me to share your time today.

Thank you to the witnesses for being here.

Minister, thank you for being here. It's an honour and a privilege to work with you as your parliamentary secretary.

We all know that physical activity improves lives and improves health. It improves physical and mental health and makes our communities stronger, but if we have a healthier society, it also reduces the strain on our health care system. Recently, we've seen some data from UNICEF indicating that for children's health—a study we've just almost completed—the rates are lower than we'd expect for a country with our considerable wealth and resources.

The promotion of physical activity is crucial, but also, I think, our government has a role to play in bridging the gap and reducing some barriers to access to physical activity, because it is medicine. It is preventative health care. We talk a lot about health care and perhaps not enough about health. What can we do to promote physical activity and exercise—not just for youth, particularly, but for all Canadians—and to also reduce some of the barriers to access for that preventative health care measure?

Thank you, Minister.

● (1120)

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

As you know, I certainly want to say openly that it's good fortune that I and many others have you to work with as parliamentary secretary, connecting your roles as parliamentary secretary of sport and health to sports—not health care, because you're making a big difference between health and health care. The two are obviously connected, but there is no minister in Canada who is a minister of health care. There are 14 different ministers of health, not of health care.

That's because, as you mentioned, prevention, among many other things, is key to well-being in health in Canada and elsewhere. I may open a brief parenthesis: Experts estimate that about 80% of health outcomes have nothing to do with health care. They have everything to do with physical activity, healthy eating, having friends, being connected to the community, sleeping well, avoiding abuses, smoking as little as possible, and just being engaged physically and emotionally. From a community perspective, that's what drives most health outcomes.

As you said, that is particularly true for children, as you well know as parliamentary secretary to sports and having been such a leader and a driver of good health, physical and other habits.

The $20 million in annual support to community-based initiatives is to improve health behaviour, including physical activity for populations at greater risk, including children in marginalized communities and children in indigenous communities. We know that it is even more important to focus on prevention, including physical activities.

Thank you for your leadership, and thank you for pointing that out.

The Chair: Thank you, Minister.

[*Translation*]

It is now the Bloc Québécois's turn.

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

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

Welcome, Minister.

Do you know the percentage of Quebec's part of health transfers granted by the federal government in its 2023-24 budget?

Hon. Jean-Yves Duclos: From a historical point of view, the part of—

Mr. Luc Thériault: I am not talking from a historical point of view. I'm talking about the recently tabled budget.

I would appreciate it if you answered my questions directly, because I do not have much time.

Hon. Jean-Yves Duclos: I was getting there.

From a historical point of view, if we take into account tax points transfers, the portion granted to Quebec is 35%. Thanks to the investments announced during the meeting on February 7, we're coming back to that same percentage as of next year.

Mr. Luc Thériault: Actually, it is not 35%, Minister. Apply the rule of threes. Quebec's budget is $59 billion. According to the chart published by the Government of Quebec yesterday, the federal government granted $8.66 billion only for health transfers. Even if you add transfers for postsecondary education and other social programs, which total up to $1.366 billion, the federal contribution to Quebec's budget for health represents only 16%. However, we know full well that social services do not represent the totality of this line item.

The national average was 22%. You added funding. According to statistics from the Conference Board of Canada, it's now between 24% and 28%.

Why did Quebec end up so far below the Canadian average?

Hon. Jean-Yves Duclos: The statistics included several percentages, for example 80%, 35%, 7% and 10%. The 80% represents the Canadian government's portion of COVID-19 pandemic expenditures, which are ongoing in several cases—

Mr. Luc Thériault: No, I'm talking about 2023-24.

Hon. Jean-Yves Duclos: Let me finish—

The Chair: Just a moment, Minister.

Mr. Thériault, you asked questions which took one minute. The minister started to answer and you interrupted him after 10 seconds.

If you take a minute to ask your questions, the minister should be entitled to one minute to answer.

Mr. Luc Thériault: I would just like him to answer the questions directly.

The Chair: Mr. Minister, you have the floor.

Hon. Jean-Yves Duclos: People often bring up the 35%. Quebec premier Mr. Legault and the other premiers often refer to it. Yes, the percentage of provincial and territorial spending covered by the federal government has been 35% for the past 40 years, if we include the tax point transfer. If we include that in the calculation, this year and in the next few years, the share comes out to be 35%.

When it comes to the 7% and 10% statistics, the Quebec government's health care spending is going to increase by 7% over the next year, while the Canada health transfer alone is going to go up 10% in the next few weeks.

Also, as you saw in the budget, new funding has been added.

Therefore, all of this gives you an idea of the federal contribution to provincial health care spending, both over the long term and the short term.

● (1125)

Mr. Luc Thériault: So you are challenging the Quebec government's chart showing the changes in federal transfers, which was submitted with Minister Girard's budget. We can discuss that at another time.

You demand that your health care system be universal. We also support universal health care. However, when accessibility becomes an issue, it's highly likely that some people in an emergency situation will be forced to seek care in the private sector. We've seen it, although it's not what we want.

You're claiming $41,867,224 from Quebec. Mr. Minister, your methodology is based on a survey to which six out of 56 clinics responded, making it a 10% response rate. You extrapolate these responses and figures from all of Quebec and are claiming that amount back from it. That's sloppy, Mr. Minister.

Hon. Jean-Yves Duclos: The Canada Health Act is based on several principles.

Mr. Luc Thériault: I'm talking about your methodology.

Hon. Jean-Yves Duclos: I will quickly summarize two of them. The first is, it must be accessible; the second is, it has to be free of charge.

The provinces and territories need to find new ways to increase accessibility to essential health care, including diagnostics. It's their right and responsibility.

That said, free access to services, including diagnostic services, is essential under the Canada Health Act. The Canadian government and the federal Health Minister have an obligation to impose deductions when people are forced to pay, or when they can't pay and therefore don't have access to essential health care in the provinces and territories.

What we've seen in the past few years, since 2018, is that some provinces like British Columbia have been able to reform their fees—

Mr. Luc Thériault: Mr. Minister, did you have an accurate analysis of what had been billed to Canadians?

Hon. Jean-Yves Duclos: I will let you ask the question and I'll try to respond a little later.

Mr. Luc Thériault: Did you have an accurate analysis of what had been billed to Quebec, or did you simply extrapolate based on the responses submitted by 10% of 56 clinics across Canada?

Do you know what that represents, that $41,867,000 estimate? Do you have any idea how many medical procedures can be done with that amount of money? You could prevent colon cancer by administering colonoscopies to 41,867 patients. Colon cancer is the second most fatal type of cancer among men.

Don't you find that your sloppy health care estimates are taking their toll on people's health? Aren't you ashamed to be using health care estimates like this to claim money back when we need the funds to provide care to our people, given the current state of the system?

Hon. Jean-Yves Duclos: You ask good questions, Mr. Thériault. However, if you want good answers, you need to give me time to respond. I will try to do so as quickly as possible. You're entitled to good answers, but the fact remains that I need a little time to answer you.

First, those figures are based on a collaborative effort begun in 2018. It's been five years now that the various departmental teams have been working together on this.

Second, I'll use British Columbia as an example. In 2018, it began to carry out reforms similar to those that Quebec may want to make in the coming months, to keep people who need key diagnostics from paying for it or, even worse, can't get them done because they can't pay for it.

That's a key feature of our health care system in this country: People should receive care based on their needs, including key diagnostics, not on the depth or breadth of their wallet. So we'll continue to work together in a collaborative and transparent way to ensure that this continues to be the case in this country.

The Chair: Thank you, Mr. Minister.

[*English*]

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

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

Thank you, Minister and all of your officials, for being with us today.

Minister, I want to pick up on where you very astutely acknowledged the federal government's responsibility to enforce the Canada Health Act. I agree with you very much on that.

We know that for-profit clinics across Canada are currently charging desperate patients tens of thousands of dollars in some cases for two-tier access to non-emergency surgeries. Those clinics are exploiting a loophole in the Canada Health Act that allows people to pay to jump the queue, as long as that surgery is performed in a province they don't reside in. I don't think any of us think that's the way the Canada Health Act is supposed to work.

Minister, will you act to close that cash-for-access loophole?

● (1130)

Hon. Jean-Yves Duclos: It's a difficult but important conversation.

We are in 2023. We need to take advantage of new ways of delivering care, including virtual care, including using the skills of workers who were not used earlier to provide essential services, such as nurse practitioners and physician assistants. This is great news. Provinces and territories can and should do that.

At the same time, as you pointed out, we need to ensure that these essential health care services are provided free of charge. Otherwise, as you also mentioned, there are some people who won't be able to access these services or who will have to wait until others are able to access them, based on a two-tier or two-speed system. This is not what we want to have in Canada.

