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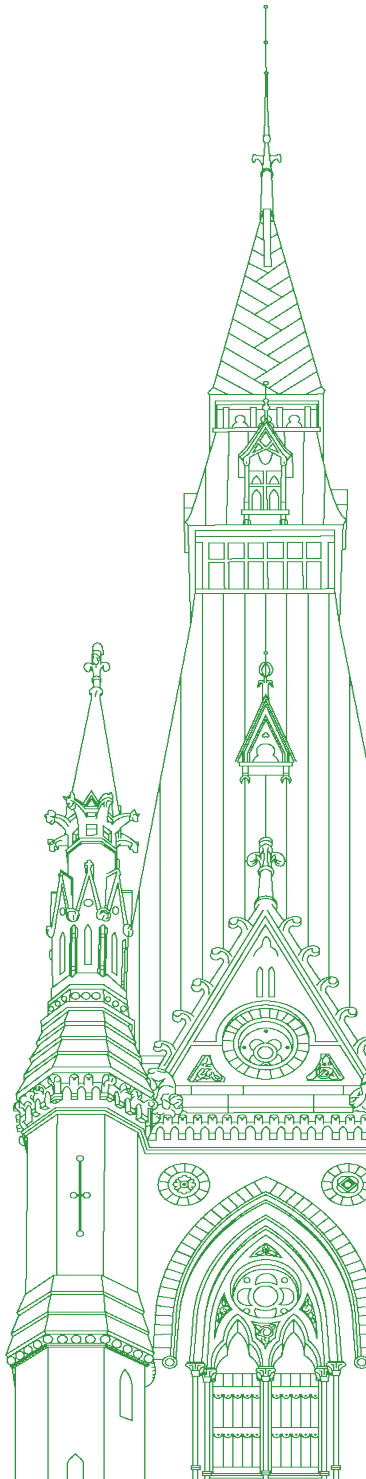

Chair: Mr. Sean Casey

Standing Committee on Health

Thursday, February 1, 2024

● (1100)

[*English*]

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

Welcome to meeting number 98 of the House of Commons Standing Committee on Health.

Today's meeting is taking place in a hybrid format, pursuant to the Standing Orders.

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

Pursuant to Standing Order 108(2) and the motion adopted on November 8, 2023, the committee is resuming its study of the opioid epidemic and toxic drug crisis in Canada.

We are joined today for the first hour of the meeting by the Minister of Mental Health and Addictions, the Honourable Ya'ara Saks. Welcome, Minister.

Accompanying the minister, we have officials who will remain for the full meeting.

From the Canadian Institutes of Health Research, we have Dr. Samuel Weiss, scientific director, Institute of Neurosciences, Mental Health and Addiction.

From the Department of Health, we have Dr. Stephen Lucas, deputy minister; Eric Costen, associate deputy minister; and Jennifer Saxe, associate assistant deputy minister, controlled substances and cannabis branch.

From the Public Health Agency of Canada, we have Dr. Theresa Tam, chief public health officer of Canada, and Nancy Hamzawi, executive vice-president.

Thank you all for taking the time to appear today.

Minister Saks, you have the floor for the next five minutes. Welcome.

The Honourable Ya'ara Saks (Minister of Mental Health and Addictions): Thank you, Mr. Chair, and thank you, honourable members, for inviting me here today to share what will be a thorough discussion on this study. I am pleased to be here today to contribute to your important study of the toxic illegal drug and overdose crisis.

This crisis is so widespread that no family, and indeed no Canadian, is untouched by it. I expect you have heard from families, frontline workers, researchers, and health and other experts of the tremendous toll that the crisis is taking across Canada.

Many dedicated people and organizations are working tirelessly and relentlessly to provide a range of much-needed supports to some of the most vulnerable and marginalized people in our country. They are saving lives, providing hope and helping people find their paths toward well-being and health. These are the tireless heroes of the crisis who show up in the most challenging of circumstances. They deserve nothing short of our complete support and gratitude.

I have been fortunate enough to meet with many of them across the country. Their stories and dedication inspire me and so many others in their communities. They have shared with me that the deep polarization and misinformation that has coloured the debate in Canada regarding this crisis is not helping them. In fact, it is making their challenging work that much harder.

I've pledged to them that I will work to amplify their voices and share their good work. We must not forget that everyone working in this field and everyone around this table shares the same singular goal: We are here to save lives.

To that end, our government has put compassion and dignity at the centre of our comprehensive strategy to address the harms of this crisis. We are investing in a continuum of supports, from education and prevention through to expanded access to quality treatment, aftercare and recovery services.

Prevention and treatment are two ends of the spectrum, but we must also care for the lives of people who are struggling in between those spaces. The reality is that we must provide necessary resources to people who use drugs to minimize the risk as much as possible while they are on their path towards recovery.

We are tracking our public health interventions and we can see where they are working. Across supervised consumption sites, the number of overdose responses attended to between October 2017 and September 2023 was over 52,000. Additionally, more than 260,000 referrals were made to connect people with health and social services to help them towards recovery, but it is abundantly clear that no single intervention will turn the tide. It will take the collective effort of everyone.

As you will be aware, our government made historic investments to provinces and territories to increase access to mental health and substance use services.

Colleagues, we need to make mental health and substance use care a full and equal part of our universal health care system. In support of our shared efforts, I've convened an FPT table of ministers of mental health and addictions that meets quarterly to collaborate on these important priorities.

Additionally, I am working closely with my cabinet colleagues to address health and social factors that can impact an individual's risk of substance use-related harms.

For example, I am working with Minister Hajdu to advance work towards reconciliation and support indigenous peoples to develop distinction-based solutions to address the impacts of this crisis. Alongside Minister Fraser, we are focused on improving access to supportive housing, which is one of the most important things needed to help someone stabilize their life and find their path to recovery. I am also working with Minister LeBlanc to address public safety and the role of organized crime in the production, diversion and trafficking of toxic illegal drugs.

We have a whole-of-government strategy. This is the Canada model. We are confident that by working together with a comprehensive response, we can make progress on this critically important priority.

Thank you. I look forward to your questions.

● (1105)

The Chair: Thank you, Minister.

We're going to start with questions now, beginning with the Conservatives for six minutes.

Go ahead, Dr. Ellis, please.

Mr. Stephen Ellis (Cumberland—Colchester, CPC): Thanks, Chair.

Thanks, Minister, for being here.

One of the things we say in medicine is *primum non nocere*: "Above all, do no harm". We would like you to table the data from which your government draws its information, to tell us and Canadians when you're going to end this dangerous experiment.

Hon. Ya'ara Saks: I thank the member for his question.

As he's aware.... I'm happy to table here all data of our programs, and the evidence that we have collected from our SUAP projects and other interventions is available on our website. We're happy to table it here.

I'm not really sure what you are referring to in terms of an experiment. Could the colleague clarify, please?

Mr. Stephen Ellis: Thanks very much, Minister.

I appreciate that, because those were the words of Dr. Hanley in saying that this is an "experiment". It's in the original motion here that the decriminalization of drugs that you're doing hand in glove with B.C. and the so-called safer supply is an experiment. Could you actually table with this committee the official government data to show that the so-called safe supply saves lives?

Hon. Ya'ara Saks: Chair, the B.C. dashboard is available with all of the evidence collected to date within the first year of the pilot. We're actually coming to the first-year anniversary since the B.C. government requested the exemption on decriminalization of personal possession. All of that data is available, and we're happy to table it. However, as the colleague well knows, this is a three-year pilot program.

Mr. Stephen Ellis: Clearly, Minister, we know that the number of deaths is going up every day now. It now stands at about 22 across our great country. When will you end this dangerous experiment?

Hon. Ya'ara Saks: The question is, how will we continue to save lives? That is my answer to "when". We will not stop providing health care—

Mr. Stephen Ellis: I'm sorry, Minister, but I'm going to interrupt you there, because my question was that 22 people are dying every day. That's increasing. Everybody here knows it. Everybody across the country knows it. That is getting worse. When will you decide to end the dangerous experiment?