A two-speed system is not what aligns with our values of equity, solidarity and efficiency, including from a public health care perspective. That's why we are, therefore, going to continue, as you've seen and as you are supportive of, the important work we need to do with provinces and territories over the next weeks, months and years.

Mr. Don Davies: Thanks, Minister.

Minister, nearly a quarter of Canadians report going hungry due to cost, and two million children across the country are at risk of going to school hungry. In the last election, both the Liberal Party and the NDP pledged to invest $1 billion, starting in 2022-23, to establish a national school nutritious meal program, to ensure that no child is forced to struggle through the day on an empty stomach.

Minister, you've wisely identified the importance of social determinants of health. Given that this is an important preventative health measure and that this commitment has not been fulfilled to date, can you confirm that funding will be included in the upcoming budget?

Hon. Jean-Yves Duclos: I can confirm exactly what you're saying. Prevention, as we were mentioning earlier, especially for children, is absolutely essential and a key health care and health determinant. That includes healthy eating, not only from a physical health perspective but also from a mental health perspective—the ability to learn and to develop the child's full potential over time. That is why we have committed to building a national food program.

That is under the leadership of Minister Gould and Minister Bibeau. They know it really well. You will want to have a conversation with them.

Mr. Don Davies: I'm sorry, Minister, but I'm going to interrupt. We're at about the same amount of time.

I'm not hearing a clear answer to that. I think we'd appreciate one, if you could give one to the committee.

In 2021, former health minister Patty Hajdu told Canadians that a “full investigation” into Canada's COVID-19 response would be required at the “appropriate time”. She said, “We are still in a crisis and so our focus remains right now on getting Canadians...through this...crisis... And when the time is right, our government will be very open to examining very thoroughly the response of this country to the COVID-19 crisis”.

Minister, in September 2022 you noted that a government decision could come “soon” on what kind of review should be held, but your government has yet to take action in the six months that have passed since you made that comment.

We're clearly out of the crisis. Will you make a firm commitment today to launching an independent public inquiry into the federal government's COVID-19 response?

Hon. Jean-Yves Duclos: There are a couple of pieces to that important question.

First, as we know, there have been a number of different studies on our reaction to and our collaboration in terms of COVID-19, including several reports from the Auditor General and significant internal collaborative studies within the federal government and between the federal government and other governments. Those have also involved, obviously, public health agencies. I personally have had many meetings with stakeholders and experts from different communities, and I have invited them to keep providing us with their input on that reaction.

We are currently discussing a bill in the House that is also pointing to the importance of having a review of COVID-19.

Finally, we need to do this in two ways. First, it has to be inclusive of all perspectives, and second, it has to be inclusive of all aspects of that work.

● (1135)

Mr. Don Davies: Thanks, Minister.

I think my question was on an independent public inquiry. If you have further thoughts on that, could you please indicate those to the committee?

Minister, I don't have much time left.

Given that the health department recently noted that alcohol is a carcinogen that can cause at least seven types of cancer, why aren't alcohol containers required to carry warning labels in Canada, as tobacco products are?

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

In fact, we have Dr. Njoo with us today, who is, as you all know, a public health expert.

There is the data piece and the epidemiological or clinical piece to that.

I would invite you, perhaps, Dr. Njoo, if you could, in a short amount of time, to provide your reaction to what you just heard.

Dr. Howard Njoo (Deputy Chief Public Health Officer, Public Health Agency of Canada): In terms of the alcohol, everyone is aware of the new alcohol drinking guidelines, and I would say that I think it's been something long awaited. Certainly, in terms of what I think the average Canadian thinks has been the quota up to now for a safe or acceptable drinking limit in terms of the number of drinks per week, I think it's been sobering, if that's the right term to use—

Mr. Don Davies: Pun intended.

Dr. Howard Njoo: —even for me, in terms of what it is.

I would say, yes, the evidence is there that Canadians need to make informed choices for themselves. I think it's important to have that information. It is a lifestyle issue, but there are also some other aspects to consider beyond the pure point about the risk of various diseases. Some people talk about the social benefits and so on. It's all part of the equation, I think. As we move forward as a country and as individuals, I think we recognize that everything in moderation is probably the way to go.

I would say that in terms of the specific aspect, yes, the evidence is there that it is a potential carcinogen for lots of different types of cancers. In terms of the next step forward from a regulatory perspective, I would defer to my regulatory colleagues in that regard.

The Chair: Thank you, Dr. Njoo.

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

Mrs. Laila Goodridge (Fort McMurray—Cold Lake, CPC): Thank you.

I find it quite ironic that you're talking about limiting alcohol while your government is also funding the providing of free drugs to people struggling with addiction and saying that's supposedly safe supply. The irony is pretty rich.

I'm going to shift gears to something that has been really pressing and in the news a lot lately in regard to baby formula. Really simply, how much baby formula is produced in Canada?

Hon. Jean-Yves Duclos: Thank you for pointing to that, Ms. Goodridge. We did talk about this personally in the last days and weeks.

I want to thank you and congratulate you for your leadership on this as a young mother. Like you, as a parent, I too know and feel this stress and sometimes the distress that comes with not having access to essential infant formula in the formulation, the sizes—

Mrs. Laila Goodridge: Minister, how much is produced in Canada?

Hon. Jean-Yves Duclos: We don't produce any in Canada. That's why this is a challenging file, and that's why we have been working with—

Mrs. Laila Goodridge: Is there any spending in the estimates to increase domestic production of baby formula?

Ms. Sonia Sidhu: I have a point of order, Mr. Chair.

We really want to listen to the answer from the minister.

Mrs. Laila Goodridge: I'm doing the same, on my time.

The Chair: Ms. Goodridge is entirely within her rights. It was a very short question. She's entitled to a short answer. I think the big thing here, out of respect for the interpreters, is that we try to not talk over one another.

Bear in mind, witnesses, that we've done pretty well in terms of members keeping their questions at about the same length as the answers. We would ask you to do the same.

Ms. Goodridge, you won't lose time for that intervention. Go right ahead.

Mrs. Laila Goodridge: Is there any specific spending in these estimates to increase the domestic supply and production of baby formula?

Hon. Jean-Yves Duclos: That's why we are doing a number of different things.

Yes, we're going to encourage and support whatever ability we have to produce infant formula domestically, because the challenge we have now is that since we depend entirely on foreign production, when there are plant breakages or recalls of formula, we are impacted severely by the external factors.

Mrs. Laila Goodridge: Thank you.

How much is being spent in these estimates to increase the domestic production of baby formula?

Hon. Jean-Yves Duclos: That's why, in addition to what I just said, what we've done—and Dr. Sharma can expand on that—is to use an interim policy, which has brought in 70 additional different formulas—

● (1140)

Mrs. Laila Goodridge: I'm asking for the specific amount of money being spent. Is there any money being spent?

Hon. Jean-Yves Duclos: I can't answer that directly, but I will turn for that to Dr. Sharma. As I've said, we are...and Dr. Sharma can provide the right level of detail, which you're rightly asking for—

Mrs. Laila Goodridge: Minister, it's really frustrating. I'm asking really simple and really direct questions. I'm not having a big preamble here.

I don't understand. If there is money being spent, how much? If there isn't money being spent, just admit it to Canadians. Parents deserve to have these answers.

Hon. Jean-Yves Duclos: Let's turn to Dr. Sharma. This is a totally appropriate question, and we'll ask Dr. Sharma to make it more precise as to what the department is doing to accelerate and to simplify the delivering of infant formula to Canadian families.

Dr. Supriya Sharma: Thank you.

The direct answer is that there isn't dedicated funding for it at this time, because we're actually working with other departments, including ISED. I'll also add that currently in Canada we have over 150 formulas that are approved and another 70 that were brought in temporarily, so in terms of which formulas might be useful to have manufactured in Canada, it's still being discussed, but also—

Mrs. Laila Goodridge: It's—

The Chair: Thank you, Dr. Sharma.

Dr. Supriya Sharma: —there is one company in Canada that has provided a submission to Health Canada to produce formulas here.

The Chair: Thank you.

Mrs. Laila Goodridge: It's just disappointing. We've been in a massive shortage of baby formula for more than a year. Parents are struggling. Families are going from store to store to store just to try to find baby formula so they can feed the most vulnerable people in our society. These are parents who often don't have a choice. There is not some other option to feed their child, and the Government of Canada doesn't have any spending in the estimates whatsoever—despite this being a massive crisis—to have more baby formula produced here so we're not dependent on foreign supply chains. This is absolute lunacy.

Hon. Jean-Yves Duclos: One hundred and fifty and 70 are the two numbers we just heard. In Canada 150 different formulas have been brought in, and 70 additional formulas have been brought into Canada because of the work of Health Canada. That being said, this is a very challenging, stressful situation for lots of families, children and mothers, obviously, across Canada. This is going to last for another couple of weeks. We're not going to—

Mrs. Laila Goodridge: It will be weeks. You can assure us that we will have more—

Hon. Jean-Yves Duclos: It will be weeks, possibly months, because we can't control foreign production unless we send—

Mrs. Laila Goodridge: Then why not invest in domestic production for baby formula?

Hon. Jean-Yves Duclos: That's why this is one of the things we need to do. In addition, in the short term, because we can't wait until a domestic plant is created, we'll keep bringing in additional formulas, exports from Europe and other places in the world.

Mrs. Laila Goodridge: Are you committing that you will be spending money to increase domestic production of baby formula using Canada's world-class milk industry?

Hon. Jean-Yves Duclos: We are going to do two things: First, in the short term, we are going to invest to try to resolve this crisis. It is being driven entirely by issues of foreign production; therefore, it has to be resolved through expediting exports, which we have done. However, we need to do even more in the next weeks and months, because we know this crisis is going to be there for some time.

The second thing, which we have done with vaccine production, research and development of treatments for COVID, PPD and so many other things in the last years, quite successfully—not perfectly but quite successfully—is to do that also—

Mrs. Laila Goodridge: I guess I'm not going to get an answer, and I think I'm out of time.

Hon. Jean-Yves Duclos: —for infant formula and other products essential for Canadian families.

The Chair: You have one more question, Mrs. Goodridge. Go ahead.

Mrs. Laila Goodridge: I think it's sad, and I want to put it on the record. I'm asking very simply if there was spending for increasing domestic production, and the answer is no. I asked if there was domestic production, and the answer is no. We're exporting product, but we're not finding it on the shelves. That doesn't really help families that are struggling today, and it's not planning for the future for the families that are inevitably going to be struggling going forward.

Hon. Jean-Yves Duclos: What is going to help in the short term is to keep expediting, through the regulatory work that the department is doing, the ability of families to receive important infant formula. That's going to be what matters in the next weeks and months. Eventually, in the next years hopefully, we'll have domestic production of infant formula. We can't wait years for that to happen, which is why the resources we're investing in the regulatory work of Health Canada are going to be so important in the weeks and months to come.

The Chair: Dr. Powlowski, go ahead, please, for five minutes.

Mr. Marcus Powlowski (Thunder Bay—Rainy River, Lib.): Good morning.

I don't know about you all, but I'm really happy to be meeting with the minister and the department and, for the first time in three years, not talking a lot about COVID, which is tremendous. Things are getting better, but as Don pointed out, as things get better, I think it's incumbent upon us to think of the future and the possibility of something like COVID reoccurring. Certainly as part of the process—and I think all levels of government have to look at what happened with COVID to see how we could do better next time—at the global level, we have to review what we can do in order to be able to more quickly detect outbreaks of these diseases and respond to them.

With that in mind, I will ask you this, Minister Duclos. You and I were at a meeting of stakeholders the other day to talk to various experts to inform Canada's position in the ongoing negotiations of a new treaty on infectious disease that the WHO is carrying out. Maybe you could talk a little about that treaty, the importance of that treaty and how your department is engaging the public, as was the case with that meeting, in terms of helping to inform our position in the negotiations.

Last, I know you've hired quite a number of people, including global experts like Steven Hoffman, who's an acknowledged leader globally in global health law, to be part of our team in negotiating the treaty. Could you talk a bit about some of those new hires, perhaps?

Thanks.

You're welcome to use any of your department officials in responding.

● (1145)

Hon. Jean-Yves Duclos: Good. Please, stand ready, Dr. Njoo.

First, let us acknowledge that this pandemic has been a global pandemic, and future pandemics will require global actions and reactions. Those will include a better flow of information at the global level on the nature of the viruses or whatever other sources of pathogens there may be, the epidemiology, and the possible treatments and diagnostics. This is all global science. In addition to being global science, it is also a set of global reactions that matter so much.

That's why, Marcus, I want to thank you for being at the centre of this exercise, trying to make it better for the world to collaborate and to exchange information in future pandemics, because we know there will be more. Climate change, the loss of forests, globalization and the movements of people are increasing the probability and the intensity of future pandemics.

The WHO's work and the treaty, which obviously requires significant international collaboration, are key in saving and protecting millions of lives. Estimates suggest that because countries were able to work together, more than 20 million lives were saved in the world, including hundreds of thousands here in Canada. Those are many people whose lives have been saved, or in larger numbers who have been protected, because of international collaboration and domestic actions.

When it comes to what more we need to do on the world stage, I'll turn to you, Dr. Njoo.

[*Translation*]

Dr. Howard Njoo: Thank you very much, Mr. Minister.

[*English*]

A short answer to add to what the minister said is that as a country we are very engaged. We are looking forward to contributing to this very important process and negotiations at the WHO, where I think you're referring to the pandemic instrument.

As you alluded to, in terms of expertise and how we're engaging, certainly Dr. Hoffman and I and lots of other internal experts here within the health portfolio are going to be part of that process. In addition, we're looking forward to engaging with stakeholders across the country.

For example, yesterday there was a forum held, and I had a session with the chief medical officers of health, in terms of the public health community at least. That was a very important first step with respect to bringing everyone up to speed and also laying out the path forward. This is going to unfold over the coming months, so it's important that we continue to engage with public health experts across the country, with academics, with civil society and so on to make sure we put our best foot forward as a country.

The Chair: Thank you, Dr. Njoo and Dr. Powlowski.

[*Translation*]

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

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

Mr. Minister, will you admit that your methodology to claim money from Quebec is approximate and inaccurate, and that it's sloppy, yes or no?

● (1150)

Hon. Jean-Yves Duclos: What it is, is collaborative, Mr. Thériault. As you are suggesting, all that data makes sense when the various levels of government exchange it. That's why, over the past five years, officials from various—

Mr. Luc Thériault: Yes or no?

Hon. Jean-Yves Duclos: …governments have been working together.

As Mr. Dubé keeps saying—

Mr. Luc Thériault: Mr. Minister, I only have two and a half minutes.

Do you know what a letter of agreement no. 108 is?

Hon. Jean-Yves Duclos: I'm all ears.

Mr. Luc Thériault: A letter of agreement no. 108 represents a deal the Quebec government makes with the private sector.

Did you know that in 2021-22, the Quebec government entered into deals of that kind with private clinics? Since your methodology is inaccurate, you're claiming an amount for a situation that's already been corrected.

Are you going to give that money back to Quebec?

Hon. Jean-Yves Duclos: First, that is perfect example of—

Mr. Luc Thériault: Are you going to give that money back to Quebec?

Hon. Jean-Yves Duclos: I'm getting there.

First, that's an example of innovation. We know that the private sector has to play a role, and it's already playing a role, in improving access to health care across the country. Second, it's easier to access that data when you work with the private sector. That's why we invite all public officials and experts to share this data so that we can get the best possible estimates, but also the best responses to those estimates.

Mr. Luc Thériault: Why was your methodology so inaccurate? Why didn't you check with Quebec to get a real analysis of the situation?

Hon. Jean-Yves Duclos: I'm going to turn to the deputy minister. It's been five years—

Mr. Luc Thériault: No, I'm talking to you. I will have time later to ask the officials questions. I'm asking you the question, Mr. Minister. You issued the press release about this. You didn't put enough money into health care for what's reasonably important over the short and medium term.

As if that weren't enough, you're using a methodology that makes no sense. We're talking about close to $41.8 million here, but you don't even know what that's based on, not to mention that it seems the problem has already been solved.

Have you checked into that, or do you plan to check into it in the next few days?

Hon. Jean-Yves Duclos: What we really need to do is check to make sure that people don't need to pay for key diagnostics, like cancer detection, chronic illness or another health problem. That way, people will have access to treatment.

People's lives are put at risk when they don't have access to diagnostic services and they have to delay the care they so desperately need until later.

The Chair: Thank you, Mr. Minister.

[*English*]

The last round of questions for this panel will be for Mr. Davies, for the next two and a half minutes.

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

I have three questions.

Minister, I'm going to ask you to please keep your answers to the time that I ask them in.

Minister, Canadians pay the third-highest prices in the world for prescription drugs. Since they were elected in 2015, the Liberal government has promised to reduce these prices. Can you tell us if prices have come down since then?