Hon. Ya'ara Saks: My answer will be that we will never stop providing medical health care services and interventions to those who use drugs and substances. Every life lost is one too many—

Mr. Stephen Ellis: Minister, excuse me. Are you suggesting that the so-called safe supply is a medically necessary and medically proven therapy?

Hon. Ya'ara Saks: I am suggesting that the entire comprehensive approach for the continuum of care, which includes a wide range of medical health services and interventions, is something that we are fully committed to in order to save lives in this country.

● (1110)

Mr. Stephen Ellis: Minister, I guess what I hear you saying.... Correct me if I'm wrong, but is there any evidence that could possibly exist that would make you and your dangerous experiment.... Even though the numbers are getting worse every year, you're not stopping it. You're telling us it's going to go on for three years. Is there anything that's going to make you stop the dangerous experiment? You're hiring people....

Hon. Ya'ara Saks: The reality today is that the illegal toxic drug supply is pervasive and deadly. I do not see any government stopping in its efforts to save lives from what is such a dangerous and pervasive illegal distribution of drugs across this country.

Mr. Stephen Ellis: Even though you know it's harming people, from the studies that are out there—science—you're going to continue that harm. That's what you're telling Canadians...?

Hon. Ya'ara Saks: The incidence of overdoses today shows that the majority of overdose deaths are from the illegal toxic drug supply, and we will continue to fight and save lives.

Mr. Stephen Ellis: Minister, as a little demonstration here, we talked about decriminalization. This is not drugs: This is actually sugar. This is two and a half grams. Realistically, the density is about the same as fentanyl. It's for Canadians out there to understand that this is two and a half grams.

We also know very clearly that from—

Mrs. Jenica Atwin (Fredericton, Lib.): On a point of order—

The Chair: Go ahead, Ms. Atwin, on a point of order.

Mrs. Jenica Atwin: Thank you, Mr. Chair.

I'm wondering about the use of props in committee. Can you rule on that, please?

The Chair: I'm advised that the rules regarding the prohibition of props also apply to committee. I would ask you to refrain from that, Dr. Ellis.

Mr. Stephen Ellis: I certainly would like to challenge the chair on that, Chair. I mean, this is absolutely ridiculous. We know that many other committees are more than happy to allow props. That's in every other committee. I've been at natural resources and national defence. Last night in natural resources early on in the week this week, props were used. This is an absolute travesty. We know that the use of props in committee has happened across a multitude of committees in many that I just named. Your ruling, sir, is absolutely incorrect.

The Chair: A challenge to the chair is a non-debatable motion. The question for the committee is about whether the ruling of the chair shall be sustained. The ruling I made was that we will not allow props today, or ever.

Please conduct the vote, Madam Clerk.

(Ruling of the chair sustained: yeas 7; nays 4)

The Chair: Dr. Ellis, you have two minutes and 18 seconds.

Mr. Robert Kitchen (Souris—Moose Mountain, CPC): I have a point of order.

The Chair: There's a point of order from Dr. Kitchen.

Mr. Robert Kitchen: On a point of order, Mr. Chair, can you provide for this committee the actual ruling, showing us exactly where it says, in the books and in the orders, that this is exactly for committees, please?

The Chair: [*Inaudible—Editor*]

Dr. Ellis, you have two minutes and 18 seconds.

Mr. Stephen Ellis: Well, thank you, Chair.

Do you know what? It's interesting that during this committee, we know very clearly from the Canada.ca website that a few grains can kill you. We know that's true. That would be simply a small amount of sugar, if there happened to be any on my desk. It's a very tiny amount.

I guess the question is this: Do you think it is appropriate, Minister, that now we're going to prescribe that to children?

Hon. Ya'ara Saks: I believe the colleague's question was also asked during the previous committee meeting of one of the officials.

What I'll say is that the decriminalization pilot is, first of all, anchored in reducing the level of stigma for those who use drugs to ensure that they get to treatment and get access and care. We've already—

Mr. Stephen Ellis: Minister, what we're talking about is giving drugs, very potent opioids, to children. The Canada.ca website says very clearly that a few grains can kill you. Is that appropriate?

● (1115)

Hon. Ya'ara Saks: Mr. Chair, my colleague did ask this question before. I believe we've already tabled all the proof on safer supply. I'll be happy to table it again for further reference.

Mr. Stephen Ellis: That's not the question, Minister. My question is this: Do you think you should be giving an incredibly potent synthetic opioid, of which a few grains can kill you, to children? It's yes or no. It's simple.

Hon. Ya'ara Saks: Each physician works with their patient on the treatment protocols that work best for them. That is a very unique and important relationship that every patient should have.

Mr. Stephen Ellis: Thank you very much, Minister. I appreciate that.

Doctor-prescribed opioids are being sold on the streets. A Global News reporter was able to buy 26 tablets of hydromorphone in east Vancouver from the so-called government taxpayer-funded safe supply. The total price was $30, about a buck a pill.

When you saw that report, what did you do, Minister?

Hon. Ya'ara Saks: I'm aware of the concerns about diversion. I've said it in this committee before and I will say it again: Diversion is illegal—

Mr. Stephen Ellis: Minister, what action did you take? What did you do?

Hon. Ya'ara Saks: I'm happy to answer, Chair, if I'm not interrupted.

The Chair: Yes. Please go ahead.

Hon. Ya'ara Saks: I am aware of the physicians' letter. I've actually met with the expert physicians who submitted the letter to me. We also conducted a round table discussion with them with department officials on January 30. We continue to consult with them on ensuring that we safeguard prescriber interventions that are safe.

Mr. Stephen Ellis: Minister, what I heard you say is that you had a couple of meetings and actually did nothing about it. Well done.

The Chair: That's the last question. Go ahead and answer it, and then we'll move on.

Hon. Ya'ara Saks: In addressing the toxic illegal drug supply, I say to my colleague that we need to use every resource and tool we have available to us and continue to consult with experts, including those who have concerns about prescriber models.

Thank you, Chair.

The Chair: Thank you, Minister.

Next we'll go to Ms. Atwin, please, for six minutes.

Mrs. Jenica Atwin: Thank you, Mr. Chair.

Thank you, Minister, for being with us, and thank you to this incredible panel of department officials as well. This is certainly a critical discussion for Canadians.

I'll just pick up on the last piece, on the question around diversion. I know it's an important topic that we'd like to address. I think nobody would be surprised to know that of course diversion is illegal. It's an issue that applies to all prescription drugs in Canada.

We have many doctors around the table, and I'm sure they make tough clinical decisions in their practices in balancing the benefits and risks of intervention. Can you talk about mitigation measures put in place to diminish the risk of diversion?

Hon. Ya'ara Saks: I want to thank my colleague for the question.

As I mentioned previously to Dr. Ellis, we take these concerns very seriously, which is why we asked officials to further investigate the anecdotal reports that were made available. We also wanted to ensure we took steps so the pilot projects we are funding have the appropriate and important safeguards, guardrails and measures in place to control diversion.

In terms of actions taken, our officials undertook a detailed assessment of the risk mitigation measures that all federally funded programs providing pharmaceutical alternatives are obliged to have. The outcome of doing that detailed assessment was this: Most programs demonstrated very strong approaches and have a range of protocols in place to mitigate diversion. In the instances where further information or improvements are required, we've instructed officials to reach out to those sites and continue to work with them.

We're committed to saving lives. Some of the steps we've taken on these projects to ensure they implement the practices we want in place to reduce risks of diversion include patient screening, matching drugs to patient tolerance, risk-based protocols for assessing patient eligibility for take-home dosing and patient monitoring.

Actions also include instances related to diversions we were concerned about. We took the option to switch the observed dosing prescriptions, transfer the individuals to a different set of support services or, in some cases, remove them from the program.

We want to ensure that this is as safe as possible. We also understand, as everyone around this table does, that diversion is illegal. We will continue to maintain safety in our programs.

Mrs. Jenica Atwin: Thank you very much.

Of course, we know there's no one-size-fits-all approach to this. As you mentioned, it's a multi-faceted, pervasive epidemic that we're dealing with in Canada. I am the parliamentary secretary to the Minister of Indigenous Services Canada, so of course I'm going to have a lens on supports for indigenous peoples. With regard to supporting local organizations that conduct this life-saving work, how do we best support the needs of individual indigenous communities, particularly in urban settings?

Hon. Ya'ara Saks: I want to thank you for that very important question.

We know that in the overdose crisis, when we look at the numbers and some of the most vulnerable, we see that there are disproportionate numbers within our indigenous communities in terms of risk of death from overdosing. That disproportional impact has to do with decades upon decades of systemic and institutional racism, colonialism and intergenerational trauma. The lack of access to culturally appropriate substance use services and supports has been something our government is committed to addressing.

I'm working with Minister Hajdu, as I mentioned in my opening remarks. We're working hand in hand to ensure mental wellness and substance use supports are in place. We've allocated $650 million in the current cycle to ensure indigenous communities—both on reserve and off reserve in urban settings—are getting the services they need.

● (1120)

Mrs. Jenica Atwin: Excellent. This is what I love to hear. Thank you so much.

I'm the member of Parliament for Fredericton. We are one of the first original five sites for the SUAP projects, but we are also struggling with a lot of misinformation. In communities, sometimes there's Nimbyism that happens as well around the safe consumption sites and harm reduction measures.

Can you explain why these interventions provide critical supports to those who use drugs and substances?

Hon. Ya'ara Saks: Thank you for the question.

When we look at how we're going to tackle the toxic drug supply that is pervasive throughout the country, persistent and so deadly, we have to look at the full continuum of care in responding to this crisis so that we're meeting people where they're at. Where we meet them is in communities. That's why safe consumption sites are so critical in terms of harm reduction. It's part of the continuum of care and services. Safe consumption sites open the door for those who use substances. Oftentimes, they have their first encounter with health care service providers and outreach providers in order to understand what safety measures they should be considering when using drugs. It provides them with information, resources and options for services towards wellness.

Without that entry door, these people would be home alone, or not even home—somewhere else, in vulnerable situations, and exposed to the illegal toxic drug supply, which is the primary driver of the overdose deaths we're seeing. These safe consumption sites are critical as part of our continuum of care.

Harm reduction—if I may say this very clearly and resolutely in this place—is health care. It is a health care service. I think that once we wrap our heads around that, adopt it and understand it, we can push back the tide of stigmatization and misinformation that we're seeing.

Mrs. Jenica Atwin: Thank you.

I just have a couple of seconds left, I'm sure, but I'd like to give a shout-out to my home community and to the recovery centre and all the work that they do. I have the good fortune of attending Snacktivist Fridays and hanging out with those folks with that lived experience and learning about how this is improving their lives. They're getting hold of their mental health and seeking meaningful employment and housing options. That continuum of care is certainly an approach that's working in my community.

Thank you so much.

The Chair: Thank you, Ms. Atwin.

[*Translation*]

Ms. Larouche, you have the floor for six minutes.

Ms. Andréanne Larouche (Shefford, BQ): Thank you very much, Mr. Chair.

This issue is far too serious to be politicized. I will try to work hard here today, as the member for Montcalm usually does, a colleague I am honoured to replace at this committee.

I am here today with a great deal of sensitivity and interest. As a teenager, I remember meeting a group working for drug harm reduction, which did so from a public health perspective.

I am an MP in a region that includes the city of Granby. We see that the crisis has spread beyond large urban centres. I recently heard it's even started happening in the community of Granby and that people died as a result. The crisis is actually lowering life expectancy in Canada.

Minister, I'd like to come back to the regional perspective on the situation. Is the government planning to invest anything so that new communities can access existing programs? Let me explain.

Recently, my colleague Luc Thériault went to meet stakeholders working in a centre located in a much more remote region than mine. They explained that people had to travel for two or three hours to access services, and there was no money to bring the services closer to them.

What are you planning to do to help people on the ground, not just in large centres, but also outside those areas, and even in the more remote regions?

● (1125)

Hon. Ya'ara Saks: I thank my colleague for her question.

[*English*]

It's an excellent question and one that we really do grapple with. One of the important pieces of the SUAP program, on which we just closed a recent funding cycle of proposals, is that we received 600 proposals from around the country for allocating $144 million. They were accepted from communities far and wide, from throughout the country. Quebec is unique in its tranche of SUAP funding, which is transferred to the province for its own decisions under its jurisdiction.

That said, through SUAP we have looked at programs such as the NORS overdose call hotline, which makes it accessible for anyone using substances to call from wherever they are in the country so that they can be monitored safely while using them. We will continue to work with communities, including rural and remote communities, as they offer proposals to us for consideration to help that support.

Communities know what they need best, and we will continue looking through that lens.

[*Translation*]

Ms. Andréanne Larouche: I see. You said it well: Quebec is unique. I'll come back to it later, but there is indeed work being done on mental health. To continue implementing its projects, Quebec is asking for an increase in health transfers. I hope you will raise this consideration with your colleagues who have a health-related department.

In the past, I worked at the community level for an organization involved in alternative justice and mediation, which led me to consult with other community groups. I soon heard about a similar initiative involving prevention and education.

I met with an organization that raised awareness and worked in large events. I'd like you to explain something to me. Health Canada wanted to communicate with more than 2,000 festival organizers to provide information on naloxone and promote the distribution of overdose prevention kits among event participants and staff.

Where are you in this process? What was the response from event organizers?

[*English*]

Hon. Ya'ara Saks: I want to thank my colleague for the question.

I will acknowledge that Quebec does have some incredible innovations. My counterpart, Minister Carmant, has shared with me the work being done in Saint-Henri on a very innovative project there that has full wraparound services, including a safe consumption site.

You raise a very important point of how valuable the work is that we do with outreach organizations in communities. I was recently in Calgary and met with workers there who do exactly that. They are in touch with festival organizers, rave organizers and other cultural events to ensure that there's a wide range of harm reduction resources available to participants, ranging from condoms to harm reduction tools that they would need, including drug-checking strips and so on and so forth.

This is work that we, through SUAP, are able to support and fund. Our very dedicated and committed and compassionate outreach workers around this country who work in communities really understand where they need to meet those who are using drugs—where they're at—so that they can provide that first entry point for creating safety and also provide upstream prevention and education.

SUAP is an amazing tool that we continue to support and use. I'm excited to see the new round of proposals and programs as they roll out this year.

[*Translation*]

The Chair: Thank you, Ms. Larouche.

[*English*]

Next we'll have Mr. Johns, please, for six minutes.

Mr. Gord Johns (Courtenay—Alberni, NDP): Thank you, Mr. Chair.

Thank you, Minister, for being here, and especially to your team and all of the people on the front lines of this crisis.

Minister, you read the article, I'm sure, in the Globe and Mail. It was a new research report that was released to the public and it cited that British Columbians who were at risk of death related to illicit opioid use were 61% less likely to die from any cause in the following week if prescribed at least one day's supply of a pharmaceutical alternative.

This research also stated that if they received four or more days of safer supply in one week, the rate of any cause of death was lowered by 91% in the next week and death from overdose was reduced by 89%.

In British Columbia, there are 4,265 people on a safer supply pharmaceutical drug alternative. That's only 1.8% of the 225,000 daily users of illicit substances and toxic drugs; the other 98.2% are relying on the organized crime and street toxic drug supply to meet their needs.

Minister, the scientific evidence demonstrates that the life-saving impacts of safer supply clearly are critical. I'm concerned that your policies have not been created based on evidence, because if you went on the evidence, you wouldn't take an incremental approach: You'd be scaling things up.

I'm concerned about the fearmongering that's coming from Conservatives and also the hesitancy to extend funding for the 21 safer supply programs that are providing effective care right now to thousands of people. My understanding is that cutting the funding to these programs is dooming about 30% of federally funded safer supply program clients to their death within six months of ending those programs.

Minister, what will you say to those families in six months if SUAP funding for safer supply programs is not renewed?

● (1130)

Hon. Ya'ara Saks: I want to thank my colleague for the question.

I always appreciate that you are such a strong advocate not only for your community but also in tackling collaboratively the overdose crisis and the illicit toxic drug supply that is impacting so many of our families and communities.