Hon. Jean-Yves Duclos: This is both an important question and a question that requires a clear answer.

First, on the issue that matters the most, as you said, in Canada we pay prices that are excessively high. The prices of patented medicine are just below those in—

Mr. Don Davies: Minister, with respect, I have 10 seconds left. I just asked if they've come down or not.

Hon. Jean-Yves Duclos: As we know—I can turn to officials—there are thousands of different prices—

Mr. Don Davies: Overall, have they come down?

Hon. Jean-Yves Duclos: I can turn to whoever is the expert around the table to provide the mean estimate, but that mean estimate may be misleading because there are so many different types of products.

Mr. Don Davies: I'm sorry. We're out of time for that question. I'm going to move to my next one.

Minister, can you confirm if the patented pharmaceutical industry is currently in compliance with its commitment to spend 10% of its sales on research and development in Canada?

Hon. Jean-Yves Duclos: My understanding is that this is not the case. That's why we need to have the industry invest more in research, development and production of these essential drugs in Canada.

Mr. Don Davies: Do you know what the percentage is?

Hon. Jean-Yves Duclos: It has changed over the years. It is certainly not at the level where it should be.

Mr. Don Davies: Thank you.

Finally, in 2019, the Liberal government—your government—appointed the Hoskins advisory council to study pharmacare. It recommended that your government implement a "universal, single-payer" pharmacare system by enacting new stand-alone legislation embodying the five principles in the Canada Health Act.

Minister, can you confirm if the Canada pharmacare act that your government has committed to passing this year will adhere to Dr. Hoskins's recommendations?

Hon. Jean-Yves Duclos: What we will do is exactly what we committed to, and I believe many members of this committee and in the House will be supportive of that. It's to introduce an act, a pharmacare act, in 2023, which will have three objectives: first, to increase accessibility to essential drugs; second, to increase the affordability of these drugs; and third, to make sure that the drugs are safe and effective. It's on the basis of these three principles that we look forward to seeing this bill tabled.

● (1155)

Mr. Don Davies: Thank you.

The Chair: Thank you, Mr. Davies.

Thank you, Minister Duclos and your panel of esteemed officials and advisers.

I realize that the format is difficult. I appreciate your patience. We're trying to do our best to make sure everyone gets to pose their questions. I know it isn't always easy, but thank you so much for being here, and thank you for what you do for Canadians and for us.

Ms. Goodridge, go ahead.

Mrs. Laila Goodridge: Chair, we started late—

The Chair: No, we didn't. We started at precisely 11 o'clock.

Mrs. Laila Goodridge: —and we're now ending five minutes early.

The Chair: We are ending so that we can suspend to allow the next panel to get in here and also have 55 minutes.

Thank you very much. You're welcome to stay, but you're free to leave.

The meeting is suspended for about three minutes to allow the members on the next panel to take their places.

● (1155)

_____(Pause)_____

● (1200)

The Chair: I call the meeting back to order. For the second panel, please allow me to welcome the Honourable Carolyn Bennett, Minister of Mental Health and Addictions and Associate Minister of Health. In addition to the officials who were with us during the first hour, she is joined by Eric Bélair, associate assistant deputy minister, strategic policy branch, Department of Health, and Shannon Nix, associate assistant deputy minister, controlled substances and cannabis branch. From the Public Health Agency of Canada, Candice St-Aubin, vice-president, health promotion and chronic disease prevention branch, is joining us by video conference.

Thank you all for taking the time to appear today. We're going to begin with opening remarks from Minister Bennett.

Welcome to the committee, Minister. You have the floor for five minutes.

Hon. Carolyn Bennett (Minister of Mental Health and Addictions and Associate Minister of Health): Thank you very much, Mr. Chair.

[*Translation*]

Mr. Chair, honourable members, thank you for the opportunity to appear before the committee today.

I would like to begin by acknowledging that we are on the unceded, traditional territory of the Algonquin people, who have been stewards of this land and water since time immemorial.

[*English*]

I'm very grateful for the full team, Mr. Chair, that you introduced, but I want to just highlight for the members here that Heather Jeffrey was once the associate minister on this side and is now president of the Public Health Agency of Canada. We just want to congratulate her on that big new job.

[*Translation*]

Minister Duclos has already given an overview of the funds we are requesting through the supplementary estimates (C) and the main estimates, and I would like to speak to how our resource plans will improve and expand mental health and substance use support services for Canadians.

[*English*]

As the minister said, and as all of us know, Canadians have to be able to access timely, evidence-based, culturally appropriate and trauma-informed mental health and substance use services to support their well-being wherever they live. We've made significant investments to support this since forming government, including $5 billion over 10 years, beginning in 2017, to expand mental health and substance use support services through the direct bilateral agreements with provinces and territories.

There was also almost $600 million for a distinctions-based mental health strategy for indigenous people, $270 million to support the Wellness Together Canada portal, and a number of other key investments to support the mental health and substance use issues of Canadians.

We all know there is more to do, and we believe that mental health has to be an integral and integrated part of Canada's public health care system, as it was in the Canada Health Act, which refers to physical and mental health.

We are also fulfilling a commitment to transfer billions of additional dollars to the provinces and territories over the coming years to support mental health and substance use services through the combination of both increasing the Canada health transfer and through $25 billion for new 10-year FPT bilateral agreements. All premiers agreed to move forward with this federal investment.

Mental health and substance use are one of the four shared priorities in the new bilateral agreements. They are also integrated into the other three: family health services, the health workforce, and data and digital tools.

The new FPT bilateral agreements will include an integrated, inclusive approach to mental health and will require the provinces and territories to produce detailed action plans with indicators and metrics. This approach is the most effective way to integrate mental health and substance use services throughout the health care system, including in primary care, and to ensure transparency and accountability from the provinces and territories to their citizens in terms of how this funding is spent.

We also know that the toxic drug and overdose crisis continues to take a tragic toll on families, loved ones and communities. Since 2017 we have committed more than $800 million to address the overdose crisis, and we are taking concrete steps to divert people with substance use issues away from the criminal justice system.

Approving B.C.'s decriminalization proposal for personal possession of certain substances was an important step. The January 31 coming into force includes monitoring both the public health and the public safety aspects of this complex issue.

Harm-reduction measures save lives, and safe consumption sites have reversed over 43,000 overdoses since 2017. Our government has invested over $88 million to expand access to a safer supply of pharmaceutical-grade drugs and to increase the life-saving naloxone across the country.

We will use every tool at our disposal to combat this public health crisis, including working with British Columbia since 2018 on litigation on behalf of all Canadian governments against big pharma to ensure that they pay for the problem they created. Canada has also restricted the marketing of opioids and increased the maximum financial penalties to combat the predatory practices of pharmaceutical companies.

I look forward to expanding on my brief remarks through your thoughtful questions.

● (1205)

The Chair: Thank you, Dr. Bennett.

We're going to begin with questions now, starting with the Conservatives and Dr. Kitchen, please, for six minutes.

Mr. Robert Kitchen (Souris—Moose Mountain, CPC): Thank you, Mr. Chair, and thank you, Minister, for being here.

My questions to you are going to be more in your role as Associate Minister of Health.

I'm sure you're aware that the Public Health Agency of Canada was started in 2004 as a proactive agency to deal with emergency preparedness, infectious disease, chronic disease and control and prevention, not to mention the National Microbiology Laboratory, as well as GPHIN, which eventually was shut down in 2019.

One other aspect of it is the NESS. We know that the National Emergency Strategic Stockpile was plagued with issues at the onset of the COVID-19 pandemic by government mismanagement. One warehouse was shut down in Regina and threw out two million N95 masks and 440,000 medical gloves.

My question to you is this: Has the NESS been fully restocked at this time?

Hon. Carolyn Bennett: Yes, and absolutely I think we can answer that question. I had a great conversation with Minister Blair this week about his visit to the NESS and how important it is that we keep that replenished with products that will not be outdated and that will be accessible for any future—

Mr. Robert Kitchen: Thank you, Minister. I'm taking that as, yes, it has been restocked. Is that correct? How much money has been spent on restocking it?

Hon. Carolyn Bennett: Maybe I'll let Heather answer that.

Ms. Heather Jeffrey (President, Public Health Agency of Canada): The NESS has been expanded greatly as a result of the response to the COVID pandemic, so we're seeing the specific supplies needed to respond to COVID in addition to the traditional stockpiles that it's always maintained. It is fully stocked with COVID-specific therapeutics, medical countermeasures, ventilators and personal protective gear and equipment. A large majority of those supplies have been procured domestically now within Canada, as our domestic manufacturing has increased.