There are 24 safer supply programs in the SUAP at this moment in time, as I mentioned in my earlier comments. Officials have been doing extensive reviews to ensure that diversion mitigation measures are in place.

The new funding round of proposals has been accepted and is under review, and announcements will be coming soon for the programs. For those who applied for renewed support, it will be available. They will be considered under that proposal program.

Mr. Gord Johns: Minister, these peoples' lives are at risk. This is real.

Minister, I want to state a few things here. We're hearing the conversation here at this table that it shouldn't be about recovery versus harm reduction. There are mountains of evidence on the effectiveness of harm reduction programs like supervised consumption services and now safer supply. Will the Liberal government create policies based on evidence or will they do it in reaction to the fearmongering that's coming from this side?

Let's look at the evidence of what happens when fearmongering shuts down harm reduction programs. I'm going to go back to the Conservatives. It shouldn't be recovery versus harm reduction. We need both.

In Alberta, the banning of safer supply, closure of supervised consumption services and adoption of a recovery model that lacks evidence and regulation have led to an 18% increase in drug toxicity deaths this year over 2022. In Saskatchewan, where harm reduction has been abandoned in favour of a recovery model, deaths in 2023 increased by 32% over 2022. Saskatchewan also has the highest rate of HIV in Canada, with 19 per 100,000.

In Ontario and B.C., where there are relatively robust harm reduction programs, deaths are also increasing due to the unregulated fentanyl supply, but at significantly lower rates. In B.C., deaths are up by 5%. In Ontario, it's 6.8%. Again, that's compared to 18% in Alberta and 32% in Saskatchewan.

Any increase in deaths is not acceptable to anyone at this table. It's a policy failure and it's morally reprehensible. The Conservative anti-harm reduction and anti-safe supply disinformation campaign is most active in the provinces with the highest death rates.

Minister, the data is clear, yet your government is stalling on providing SUAP funding for safer supply programs.

Are your government policies on this issue based on evidence or on opinion polling that is influenced by the false narrative of the Conservatives?

Hon. Ya'ara Saks: Chair, how much time do I have to answer?

The Chair: You have a minute and 15 seconds.

Hon. Ya'ara Saks: I agree with my colleague wholeheartedly. In addressing the overdose crisis, there is no either-or: It's not either harm reduction or treatment; it's not either safer supply or recovery.

As I've said, and I will repeat, we need a full continuum of care. health care interventions and services to help those who are most vulnerable and struggling with substance use.

With regard to your question, Mr. Johns, we've contacted all of our programs on safer supply that are expiring. It is my full intention to have our department review and renew those programs with proper mitigation measures in place with regard to concerns that have been raised on diversion.

We are collecting data and evidence through CRISM. That is exactly why SUAP exists. It's so that we have evidence to show if these measures are working. We know that those who are in safer supply programs begin a process of stabilization. They begin to make better health choices for themselves. It reduces criminal activity. It reduces someone going on the street to look for alternatives, to pay for illicit drugs that can cause them harm.

We have to meet people where they are at in the moment when they reach out for help. That is why safer supply is such an important piece of the puzzle when we go to save lives. We cannot do an either-or. We cannot stigmatize people when they actually step up and ask for help. We can't turn them away, saying that it's either this or nothing. They will die of an overdose if we do not meet them where they are at.

I say, as the Minister of Mental Health and Addictions, that my sole focus is to save lives.

● (1135)

The Chair: Thank you, Minister.

Mrs. Goodridge, please go ahead for five minutes.

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

Minister, you're a mom. I'm a mom. Recently in B.C., protocols have been put in place to allow so-called safe supply of fentanyl to kids under 18 without parental consent or knowledge.

My question is simple. Have you met with the Prime Minister to put a stop to this?

Hon. Ya'ara Saks: I think the more important question is to meet with the experts who are involved in the prescriber intervention models that you discussed. They are truly the experts in this field. That is something that we have done.

Like yourself, I am a mother—

Mrs. Laila Goodridge: Minister, have you met with the Prime Minister, yes or no?

Hon. Ya'ara Saks: I meet with the Prime Minister regularly.

Mrs. Laila Goodridge: Have you met up with the Prime Minister to discuss fentanyl for children under 18 and putting an end to it, yes or no?

Hon. Ya'ara Saks: The question that should be asked is on meeting with experts and physicians who are responsible for prescriber models for their patients. Medical practitioners and—

Mrs. Laila Goodridge: Are you okay with children under 18 getting fentanyl prescribed?

Hon. Ya'ara Saks: The question was whether or not I met with the Prime Minister. That was not.... The question was not whether or not—

Mrs. Laila Goodridge: Okay. Are you okay with children under 18 being prescribed fentanyl? Answer yes or no.

Hon. Ya'ara Saks: I am comfortable with medical practitioners meeting with their patients to understand what is best for their patients.

Mrs. Laila Goodridge: On September 26, in question period, you said decriminalization was the first step. What's the second step?

Hon. Ya'ara Saks: There's harm reduction. There's prevention. There's treatment and recovery.

Mrs. Laila Goodridge: Have you had any conversations about legalizing drugs like heroin, cocaine and meth?

Hon. Ya'ara Saks: The decriminalization program is not about legalizing illicit drugs. The decriminalization pilot project that was requested by the B.C. government is about reducing the stigma for those who are in personal possession so that they will be able to access medical services and interventions.

Mrs. Laila Goodridge: Okay. Thank you.

What is your stance on publicly traded companies like Safe Supply Streaming Co. and Lucy Scientific, which are selling stock based on what they seem to predict as a legal market in Canada for drugs like heroin, cocaine and meth?

Hon. Ya'ara Saks: I don't work in hypotheticals. I work in the realities of this moment—

Mrs. Laila Goodridge: This is the reality.

Hon. Ya'ara Saks: —and the realities of this moment are that the interventions that we work on, along with the B.C. government and with many jurisdictions across the country, are based on prescriber-based interventions. If the market wishes to speculate—

Mrs. Laila Goodridge: Minister—

Hon. Ya'ara Saks: —that is the market's choice. We are fully committed to a prescriber model.

The Chair: Minister, please.

Go ahead, Mrs. Goodridge.

Mrs. Laila Goodridge: Are you committed to no more legalization of hard drugs in Canada?

Hon. Ya'ara Saks: We have not legalized hard drugs.

Mrs. Laila Goodridge: You have. You've legalized marijuana since forming government eight years ago.

My question becomes this : Are you looking to legalize more drugs? Answer yes or no.

Hon. Ya'ara Saks: We have not legalized illicit drugs.

Mrs. Laila Goodridge: Okay.

Minister, I know we've had conversations—

Hon. Ya'ara Saks: Chair, do I have another moment to answer on that?

The Chair: No.

Go ahead, Mrs. Goodridge.

Mrs. Laila Goodridge: What my colleague was trying to show earlier was that a few grams of fentanyl could kill somebody, yet you've allowed a decriminalization pilot project to allow up to 2.5 grams. Most Canadians aren't familiar with grams, because we don't do our baking or our measuring in grams.

It's a lot. It's a lot more than a couple of grams. It's terrifying that we are allowing people to have free will on this.

When I asked your predecessor at committee what it would take to stop the decriminalization pilot project, this experiment on our society, she said very clearly, on both the public health indicators and the public safety indicators, that what we're seeing is out-of-control crime and chaos on our streets and an increase in overdose deaths, yet you very clearly said you are A-okay with continuing on with this decriminalization pilot project.

Is there anything that could happen that would make you stop?

● (1140)

The Chair: Now, Minister, you have a full minute without being interrupted. Go ahead.

Hon. Ya'ara Saks: Thank you, Chair.

I'll start by saying the three-year pilot exemption that was asked for by the B.C. government was put forward after extensive consultation, including on the amount of 2.5-gram cumulative thresholds. I would note that while a higher level was not approved by Health Canada, 2.5 grams was supported in full by the Canadian Association of Chiefs of Police, so this wasn't done without consultation. It wasn't done without careful consideration.