I would say that the expansion in warehouses and supplies in accordance with the needs also goes along with a more sophisticated management system, including IT, inventory management and just-in-time delivery and logistics.

Mr. Robert Kitchen: I did not hear a cost of how much was spent.

Ms. Heather Jeffrey: I do not have the total figure for that number, but I can—

Mr. Robert Kitchen: Can you provide that for us, please?

Ms. Heather Jeffrey: I can provide it to the committee.

Mr. Robert Kitchen: Thank you.

Furthermore, a 2021 report by the Auditor General recommends that Canada "should develop and implement a comprehensive [NESS] management plan with clear timelines that responds to relevant federal stockpile recommendations made in previous...audits and lessons learned from the...pandemic." PHAC agreed with this, stating that the agency was "expecting to complete the...management plan with clear timelines for implementation within 1 year of the end of the pandemic."

I've searched high and low for this plan. I cannot find it. My staff has searched high and low. They cannot find it. The question, really, is this: Is it available? With that, is it that PHAC is waiting for the World Health Organization to declare that the pandemic is over before implementing such a plan?

● (1210)

Ms. Heather Jeffrey: There is indeed a plan. We have been working in real time, incorporating the lessons learned from the COVID response as we've gone along in pandemic response. That includes some of the information management and information technology that I was speaking about earlier. It includes a risk management approach to ensuring that we have the appropriate stockpiles.

We have not waited while we continue to respond to the pandemic. Vaccines, countermeasures and equipment continue to be deployed in real time to those who need it, including internationally for key partners, such as in Ukraine and elsewhere, where shortages continue to occur. We are working with the plan that has been developed and are responding fully to all the recommendations in the audit report.

Mr. Robert Kitchen: Again, is the plan available for public consumption?

Ms. Heather Jeffrey: We can provide the lessons learned that have been implemented and the approach that we are taking to restock the NESS and to—

Mr. Robert Kitchen: Lessons learned do not show us a plan. The Auditor General clearly stated that the plan would be developed. The Auditor General not only presented that report to PHAC; PHAC also said that it would put it out within a year. Can we see that plan, please?

Ms. Heather Jeffrey: The plan that would be published in response to the Auditor General's report, as you mentioned, is within a year of the end of the pandemic, and we continue to be responding to the pandemic as we speak.

Mr. Robert Kitchen: There's no plan, then. We have no plan for an emergency organization.

The reality is that emergencies are going to be happening. They do happen. Just like COVID came out of the blue, emergencies come up. The whole purpose of PHAC is to be proactive, doing tests beforehand to make certain that we're prepared when those emergencies happen. Therefore, the Auditor General has clearly pointed it out. You've indicated that there's a need for that. Why do we not have that plan today?

Ms. Heather Jeffrey: I would say, Mr. Chair, respectfully, that we do indeed have a pandemic preparedness plan. It includes the NESS. It includes its organization, its management and its stocks. Those plans have been updated in accordance with the new lessons that we've learned throughout this pandemic, and they're being implemented in real time. We have put in place additional inventory management software; we've procured stocks, and we've worked on domestic supply. The NESS is functioning very well and delivering in real time to provinces. The Auditor General's report has been very favourable in that regard.

The Chair: Thank you, Ms. Jeffrey.

Now we have Mr. Jowhari, please, for six minutes.

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

Minister and officials, welcome to our committee. Some of you have been with us since 11 o'clock this morning.

It's good to see you, Minister.

Minister, in your opening remarks you talked about the historic investment that our government has made in health care a number of times, specifically in terms of mental health. In 2017 we allocated $5 billion. I'm glad to be part of the advocacy group that managed to facilitate that; however, this year, with the $198.6-billion investment over 10 years, I think we're hitting another milestone in our investment.

The four pillars that you talked about, and the integration of mental health to each one of those pillars, whether it was data, whether it was parity in providing the help, and whether it is outstanding....

Minister, this year the budget included about $48 billion more in spending. Can you decouple the part in terms of the mental health services that the extra money is going to bring in?

Hon. Carolyn Bennett: As you know, increasing the Canada health transfer to almost $200 billion allows the provinces and territories to really focus on treatment and their delivery of health care.

Where the $25 billion will go in the bilateral agreements with provinces and territories means that everyone has an attachment to a primary care team with adequate mental health and substance use support.

On the HHR, and on having adequate health human resources without burnout, being able to maintain retention means there have to be appropriate mental health supports and substance use supports there to keep a robust health workforce.

On the third category, which is mental health and substance use, we're hoping all members of Parliament, the provinces and territories and the stakeholders working on the ground will develop the kinds of indicators needed to make sure that we will be measuring as we go and that there will be accountability and transparency beyond just wait times or unmet mental health needs from the Canadian health survey.

The last section will be on data and the ability to see in real time what's happening with the transfer of records and having citizens have access to their own records. This is particularly important in mental health, where mistakes can be made and where we don't want any more people's intimate mental health records being in offices with fax machines anymore. This has to be private.

It is, I think, a very exciting time for the transformation of health and health care that some of us have been fighting for 30 years, like doctor to interdisciplinary, hospital to community, and the patient at the centre of their care with the systems wrapped around them as opposed to people having to fit into a system that doesn't work for them. We will have accurate data and evidence to be able to do what works and stop doing what doesn't work.

● (1215)

Mr. Majid Jowhari: Thank you.

You covered a number of points, Minister. You touched on the $25 billon that's spread over 10 years around shared priorities. Thank you for highlighting the mental health aspect.

You also touched on the area of KPIs. One of the challenges we saw back in 2017 was around the fact that we did not have any KPIs. It is very hard for us to be able to correlate the historical investment we made to the actual delivery and improvement of the services.

Can you talk about accountability and transparency, which are much desired? I have five community councils. One of them is around health, and they specifically highlighted the fact that we really need to hold all levels of government accountable for that.

If you could touch on that, I would really appreciate it.

Hon. Carolyn Bennett: Thank you for your leadership. I think the work you did on the handbook for parliamentarians on mental health and mental health literacy is hugely important to all of us and our teams. It's been an example to so many stakeholder organizations to make sure we're using the right terms when we're talking about mental health and mental illness, and knowing the difference. Thank you for that.

On the six priorities that were identified in 2017, we know that some great work has been done on the integrated youth services. Across the country, in all 10 provinces and the three territories, they're really working on getting those young people aged 12 to 25 the kinds of wraparound services they need, from peer counselling and primary care right up to social work and psychology. It has been really impressive.

On increasing mental health supports in primary care, we're getting somewhere—in Hamilton and other places—in digital health. Being able to have your mental health visit virtually has been helpful. There are mental health supports and services and mental health HHR.

However, last week, in Kelowna and Penticton, it was very interesting. The area in which the municipalities are feeling we're not doing well enough is on the complex care, which was the sixth priority. People who have serious mental illness and substance use are the people most in contact with the justice system and most frequently in the emergency department. If we could get, in some of these communities, those, say, 20 people properly housed and with wraparound services, this would be a huge focus, I think, for so many of the communities that I've been visiting.

The Chair: Thank you, Minister.

[*Translation*]

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

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

I have a question about the announcement of $1.5 billion for rare diseases. One of the officials can surely answer me.

Last time, I brought up people suffering from illnesses like amyotrophic lateral sclerosis, or ALS, who are expected to live three to five years. These individuals can take drugs to extend their lives, but the approval process, up to and including possible reimbursement, takes far too long.

Do you have robust mechanisms in place to fast-track patients suffering from rare diseases specifically?

● (1220)

Dr. Stephen Lucas: I will ask Eric Bélair to answer this question.

Mr. Eric Bélair (Associate Assistant Deputy Minister, Strategic Policy Branch, Department of Health): Thank you for the question.

In yesterday's announcement, the focus was on increasing access to medicines for rare diseases. As you saw, about 90% of the funding will be transferred to the provinces and territories to enhance their coverage.

In addition to providing easier access to medications, we want to make sure that the different agencies making decisions about medications work together to ensure that patients have timely access to them.

That includes the regulatory arm of Health Canada, which is responsible for what we call the agile regulations project that launched this past December. This will make it easier once drugs get authorized, even when we have little data on them. These are medications for small groups of patients. This method will make it possible to get these medications authorized and then gather data on their safety and effectiveness.

It also includes working with the agency that assesses health technologies, to help the provinces and territories get drug coverage information. Parallel studies are currently underway at the regulatory and health technology agencies. The goal is to ensure that processes are not sequential, but that they run parallel, reducing the time it takes for patients to access medications.

Another key factor is provinces negotiating drug prices with manufacturers.

One of the goals is to ensure that various decision-makers can expedite the efficiency of their processes.