I would also note that the composition of the drug supply at this time is changing. It's deadly, and the substances in it are frequently unknown, even to those who use them. To posit that it's specifically one drug in that 2.5 grams is really not facing the reality of what's on the streets that is so deadly to those who are using the drugs.

The Chair: Thank you, Minister. Thank you, Mrs. Goodridge.

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

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

Before I forget, I will cede my last 90 seconds—with your assistance, Mr. Chair—to my colleague Mr. Morrice.

Minister, thank you for being here.

Thank you, distinguished panel of officials, for being here. Thanks for all the work that you're doing.

I just want to note a couple of things first.

The Yukon coroner just announced last week 23 Yukon deaths in 2023 due to substance use. Although that might sound like a fairly small number, that's a range of 50 to 51 deaths per 100,000, again showing how this is affecting smaller and smaller regions and jurisdictions in Canada just as much as anywhere else. It's a toll weighing very heavily on first nations communities as well.

Briefly, on my colleague Dr. Ellis's use of the word “experiment”, I just want to say that, really, the reason for putting in the word “experiment” is that we are trying something new. If we are trying old stuff and doing the same thing over and over again, I think someone much smarter than me called that the definition of insanity. An experiment is really determining the efficacy or likelihood of something previously untried. I think that is the idea behind new models, such as decriminalization in B.C. linked with safe supply, harm reduction and the other pillars of care.

If there is a failed experiment, surely it's prohibition. I'm not sure of a single example of prohibition actually working. I would also say that if we go to a purely recovery-based model and discourage the other pillars, as some jurisdictions are trying, then we are getting toward approaches that are based solely on values rather than public health evidence.

In view of my time, Minister Saks, I do want to give you a chance to answer a question. This is around the new substance use strategy that was published, along with the funding. I think it was $359 million in budget 2023.

I want to know a little bit—perhaps in a minute or less—about your discussions with provinces and territories and about how you see building consensus towards approaches that make the best use of this money, the $359 million over five years, and the controlled substance strategy.

Hon. Ya'ara Saks: The renewed CDSS is really about what the Canada model truly is: ensuring that we have a full continuum of care that recognizes the social determinants of health and also the social determinants of vulnerabilities that result in individuals becoming substance users. That is why the CDSS will be working with 15 different departments, including housing, indigenous services and others, to ensure that we are looking at all the pieces of the puzzle, including enforcement. That way, when someone seeks help through the health care system, that person is fully supported. That's the vision that we have.

● (1145)

Mr. Brendan Hanley: I'm sorry. I'm going to have to cut you off there to let to my colleague continue, and also to allow you to catch your breath.

The Chair: Go ahead, Mr. Morrice, please.

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

Minister, thank you again for making it clear today that safe supply saves lives.

A father in my community, Dale, recently wrote me about his daughter Kaela, who very sadly died an overdose death from poisoned drugs last April. He says in his letter that “had she had access to a safe supply, she would very likely be alive today”.

I would like to share this letter with you, Minister. As you know, this is not an anecdote. It's what 130 experts on substance use wrote to you about in December, noting the 15 peer-reviewed research studies and five program evaluations that back this up, as documented by the Ontario Drug Policy Research Network. This is the reality of the peer-reviewed research that we have.

I appreciate what you have shared already this morning at a time when the safe supply contracts that are currently in place, including with Sanguen Health Centre in my community, are set to expire in March.

Can you confirm that Health Canada officials will not be swayed by any disinformation on safe supply, and will continue and even increase funding to safe supply through the substance use and addictions program?

The Chair: Could we have a brief answer, please, Minister? We're out of time.

Hon. Ya'ara Saks: We are fully committed to a full suite of resources and tools to help those who struggle with substance use. A safer supply is one of those tools, and we will continue an evidence-based approach that is compassionate and meets people where they are to get them the help they need.

The Chair: Thank you.

[*Translation*]

Ms. Larouche, you have the floor for two and a half minutes.

Ms. Andréanne Larouche: Thank you, Mr. Chair.

Minister, at the start of the year, a new face joined the opioid epidemic in Quebec: that of Mathis Boivin, who was 15 years old.

I want to pay my full respects to Christian Boivin, who decided to use this tragedy to launch a message in the media. He called for a dialogue and advocated for destigmatizing drug use, as well as eliminating the prejudices and taboos surrounding it. He hopes this will open a dialogue between parents and children, and that they will be able to talk about it calmly.

I offer my thoughts and condolences to Mathis Boivin's family.

You talked about Minister Carmant and his program in Quebec. In fact, one of the last times you talked with my colleague, Luc Thériault, you said Quebec had an excellent mental health program. Therefore, since mental health is part of the issue of drug addiction, what are you waiting for to transfer the money Quebec is seeking in order to deploy it on the front lines?

[*English*]

Hon. Ya'ara Saks: With regard to the $200 billion that the federal government committed to the provinces and territories in bilateral agreements, we are moving through the process of securing those agreements. Some have signed. Quebec is still in negotiations.

When it comes to mental health and substance use resources, $25 billion of that money is specifically dedicated. I am confident that Quebec, like all other provinces and territories, will conclude their agreements with us to ensure the good work they do continues.

[*Translation*]

Ms. Andréanne Larouche: That's what you're talking about, but what would really help, and what Quebec is asking for, is a significant increase in health transfers to cover 35% of the system's costs. We can come back to that.

There's also the fight against illegal drug imports. Border security needs to be tightened up. The last time you came here, you talked about an opioid targeting centre. Are you expecting to see results soon? Do you plan to collect evidence and take action based on information we get from the international community and law enforcement agencies? Tell us about the results. Are they meaningful?

[*English*]

Hon. Ya'ara Saks: That is a question on which we are working directly with Public Safety Minister LeBlanc. Some of our conversations to date have also focused on the impact of precursors coming into Canada. This was part of my discussions with my counterpart when I was in Washington in November as well, and it has been raised in other forums. We are part of a number of collaborative groups.

I think Jenn Saxe can speak in more detail about the collaborative work we're doing cross-border with the United States to address enforcement and border measures.

Jenn—

● (1150)

The Chair: I'm sorry, Minister Saks. We're going to Mr. Johns. I know you will be with us in the second hour and I expect you'll get a chance to expand on it then.

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

Mr. Gord Johns: My colleague just talked about mental health. You cited the commitment of $25 billion over 10 years—$2.5 billion a year—but you didn't talk about the fact that it's over four priority areas.

I did the math. You're falling short by $1.375 billion on your commitment of $4.5 billion over five years to deliver mental health. I talked to you about creating a direct fund to make up for that gap, given that we're in a crisis when it comes to mental health and post-COVID recovery. Are you considering looking at what I've talked to you about and delivering something in this budget?

Hon. Ya'ara Saks: As I mentioned previously, we made a commitment to provinces and territories of $200 billion over 10 years. Mental health and substance use are key pillar priorities. As I said in my opening remarks, mental health services and substance use services need to be part of universal health care systems in each of their jurisdictions. This is what we're moving towards in these bilateral agreements. We don't have all of them in place yet.

In weighing out considerations of additional funding, we are encouraged by what we've seen so far in the agreements regarding the proposed investments that provinces and territories are making. As I mentioned, I am also meeting quarterly with my counterparts. I am pushing them to make those commitments with the budgets they're receiving.

Mr. Gord Johns: We're hoping that you're going to increase it, Minister.

The Tseshaht First Nation in my riding hosted the Alberni Valley toxic poison drug strategy yesterday. Calling for a whole-of-government approach is what you talked about. They need you at the table for resources and they need your government to do that in an urgent way. We talked about Portugal scaling up on safer supply from 250 people to 35,000 in two years. They engaged the military, but you still have not delivered a plan with a timeline to show that you're demonstrating a response to an emergency.

Minister, I want to introduce you to Theresa. Theresa is a 32-year old indigenous woman who has stabilized her substance use on safe supply. If SUAP funding for safe supply ends in two months, she doesn't know if the new life she has built will be ripped apart.

Minister, could you look Theresa in the eye and tell her that funding is ending and she will have to go back to sex work, unregulated street fentanyl, chaos, violence and criminality? Minister, might Theresa be one of the three out of 10 safe supply clients who will be dead in six months? Are you going to commit to extending that funding?

Hon. Ya'ara Saks: I have already said in my comments to Mr. Morrice and to you that we are committed.

Mr. Gord Johns: Are you going to extend the funding for existing projects?

Hon. Ya'ara Saks: We've contacted all of the existing programs that are expiring. It's my intention to renew those that have proper mitigation measures.

Mr. Gord Johns: Can Theresa count on you?

Hon. Ya'ara Saks: Canadians can count on the federal government to ensure that it is providing every resource and tool available to save the lives of those who use substances.

The Chair: Thank you, Mr. Johns.

Thank you, Minister Saks.

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

Mr. Stephen Ellis: Thank you, Chair.

Minister, it's pretty clear what we've heard. You're okay giving fentanyl to kids without parental consent and you will not rule out the legalization of other drugs like cocaine.

Have you read the study from the British Medical Journal that talks about mitigation guidance for opioid and stimulant dispensations, which just came out in January?

Hon. Ya'ara Saks: No, I have not read it.

Mr. Stephen Ellis: Right. It's interesting, because my colleague Mr. Johns referenced it. Clearly, he presented a biased option, which, sadly, misuses the study and doesn't talk about the opioid agonist therapy, which exists inside the study but is not talked about inside the study.

We're firm believers on this side of the House that opioid agonist therapy and rehabilitation are the way to go. What we're having trouble with and what you've clearly failed to see are the difficulties associated with your so-called safe supply, an approach that is actually harming people.

The question is, when will you read this study and when will you take actual science and the criticisms of this paper into account when you're making your policies?

Hon. Ya'ara Saks: Mr. Chair, we do actually have an expert in the room here on research, evidence and peer-reviewed reports. I'm going to turn it over to Dr. Sam Weiss, if I may, to answer Dr. Ellis.

Dr. Samuel Weiss (Scientific Director, Institute of Neurosciences, Mental Health and Addiction, Canadian Institutes of Health Research): Thank you very much.

The study in the British Medical Journal that has been referred to was published in January and was funded by the Canadian Institutes of Health Research. We're very proud of the important work—

● (1155)

Mr. Stephen Ellis: Excuse me, sir. I realize that I asked the minister the question, but get to your point. I don't care who did it; I guess the question is, have you read it?

Dr. Samuel Weiss: Yes, I have—

Mr. Stephen Ellis: Do you know the criticisms of that paper?

Dr. Samuel Weiss: Yes. I know that there's—

Mr. Stephen Ellis: When are you going to take into account the criticisms for that paper when you're creating your policy on your so-called safer supply?

Dr. Samuel Weiss: I don't create policy. I'm a researcher—

Mr. Stephen Ellis: Thank you very much. I don't need an answer from you, then.

That's very good, because the person who is signing off on the policy isn't reading the paper and clearly is not getting good advice.

I'll turn the time over to my colleague Mrs. Goodridge.

Mrs. Laila Goodridge: Thank you.

Do you believe that drug users should be able to use drugs in children's playgrounds?

Hon. Ya'ara Saks: We signed an amendment at the request of the B.C. government in September with regard to playgrounds.

Mrs. Laila Goodridge: You don't think that drug users should be allowed to use drugs in children's playgrounds.

Hon. Ya'ara Saks: I believe that in addressing the opioid crisis and the level of overdoses that we're seeing, we need to have a clear anchor both in public health and public safety.

Mrs. Laila Goodridge: I'm asking a really simple question. Yes or no: Should drug users be allowed to use drugs in a children's playground?

Hon. Ya'ara Saks: We signed an amendment at the request of the B.C. government in terms of demarcation for public use with regard to playgrounds, splash pads and other public areas.

Mrs. Laila Goodridge: Do you believe that recovery from addiction is possible?

Hon. Ya'ara Saks: I think that everyone's journey is unique and that recovery is possible for those...but often the evidence shows that in many cases it takes more than one try.

Mrs. Laila Goodridge: Do you believe that we should have a recovery-oriented system of care in place in Canada?

Hon. Ya'ara Saks: I believe we need a full suite of services and a continuum of care that includes prevention, harm reduction and treatment.

Mrs. Laila Goodridge: For people who struggle with addiction, do you think treatment should be easier to access than drugs?

Hon. Ya'ara Saks: An individual who struggles with substance use should have the lowest barriers for access to help and medical services.

Mrs. Laila Goodridge: Do you believe that people who struggle with addiction should have access to treatment and supports that help them get to treatment that is easier than their access to drugs?

Hon. Ya'ara Saks: They should have the lowest-barrier access to all medical services and supports that can help them towards recovery from their substance use.

Mrs. Laila Goodridge: Do you believe we should start restricting the amount of drugs available on the streets so as to reduce the number of new addictions?

Hon. Ya'ara Saks: That would be with regard to enforcement on the illegal toxic drug supply. Is that what you're referencing?

Mrs. Laila Goodridge: I'm wondering, because what we have been seeing are so many stories coming out about diversion. There are facts and stats coming out about drugs being diverted from safe supply programs and getting into the hands of kids. I'm wondering if you think that we should be far more strict. If you're going to continue allowing drugs to just be flooded into the streets, do you think there should be witness programs? Do you think there should be spaces so that they cannot just carry those with them and potentially sell them to kids at playgrounds?

Hon. Ya'ara Saks: In my answers to Ms. Atwin earlier—they are on the record—we talked about the extensive mitigation steps that we have taken with those safer supply programs to ensure diversion is mitigated as much as possible. As I said, diversion is illegal in this country, and continues to be so.

Mrs. Laila Goodridge: Drug use is illegal, and it's still happening. My questions are very pertinent.

Frankly, I don't want to see so-called safe supply at kids' playgrounds. That should never happen, and yet we see it. We see it day after day.

Hon. Ya'ara Saks: You're referring to anecdotal evidence that—

The Chair: I'm sorry, but that's your time, Ms. Goodridge.

Go ahead and finish your answer, Minister.

Hon. Ya'ara Saks: You've referred to anecdotal evidence. We have taken rigorous mitigation measures with safer supply programs, but in addition—

Mrs. Laila Goodridge: One is too many.

Hon. Ya'ara Saks: Am I at time, Chair?

The Chair: Finish your thought, please.

Hon. Ya'ara Saks: What I will say is that when the exemption was put into place at the request of the B.C. government, B.C. chiefs of police, at that time, said that they had every tool available to them, and resource, to ensure public safety in public spaces. It was at the request of the B.C. government in September that we signed off on additional amendments. Again, at their request, we continue to work collaboratively and comprehensively, and assess and monitor the exemption.

Thank you.

The Chair: Thank you, Minister.

The last round of questions for the minister will come from Ms. Sidhu, please, for five minutes.

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

Thank you, Minister, and to the officials joining us today.

In April 2019, this committee travelled across the country to witness first-hand the impacts of the rise of problematic methamphetamine use. It was an eye-opening study for all of us. Back then, we saw stigma associated with substance use and addiction. That was a significant issue we had to address.

Can you talk about that, Minister, and tell the committee about the work you and your department are doing to combat stigma?

● (1200)

Hon. Ya'ara Saks: There's a full suite of tools that we need to address stigma, both in the prevention space and in the harm reduction space, and it starts by really creating spaces within communities to meet people where they're at. That is why programs like SUAP provide such comprehensive outreach programs. The workers there are incredible. The work that they do day in and day out is compassionate and caring. It's also anchored in the evidence of what works best to meet the needs of those who are most vulnerable, to get them to medical care and assistance. However, that is just one piece of the puzzle.

We're doing prevention work particularly when it comes to youth. Our integrated youth services support has been so significant in understanding how in communities our young people, who are at vulnerable stages of life, really also need interventions that are community-supported, so that they are protected and supported in a world where the toxic drug supply is so pervasive.

Dr. Weiss can speak to some of the early evidence of the integrated youth service on how it is working and how it's being implemented. However, we've also committed $20 million towards the Icelandic model that will be rolled out this year to meet youth and also reduce stigma.