Mr. Luc Thériault: I also have a question about the dental care plan.

The Parliamentary Budget Officer is concerned with the lack of oversight and is worried about fraud, given that expenses are not reimbursed only upon presentation of a receipt.

Why was the program fast-tracked?

Dr. Stephen Lucas: First, the government introduced interim dental benefits legislation and it was adopted in Parliament. The Canada Revenue Agency administers this benefit with tools to strengthen alignment with [*Inaudible—Editor*]. It uses a compliance and enforcement system to check receipts among a portion of claimants, for example.

It's an interim program.

Mr. Luc Thériault: Yes, it's an interim program. Nevertheless, the funding envelope for health is the same for everyone. We don't have a penny to waste. We need to make sure that a full $650 worth of services have been rendered for the $650 we send. In some cases, parents may only need half of that amount to cover dental expenses for their child. We can't just send that money for nothing. Otherwise, there will be a problem: We would be wasting money that could be invested elsewhere, for other types of care. We have no money to waste in health care.

Doesn't this method feel rushed? I'm not saying it, it's the Parliamentary Budget Officer.

Have you warned the government that this might lead to fraud? That's what happened with the Canada emergency response benefit.

● (1225)

Dr. Stephen Lucas: As I said, it's an interim program targeting children from low-income families.

Mr. Luc Thériault: Yes, but does that mean we should waste money on an interim program?

Dr. Stephen Lucas: The Canada Revenue Agency uses tools to check people's information and enforce the law. In addition, they learned a few lessons on avoiding potential waste from the other programs set up during the pandemic.

Mr. Luc Thériault: The Parliamentary Budget Officer says that the Canada Revenue Agency has no plans to systematically check information under this program.

Dr. Stephen Lucas: That's not true. The Canada Revenue Agency has a systematic verification program.

Mr. Luc Thériault: We will let the Parliamentary Budget Officer know, then.

Hon. Carolyn Bennett: Mr. Thériault, as a former general practitioner, I feel that this measure to get parents to take their children to the dentist is really important from a prevention standpoint.

Mr. Luc Thériault: We don't dispute that.

Hon. Carolyn Bennett: It's a priority to promote prevention.

The Chair: Thank you, Mr. Thériault. That's all the time you had.

[*English*]

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

Welcome back, Mr. Johns.

Mr. Gord Johns (Courtenay—Alberni, NDP): Thanks to the minister for being here and to all the public servants who are serving our country, especially health officials. We really appreciate the work you're doing.

Minister, will the Canada mental health transfer that you promised to Canadians—it's in your mandate letter—be in the budget next week?

Hon. Carolyn Bennett: Thank you, Gordon, and thank you for continuing to push the need for resources for mental health and substance use.

I think that in my opening remarks I was clear that what has been established is that the more effective way of delivering excellent and appropriate mental health and substance use care is by integrating it into primary care, into the support for health human resources, with free-standing mental health programs and substance use, as well as in the data. We will see in that $25 billion that there will be dedicated dollars.

All of the provinces and territories have established mental health as a priority—

Mr. Gord Johns: I have some questions around that.

Hon. Carolyn Bennett: —and we will work with them on their action plans, with indicators as well as targets, as well as being able to make sure that in that elevated Canadian health transfer, they will have more money for treatment in their—

Mr. Gord Johns: That's a no, then, in terms of the direct transfer, but we know that Canada spends a woefully low amount on mental health and substance use with regard to health care, below that of most of our G7 and OECD partners, and it shows.

In the absence of the Canada mental health transfer, can you guarantee, then, that the provinces and territories will allocate funds to mental health and substance use under the bilateral health agreements to the amount of 12%, which is around what our G7 and OECD partners are spending?

Hon. Carolyn Bennett: I think that Eric and, yes, I should have introduced both Shannon, from the—

Mr. Gord Johns: I wish we had time to do a big introduction, but I'm just asking, will we be at 12%?

Hon. Carolyn Bennett: Well, in each of the action plans with each of the provinces and territories, we know that mental health and substance use is a priority, and we will be working with them on adequate action plans to make sure mental health and substance use is part of each of the priorities—

Mr. Gord Johns: Okay, so what oversight are we going to have, as Parliament, over the bilateral health agreements? Will stakeholders and people with lived experience of mental health and substance use concerns be consulted in the development of action plans?

When are we going to know what's in those agreements? You've said $25 billion over 10 years—that's $2.5 billion a year—in four priority areas. How are we going to know how much is going to mental health and when?

Hon. Carolyn Bennett: Well, that, I think, is what's exciting about this new approach, which is that the action plans will have...that all of your stakeholders can really try to influence the kinds of indicators. What should be measured? What's a reasonable target? How do we influence the federal and provincial governments in making sure those action plans are clear? The action plans aren't reporting to us, or even to parliamentarians. They're reporting to their citizens—

Mr. Gord Johns: But they need to report to—

Hon. Carolyn Bennett: —and it needs to be transparent and accountable, and that's where we're going. They must post the action plan, report annually—

● (1230)

Mr. Gord Johns: Okay, Minister. Our job is to hold you accountable—

The Chair: Thank you, Minister—

Hon. Carolyn Bennett: —and the Canadian Institute for Health Information is helping with those indicators.

The Chair: Thank you, Minister. We're trying to keep the answers to the same length as the questions.

Hon. Carolyn Bennett: Yes.

The Chair: Go ahead, Mr. Johns.

Mr. Gord Johns: Okay. Is the federal government ready to step in and fill gaps created by provinces and territories that fail to put these dollars to mental health and substance use? Are you willing to do that?

Hon. Carolyn Bennett: These action plans will be negotiated with the provinces and territories. That means the priority areas—the indicators, the targets—will all be an agreement between the federal government and the province. We are insisting that mental health and substance use be part of each one, and then they will have to make that action plan transparent to their citizens. They will be accountable to their citizens—

Mr. Gord Johns: I'm worried about transparency to parliamentarians, because our job is to hold you to account, Minister, to make sure the money is actually flowing to the communities. I'm concerned, because I'm not getting the answers around that.

Now, for community mental health services, harm reduction, support counselling, psychotherapy and other services, we know they remain out of the reach of millions of Canadians. Will we see meaningful investments specifically in these areas in the budget next week?

I want to quickly read an email I got from a constituent of mine. He wrote, “Our adult son unfortunately has become addicted to fentanyl. We have him in a treatment centre. It's very expensive. We've borrowed money from a family member to finance his recovery.” He may have to sell his house to pay for it. He asks if there's any financial help that might be available to him. We know the answer: No.

If his son broke his neck, he'd be getting covered. The universal health care system doesn't protect him. What do you have to say to his father? We know that Portugal went on a renaissance in terms of developing treatment on demand, so that they truly have a universal health care system now. When will we have parity between mental and physical health in this country? What do you have to say to this son's father? When are we going to have treatment for this young man? What a decision he has to make: whether he's going save his son's life or abandon him.

Hon. Carolyn Bennett: As we go forward, I agree: We actually have to get mental health and substance use treatment back in under the publicly funded system. It was—

Mr. Gord Johns: It needs to be immediately—

The Chair: Mr. Johns—

Hon. Carolyn Bennett: —in the Canada Health Act that way, and now, with cost containment in the eighties and nineties, it moved out to the private sector and out to the charitable sector. We have to get it back in. That's why having mental health and substance use as part of primary care teams, having separate dollars that provinces and territories will be able to spend on the pathway to recovery.... We also need to make sure that people who've been in treatment have the aftercare, so that they're not going through a revolving door. That's why having a really integrated system is going to work, and I couldn't agree with you more that people should not have to pay for that.

The Chair: Thank you, Minister.

Ms. Goodridge, you have five minutes, please.

Mrs. Laila Goodridge: Thank you, Mr. Chair.

I'm going to ask very short questions that I will ask you to respect and give short answers to.

Very simply, I've talked to tons of people in recovery who've told me that when they were in active addiction, they didn't want safe drugs. They wanted good drugs. They would trade any prescription or any good, safe drugs they had to get better drugs. They say that safe supply is an absolutely bad idea that will make the problem worse. What do you say to these people?

Hon. Carolyn Bennett: I'm saying that 40 years ago, people said the same thing about methadone. Twenty years ago, people said the same thing about suboxone. We are moving, and more recently there are things like hydromorphone and Dilaudid. There are very good stories of people being able to get off fentanyl by Dilaudid, by acetylmorphine, that I saw in—

Mrs. Laila Goodridge: Thank you, Minister.

Pharmaceutical companies like Purdue were sued, and doctors went to jail for their role in causing the opioid addiction crisis. What will happen, should pharmaceutical companies and doctors potentially be causing harm with this so-called safe supply? Will the same thing be happening 10 or 20 years from now?