Dr. Samuel Weiss: The integrated youth services model, which is now active in nine out of our 13 provinces and territories and in eight indigenous communities, seeks to provide a community-based program for individuals to receive mental health and substance use care, as well as all related services that can allow them to have the best chance for a healthy trajectory, including sexual reproductive services, housing services and the like. It operates under a model called measurement-based care, which means that every individual who is seen is on a walk-in basis, with no appointment and no referral required. They have their services and they participate directly in measuring the actual outcomes.

This is a transformational moment, because we hope to see this level of service available, including at a virtual level as well, for those in outlying regions at the most vulnerable period of time, when young people are at highest risk for developing substance use disorders as well as chronic mental illnesses.

What's remarkable is that it's working from the grassroots up. We have municipalities, communities, provinces and the federal government all working together. Community health is the future, and that's why we're very enthusiastic about it.

If you complement it with what is hopefully to be adopted, the Planet Youth model from Iceland, which seeks to have communities come together to ensure that young people are not diverted away from healthy activities to unhealthy activities, you start to focus on the upstream issues that really lead, ultimately, to addiction and chronic mental illnesses.

As part of our strategy, I think as a country we have to recognize that youth are the most vulnerable. If we're able to provide them with the resources needed where they're at, there's a greater likelihood we'll stem the tide of individuals susceptible to the increasing toxic illicit drug supply.

Ms. Sonia Sidhu: Thank you.

Minister, I came across an interesting study from the University of Alberta from last year that studied public opinion in Alberta and Saskatchewan on safer supply programs. The majority of respondents, almost 64% in Alberta and 56% in Saskatchewan, supported safer supply programs that replace illegal street drugs with pharmaceutical alternatives for those unable to stop using.

The study suggests there's no lack of public support for these measures. Can you share your thoughts with this committee about the diversity of opinion Canadians have towards this issue?

● (1205)

The Chair: Be as brief as you can, Minister, please.

Hon. Ya'ara Saks: I would say this is why, in combatting stigma, if we go back to your previous question, we need a full suite of resources and supports that include prevention and harm reduction, including safer supply, because we understand that when you meet someone where they're at in their struggle, at their most vulnerable, and when you see them and you get them to safety, that is when we break down the walls of stigma and also bring people to a better place in their health.

The Chair: Thank you, Minister.

That concludes the first hour.

I want to thank you for accepting our invitation to be here with us and for the patient manner in which you took our questions. I know the format is difficult. It's not always easy to give a very short answer to a very short question, but you've handled it well. We certainly appreciate you being here and appreciate the work you do and the passion you bring to the work that you do.

We're going to suspend to allow the minister to take her leave, and then we're going to continue on with officials in about five minutes.

We're suspended.

● (1205)

_____(Pause)_____

● (1210)

The Chair: I call the meeting back to order.

We now have with us officials who were introduced at the outset of the meeting, so I don't think we need to do that again.

I don't believe anyone has an opening statement. If I am correct in that, we can go right to questions, beginning with the Conservatives.

Mr. Majumdar, you have five minutes, please.

Mr. Shuvaloy Majumdar (Calgary Heritage, CPC): Thank you, Chair.

Recently, a new fentanyl prescription protocol was established in British Columbia. Under this protocol, physicians are allowed to prescribe fentanyl to children without parental consent or awareness.

Have you raised any concerns to the minister about the prescription of fentanyl, a drug so toxic that Health Canada's website states that even a few grains could kill you?

Mr. Eric Costen (Associate Deputy Minister, Department of Health): Thank you for the question, Chair.

We've spoken to the minister at length about the crisis writ large and about developments in British Columbia. With respect to the prescription guideline that you're describing, we've made the minister aware that based on our conversations with the B.C. government, the latest information we have is that while the guidance has been enacted, no prescriptions have in fact been provided to anyone under the age of 19.

That would be about the extent of the conversations we've had with her at this point on that particular guidance.

Mr. Shuvaloy Majumdar: If you don't mind, when were you first made aware of the protocol?

Mr. Eric Costen: I honestly couldn't say on the spot here.

Mrs. Laila Goodridge: Could they table it with the committee—

Mr. Shuvaloy Majumdar: Could you table it with the committee when you do discover at what point you found out?

Mr. Eric Costen: Sure. Absolutely.

Mr. Shuvaloy Majumdar: Thank you.

Did you end up providing a briefing to the minister on the protocol change? If so, what did that briefing include?

Mr. Eric Costen: I don't recall that there was a specific briefing on that exact protocol. The conversations happened in the context of her mandate writ large with respect to the crisis and developments that are happening week over week throughout the country.

Mr. Shuvaloy Majumdar: This protocol has a significant consequence for Canadian kids. Do you know when the minister became aware of the protocol change?

Mr. Eric Costen: I couldn't give you a date.

Mr. Shuvaloy Majumdar: You'll forgive me for being a bit shocked by that. It's a pretty significant thing.

Being briefed at large is one thing. I'm not putting you on the spot, but you'd think that the minister would be asking a lot of questions of her officials. Did she ask any questions of her officials? Did her office reach out to you to get a sense as to what this was all about?

Mr. Eric Costen: Yes. I can say with complete confidence that the minister is very, very engaged on the crisis and the situation in British Columbia and, frankly, throughout communities across the country.

● (1215)

Mr. Shuvaloy Majumdar: Let me ask you this: Should drug users be able to use drugs in playgrounds? What's your actual view?

Mr. Eric Costen: Well, as a public servant, I don't know that my own personal view features too prominently in this, but—

Mr. Shuvaloy Majumdar: What is your professional view?

Mr. Eric Costen: My professional view would be to add to the minister's response. In response to the B.C. request last summer to amend the exemption to exclude playgrounds and other places, the minister signed off on that exemption. We provided an amended exemption that excluded playgrounds and other public places.

Mr. Shuvaloy Majumdar: That means the view that officials presented to the minister is that drug users should not be able to use drugs on playgrounds.

Mr. Eric Costen: We supported the minister; we had no cause to brief other than in support of B.C.'s request to make that amendment to exclude playgrounds and other public places.

Mr. Shuvaloy Majumdar: Have there been any consultations by you or your colleagues on legalizing drugs like heroin, cocaine and meth?

Mr. Eric Costen: No.

Mr. Shuvaloy Majumdar: Definitively, there have been absolutely no conversations on legalizing any of these hard drugs.

Mr. Eric Costen: My job, and our job as public servants, is to execute the policy of the government. The policy, as I understand it, is not to pursue legalization or decriminalization of other substances beyond what is currently in place.

Mr. Shuvaloy Majumdar: Thank you. I appreciate that view a great deal.

You know, it is clear that fentanyl being prescribed to kids leads to addiction, leads to death and drives down the price of illegal drugs on the black market up to 90%. At what point will the evidence that's been assessed lead officials to recommend to the minister to end the so-called safe supply of drugs that are killing Canadians, killing kids?

Mr. Eric Costen: Thank you for that question.

My response to that, just through observing the conversation that has happened so far this morning, is this: I can say unequivocally that the department, right now, is taking into full account all the evidence that's being brought to bear, whether it's published evidence—some of which has been referred to—or data that we're collecting from our own sites, in order to ensure we have a full, clear-eyed and systematic view of the situation. Decisions will then follow.

As the minister said earlier pertaining to federally funded projects, where we see continued adherence to strict protocols to mitigate risks of diversion, the anticipation is that they will continue. However, I think the minister is also on record as saying that in the absence of these, we're also prepared to take action.

The Chair: Thank you, Mr. Costen.

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

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

I'd like to get some feedback from you, Mr. Costen.

I'll start by highlighting the fact that our colleagues—specifically the Conservatives—have been trying to portray, over the last 50 minutes, an image of a government that is decriminalizing drugs and making them available on the streets, and that our claim of harm reduction is only designed to divert these so-called legal drugs into the street and then to children on the playground, where they get sold to them. That's it. That's the scope of the work we're trying to do as it relates to opioids.