Hon. Carolyn Bennett: Absolutely, and that's what the colleges of physicians and surgeons are doing. That's what the colleges of pharmacies are doing.

I want to say that in that anecdote and the clients I saw last week in Kelowna who were getting injectable diacetylmorphine, it is not possible to divert that. We actually have to do what it takes to keep people alive long enough to get to recovery.

● (1235)

Mrs. Laila Goodridge: To shift gears a little, what evidence is available on the impact of the legalization of the recreational use of cannabis on health?

Hon. Carolyn Bennett: This is an ongoing study. I think, as we've said before, the use of cannabis in youth has not gone up—

Mrs. Laila Goodridge: Can I get a very quick answer?

Hon. Carolyn Bennett: —and we are able to see that for seniors and others—

Mrs. Laila Goodridge: Thank you, Minister.

Hon. Carolyn Bennett: —it has been helpful.

Mrs. Laila Goodridge: Minister, when will there be a legislative review on the Cannabis Act available to parliamentarians and Canadians?

Hon. Carolyn Bennett: It will be this fall.

Mrs. Laila Goodridge: Can you commit to that?

Hon. Carolyn Bennett: Absolutely. It's a legislative review.

Mrs. Laila Goodridge: Mr. Johns touched on the fact that so many families are having to mortgage their house and having to go into crazy debt just to put their family member into treatment. How much of the SUAP funding is going toward abstinence-based treatment, either percentage-wise or in dollars?

Hon. Carolyn Bennett: A lot of the SUAP money, you are quite right, is going to harm reduction and safe supply in innovative projects. Treatment tends to be the responsibility of provinces and territories. That's why that extra money in the CHT will really matter, why the $100 million in British Columbia that was in the last budget—

Mrs. Laila Goodridge: So Minister, why don't you—

Hon. Carolyn Bennett: —to go to treatment...or it was $1 billion, I think, that the minister got there.

The Chair: Thank you, Minister.

Ms. Goodridge.

Mrs. Laila Goodridge: What criteria are being used to measure the success of B.C.'s decriminalization pilot project?

Hon. Carolyn Bennett: Six criteria were part of the application.

Mrs. Laila Goodridge: What are they?

Hon. Carolyn Bennett: They are increased health and social services, continued stakeholder engagement, public education, law enforcement, engagement with indigenous people, and robust evaluation and research as we go forward.

Mrs. Laila Goodridge: Do you commit to stopping decriminalization, should these outcomes not be achieved?

Hon. Carolyn Bennett: Absolutely. We have always said that if this isn't working, both on the public health indicators and the public safety indicators, we will be watching those. It was really interesting to see, in the safe supply study that was in the CMAJ this year, the decreased visits to emergency and decreased paramedic visits—all of these things that have been part of that London, Ontario project. It's very exciting.

The Chair: Thank you, Minister.

Mrs. Laila Goodridge: Minister, there have been countless reports of a huge amount of diversion out of London. You keep holding London up as if that's somehow the solution, and everything I've heard.... I'm looking forward to going to London in a couple of weeks, but there is a large amount of diversion. What are you specifically doing to prevent diversion?

Hon. Carolyn Bennett: The focus is to keep people alive so that they can get to treatment—

Mrs. Laila Goodridge: What, specifically, are you doing to prevent diversion, though?

Hon. Carolyn Bennett: We are monitoring that. People are monitoring that. People are making sure that the—

Mrs. Laila Goodridge: There's nothing specific being done.

Hon. Carolyn Bennett: Sorry, Laila...?

The Chair: Go ahead and finish your answer, Dr. Bennett. That's the last question.

Hon. Carolyn Bennett: In a comprehensive assessment of all these safe supply projects, diversion has always been something that people have looked at. It is being tracked.

The Chair: Thank you, Ms. Goodridge.

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

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

Thank you, Minister, for appearing, and thanks to all the officials for being here.

I'm going to continue on some similar themes, but perhaps in a slightly different frame.

In the Yukon, as you know, drug overdoses and deaths continue at alarming levels. Mayo, Yukon is one community that has been hit particularly hard in the last three years. There have been numerous deaths in this small community of a few hundred. They were also tragically hit by a double homicide in the community—it's currently under investigation—just a week and a half ago.

They have called an emergency in order to take some extraordinary measures to reinforce community safety and to address addictions and drug trafficking on a more urgent level.

Just so you know, one of the asks brought from the community is that supports for private treatment that were provided during the pandemic be extended so that people can have short-term access to addictions treatment in the absence of other options at the moment.

Clearly, the spectrum of supports needs to be brought to bear. They are preventative measures, including access for children and youth, recreation, mental health support, cultural connection, early intervention and harm reduction with social and medical supports, including, as you mentioned earlier, opioid agonist treatment, clinical substitution and the possibility of safe drug supply for those who can't benefit from clinical OAT treatment and other measures adapted to where that individual is on their substance use journey, which I think is really the essence of harm reduction. It's one of those pillars of support. Of course, it would also be access to treatment options, including clinical treatment, counselling, social supports and aftercare.

In light of that, I wonder if you could comment on how the current funding and committed funding from our federal government can be utilized to answer the needs of communities. We know the ire across the country. Mayo is in a bad state at the moment, but we know there are many in a similar situation around the country.

● (1240)

Hon. Carolyn Bennett: The substance use and addiction program across Canada that Shannon supervises is doing extraordinarily good work, and the work it's doing is also researched as we go by CIHR and CRISM, so we are able to show what works in all of the harm reduction modalities—certainly at Blood Ties in Whitehorse—and to see drug testing, safe injection and safe inhalation, where we know we are able to reverse overdoses and keep people alive.

The SUAP money is mainly for proof of concept. When we can prove that something works, then we hope that the provinces and territories will pick that up and put it into their comprehensive approach to their drug policy and programs.

In terms of treatment, whether they be healing lodges or on-the-land programs, we're very interested in being able to follow the science on how effective those are.

I think, as you said, Doctor, the aftercare piece of this is so important—that people have the kinds of supports and services they need through their primary care teams or with community organizations.

We need more primary care practitioners. Nurse practitioners and family doctors could have more confidence dealing with mental health and substance use problems, and that's why I think we're very pleased to see the College of Family Physicians expanding its program for an extra year, so that people will come out being much more confident. It is going to be at that front line that we can prevent people from falling through the cracks.

Mr. Brendan Hanley: Thank you.

Just going back to—and you mentioned it—land-based treatment, maybe you can elaborate a bit on what that means to you through your experience as Minister of Mental Health and Addictions in particular, but also what avenues there are for northern indigenous communities to pursue land-based care and develop programs on land-based care, including aftercare.

The Chair: Be as concise as possible, Minister, as we're trying to get a couple more rounds in.

Thanks.

Hon. Carolyn Bennett: On-the-land programming has been shown to be very successful throughout COVID and even before. I think you know that my brother-in-law runs a land-based program in Alberta, which has been hugely successful because of the quality of its aftercare as well. To be out on the land is important to all Canadians, but for indigenous people, to actually have that language and culture and to be proud of who they are, and to have that secure personal and cultural identity is so important. To be good at stuff on the land and on the water is really important in building self-esteem and having people be able to see that they can live their best lives.

The Chair: Thank you, Minister.

[*Translation*]

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

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

I'd like to come back to the lax budgetary expenditures.

In one of her reports, the Auditor General stated that the government had paid $5 billion for 169 million doses of COVID-19 vaccine between December 2020 and May 2022. She said that, of those 169 million doses, 13.6 million had expired before they could be shipped and administered. After that, 11 million more doses expired.

According to the Auditor General, 32.5 million doses were going to expire before the end of 2022. How many of those 32.5 million doses did we manage to use? Whatever the case may be, how many of those doses were thrown away, on top of the 24.6 million doses that had already expired?

● (1245)

[*English*]

Hon. Carolyn Bennett: Before I hand it over to Heather, I think this is a time for people to understand that COVID is not over, and that we want people to get out and get their shots. This is a hugely important time and a teachable moment—

[*Translation*]

Mr. Luc Thériault: That's not my question.

Ms. Heather Jeffrey: The number of doses that have expired to date is 25.6 million.

A dose could be considered expired for many reasons. Sometimes the expiry date has been reached. Sometimes the container has been opened. Sometimes it's related to the refrigeration process. In a few cases, containers had been damaged during transportation.

[*English*]

We're working very closely with our global partners to transfer doses between provinces, and we're working with manufacturers to extend shelf life in consultation with Health Canada.

Regarding donations abroad, we have donated 196 million doses to be used abroad.

[*Translation*]

Mr. Luc Thériault: A total of 24.6 million or 24.5 million doses represents a lot of money and a lot of health care we can't provide.

How do you plan to rectify the situation?

Hon. Carolyn Bennett: First of all, I believe the priority was to have enough vaccines for Canadians.

Mr. Luc Thériault: Yes, we know that and I agree, Madam Minister. I want to know how you plan to rectify the situation.

The Chair: That's all the time you had, Mr. Thériault.

I will give you enough time to provide a brief response, if you want.

Ms. Heather Jeffrey: To keep doses from expiring, we transferred them between the provinces and territories, worked with manufacturers, expanded vaccine requirements and promoted active international vaccine donations.

[*English*]

We're taking a number of steps to minimize the number of vaccines that expire. However, as the minister mentioned, in order to be prepared and to ensure that all Canadians have access to doses, we procured a wide variety of vaccines in significant quantities to make sure that everyone would have access.

I would also add that ensuring we promote vaccine take-up and combat misinformation and hesitancy is an important part of ensuring that all doses can be used as effectively as possible.

The Chair: Thank you.

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

Mr. Gord Johns: We've heard from the Conservatives that in British Columbia they're blaming decriminalization and safe supply for the root of the problem of the toxic drug crisis. The reality is that decriminalization didn't start until January 31.

Six people a day have been dying. It's been mounting for six years. Out of the 100,000 people in British Columbia with substance use disorder, literally hundreds might have access to a truly safer supply of substances. The problem is that its drug policy, Minister, has failed.

We've heard from the police chiefs association. They can't police their way out of this problem. It won't matter how many resources they get; they can't solve it.

It's easier to get the toxic concoction of drugs almost anywhere in this country than it is to get a prescription at a pharmacy. You can fill it faster. This is a problem.

It's the police chiefs who have suggested a safer supply to get people away from the toxic drug crisis and to stop criminalizing people who use substances. This is also reflective of the expert task force on substance use.

My problem with your government is the delay and lack of rapid response in terms of a safer supply getting out to communities. It's not a diversion of safer supply that's killing people; toxic street drugs are killing people.

When are you going to scale things up? I keep asking the procurement minister if you've reached out and asked her to procure a safer supply of substances so you can scale things up. When will that happen?

● (1250)

Hon. Carolyn Bennett: I think that it's really important to understand that they're off the drugs, that the community of safe supply practice are using....

There's not an insufficient supply of Dilaudid, diacetylmorphine or the drugs that safe supply practice uses. The problem is that there aren't enough practitioners comfortable enough to use it, so we have to move differently and—

Mr. Gord Johns: Minister, I have only 10 seconds.

It's the stigma that's causing the delay, Minister.

The Chair: Mr. Johns, please allow the minister to finish. You took a minute and a half to ask the question.

Hon. Carolyn Bennett: My concern is that in the coroner's report, only 30% of the deaths were of people with diagnosed opioid use disorder who would go to a doctor. The people who are dying are the people in the trades, using alone and dying alone. They're the people who aren't going to go to the doctor for safe supply.

We have to find another way to keep people safe.

Mr. Gord Johns: I have just one comment, Minister, really quickly.

You spent $30 billion on COVID vaccines. You're spending $32 million on your SUAP program. The stigma's right there in the spending to respond to this crisis.

The Chair: Your time is up, Mr. Johns. Thank you.

We have just a couple of minutes for questions before we need to do the votes. It isn't enough time for a full round.

Minister, if you can stay with us, the Conservatives are going to ask you one question and the Liberals are going to ask you one question, and then you're free to go.

I'll go over to the Conservatives for one question.

Mr. Stephen Ellis: Thank you, Chair. I appreciate your flexibility with this.

Minister, what we know is that in 2016, 2018 and 2020, the numbers of overdose deaths have been increasing. This decriminalization experiment—as one of my colleagues has called it—has been ongoing now for at least two years, in deference to what my NDP colleague said.

How many deaths per day are enough to stop your failed experiment?

Hon. Carolyn Bennett: I would say that I would disagree with you totally on this. The office of public prosecutions asked people to stop charging people years ago. This has been going on for a long time. We have to take the stigma down and get people to treatment.

It's not a failed experiment; it's that the drug supply is totally toxic and poisoned with fentanyl. Now, with benzodiazepines and xylazine, the naloxone isn't working as well. This is a toxic supply. We have to get people to stay alive long enough to be able to get to treatment or live a better life.

This has nothing to do with decriminalization. Cops have been not charging people for years now.

The Chair: Thank you, Minister.

Ms. Sidhu, you have the last question.

Ms. Sonia Sidhu: Thank you, Mr. Chair.

Thank you, Minister and officials, for sharing your important update.

Minister, I want to speak about a round table we did in Peel. They raised the fact that the wait time in Peel for counselling and therapy for those under 18 years of age is up to at least 566 days and is over two years for more intensive mental health services.

The Mental Health Commission of Canada reported on the mental health impact of COVID-19 on youth. Especially for youth, it can lead to “social isolation, family stress, increased risk of exposure to abuse and systemic racism”. Many face disproportionate challenges to access mental health supports. This all came into the report, and you heard it first-hand in Brampton, too. There's a need for integrated youth services.

You made an important announcement of $1 million for Indus Community Services, but how do you think this is ensuring youth access that is more culturally appropriate or sensitive, so youth can get all those services?

● (1255)

Hon. Carolyn Bennett: Thank you for that, and thank you for hosting the round table. I think we learned a lot there about the need for culturally safe care.

Last week in Surrey, we were with our colleague, Sukh Dhaliwal. He said on the idea of even detox and withdrawal that home visits, based on the South Asian community and their cultural reality, were really important. I think for us to have the $1 million for Indus, for that community, focused on youth, is going to be really important, because the stigma in your community is very high, and we have to find culturally safe ways of decreasing the barriers so that people, particularly young people, can ask for help.

What I'm hearing from our colleagues is that it will be the youth who will persuade their parents and their grandparents that it's okay to talk about mental health and that we need to focus on mental health that's culturally safe. That's why integrated youth services are so exciting coast to coast, because, again, it is that stepped care model, with peer support. People with lived and living experiences are the first people they meet at the door, and they're able to get them attached to primary care, social work and psychology. This is a very exciting approach. I think that with the $100 million that was part of those communities most affected by COVID-19, it is very exciting to be able to see the results of that and for us to move forward for those in most need.

The Chair: Thank you very much, Minister, and thanks to all your officials for being here with us today and for being so patient with us.

We're now going to move directly to votes, but please know that we absolutely appreciate all the information that's been provided here today and the manner in which it has been presented.

With the time we have remaining, we need to vote on the main estimates.

First of all, we have 11 votes in the main estimates 2023-24. Unless there is an objection, I'm looking for unanimous consent to group the votes together for a decision, as opposed to doing 11 votes.

Okay. I see thumbs-up all around the room.

The question, then, is this: Shall all votes referred to the committee in the main estimates 2023-24, less the amounts voted in the interim estimates, carry?

An hon. member: On division.

CANADIAN FOOD INSPECTION AGENCY

Vote 1—Operating expenditures.....$643,834,807

Vote 5—Capital expenditures.....$47,529,437

(Votes 1 and 5 agreed to on division)

CANADIAN INSTITUTES OF HEALTH RESEARCH

Vote 1—Operating expenditures.....$72,521,635

Vote 5—The grants listed.....$1,270,253,442

(Votes 1 and 5 agreed to on division)

DEPARTMENT OF HEALTH

Vote 1—Operating expenditures.....$1,032,415,062

Vote 5—Capital expenditures.....$27,991,054

Vote 10—Grants and contributions.....$2,858,624,470

(Votes 1, 5 and 10 agreed to on division)

PATENTED MEDICINE PRICES REVIEW BOARD

Vote 1—Program expenditures.....$15,740,193

(Vote 1 agreed to on division)

PUBLIC HEALTH AGENCY OF CANADA

Vote 1—Operating expenditures..... $3,654,335,640

Vote 5—Capital expenditures.....$41,347,000

Vote 10—Contributions.....$461,905,392

(Votes 1, 5 and 10 agreed to on division)

The Chair: That is carried on division.

Shall I report the main estimates 2023-24, less the amount in interim supply, back to the House?

Some hon. members: Agreed.

The Chair: I think that is all the business.

Is there any further business to come before the meeting?

Mrs. Laila Goodridge: I move to adjourn the meeting.

The Chair: Do we agree to adjourn?

Some hon. members: Agreed.

The Chair: The meeting is adjourned.

Thank you.