There's no mention of the work we are doing on prevention or treatment. Really, they're changing the channel on the work and activities we are doing under harm reduction and the scope of the conversation we are having on drugs. They are pointing toward a study that is being done, an experimental pilot or whatever it is they want to call it, saying that therefore Canada is in crisis. I agree. As it relates to that, we are in crisis, but simplifying our approach to dealing with this crisis down to basically saying we are decriminalizing drugs and putting drugs out on the street through diversion is not fair.

I'd like to give you the rest of the three minutes that I have to break it down for Canadians out there. There are four pillars, and each pillar is designed to serve a very clear purpose. They work hand in hand, and we are at the earliest stages of collecting data. Hopefully, this data will guide us, rather than five-minute clips going on social media for “likes”.

I'll stop and let you speak, Mr. Costen.

● (1220)

Mr. Eric Costen: Thank you very much for the question, Mr. Chair. I'll do my best in this brief moment to explain the full strategy in concrete terms.

As the minister said in her remarks, the focus of the government's response to the crisis over several years now has been to try to be as comprehensive as possible. That means moving forward a series of measures and initiatives to prevent drug use from occurring in the first place. Dr. Weiss referred to some of those initiatives. There are many others focused on the so-called upstream end of the spectrum, where we're looking to delay or prevent initiation from occurring in the first place.

There are also a number of initiatives targeted at reducing stigma. Some of the members of this committee have made reference to stigma and just how much of a barrier the stigmatizing nature of having a drug problem is with respect to integrating into all aspects of our society, including being able to access care. There are a number of initiatives focused on reducing stigma. The exemption provided to B.C. is one example of that, but there are others.

There's a lot of conversation around harm reduction. The conversation around prescribed alternatives is clearly one that is top of mind for this committee and many Canadians. That intervention and other harm reduction interventions are in place as life-saving, acute interventions in response to the problem we're seeing play out in Canadian communities right now, which is that the drug supply in Canada is 80% fentanyl and is increasingly adulterated by other substances, which makes the risk of using drugs extraordinarily high. That's why people are dying.

Then beyond that, we have treatment interventions and enforcement.

Thank you.

Mr. Majid Jowhari: I have another 30 seconds.

Can you quickly tell us about the scope of the drug decriminalization in our government agenda?

Mr. Eric Costen: It is the exemption under the Controlled Drugs and Substances Act that would allow for the possession of small amounts of drugs in British Columbia.

The Chair: Thank you.

Thank you, Mr. Costen.

[*Translation*]

Ms. Larouche, you have the floor for two and a half minutes.

Ms. Andréanne Larouche: Thank you, Mr. Chair.

Thank you to the representatives of the Canadian Institutes of Health Research, the Department of Health and the Public Health Agency of Canada.

I'd like to come back to my previous question on the import of illegal drugs. In a Health Canada document, you say you want to control drugs by working with private sector partners to reduce the money laundering that supports fentanyl trafficking. There is a great deal of emphasis on safe supply, but we get the impression nothing's happening when it comes to reducing the size of the illegal market.

Can you tell us if you're making significant progress on this file and talk about your fight to reduce the size of this illegal market?

Mr. Eric Costen: Thank you for the question. If I may, I will answer in English; it's easier for me.

[*English*]

Strictly speaking, I'll be able to give you a brief answer on the extent to which law enforcement agencies throughout the Canadian government are looking to reduce the size of the illegal drug market. As an employee at Health Canada, my ability to speak to that is somewhat limited. The public safety ministry would be the primary responsibility, but I can say there are a number of activities under way domestically within Canada targeted at serious criminal activity in the production and trafficking of illegal drugs.

Importantly, the crisis that your committee is studying is in fact a continental crisis. The experience we're seeing in Canada is very much shared in the U.S. The enforcement activities that Canada does to try to disrupt major transnational criminal organizations is actually done in very close partnership with the United States. Those are border controls to stop precursors and fully formed drugs from coming into the market. It's working with the U.S. Postal Service and the Canadian postal service to ensure that there are mechanisms in the mail system, because we know that drugs, because they're so potent, are often transmitted through the mail. There is actually a White House/prime ministerial action plan on the opioid crisis, which is largely directed at enforcement activities. There is a trilateral fentanyl working group, which brings together law enforcement agencies from Mexico, the United States and Canada to look specifically at the question of fentanyl trafficking.

There is quite a bit happening here. That's just a snapshot.

● (1225)

The Chair: Thank you, Mr. Costen.

Next we're going to Mr. Johns for two and a half minutes.

Mr. Gord Johns: Thank you.

We're hearing about diversion and concerns around that. I can tell you right now that you can go and buy toxic drugs in any community across this country and die. This is happening right now in our communities.

What evidence do you have that diversion is causing harm, as you're hearing from the Conservatives? There is very strong evidence that people receiving a safer supply have reduced overdose and all-cause mortality and reduced emergency department use and hospitalization, but there is no evidence of harm from the diversion of safer supply medications. This is according to the coroners in both British Columbia and Ontario. There are no increases in youth seeking treatment in British Columbia.

If diversion is a barrier to funding, what published scientific evidence are you, or the people who are spreading this information, relying on to make these claims?

Mr. Eric Costen: Thank you for the question.

To be clear, what the minister described the department doing right now is systematically taking stock of the evidence in the situation primarily on the ground with the projects that we are funding. We have not made any determination at this point on whether the harms are occurring. We are acknowledging that many have expressed a concern. We're taking the concern seriously. We have responsibilities with respect to the funding that we're providing to the projects we fund, and we're taking those seriously. We're working with the projects to verify that they have the appropriate safeguards in place. That's the extent of the examination we're pursuing.

Mr. Gord Johns: We're hearing from law enforcement that this isn't the issue. They're more worried about toxic unregulated street drugs that are killing people. There is obviously disinformation that's being spread.

I met with health care workers last week. They were saying that this is causing enormous harm, not just to the clients and their patients, but actually to the people working on the front line of this crisis.

What is your government going to do to get the data and information out about the benefits that safe supply has to their patients and how it's lowering the number of deaths and the risks to people who are using drugs?

Mr. Eric Costen: Perhaps, with your permission....

Dr. Weiss is spearheading a comprehensive study of the projects. Maybe, Sam, you could speak a little bit about that work.

Dr. Samuel Weiss: Absolutely. The Canadian Research Initiative in Substance Misuse is evaluating safe supply in 11 sites across the country. It's in the third year of its examination. The first publications have happened.

We're also evaluating the decriminalization, the section 56 exemption for B.C., through this arm's-length evaluation by the health academies and research hospitals.

I think the point that the honourable member discusses is critical to all aspects of services that are and can be available to people who use opioids. They need to be alerted to what is available, whether it is harm reduction, treatment or recovery.

What the data actually shows is that the vast majority of people are not accessing the services that are available and that we don't do a good enough job of matching the actual needs with the services that are available. Perhaps we need a more comprehensive public discussion of what's available through various communication media, but all of these services are—

The Chair: Thank you.

Next we have Mrs. Goodridge, please, for five minutes.

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

Thank you, everyone, for staying behind for this next hour. It's really appreciated.

B.C.'s safer supply protocols explicitly state that there is no evidence supporting safe supply. In fact, the protocols say, “To date, there is no evidence available supporting...intervention, safety data or established best practices for when and how to provide it.” In fact, “a discussion of the absence of evidence supporting this approach” is required for securing informed consent from patients.

Therefore, where is the evidence if this is what is required by B.C.'s protocols?

● (1230)

Dr. Samuel Weiss: I can tell you that there has not been much evidence. Two major publications, of course, appeared in January that have examined safe supply in B.C. specifically.

Safer alternatives to the toxic illicit drug supply have existed now for about 25 to 30 years—

Mrs. Laila Goodridge: I appreciate that. You answered it in the first 30 seconds. That was absolutely wonderful.

My next question is this: Has anyone in the department met with the Safe Supply Streaming Company?

Mr. Eric Costen: No one has that I'm aware of.

Mrs. Laila Goodridge: Have there been any meetings within the department with any stakeholder regarding the legalization of drugs like heroin, cocaine or meth?

Ms. Jennifer Saxe (Associate Assistant Deputy Minister, Controlled Substances and Cannabis Branch, Department of Health): There have been no meetings concerning the legalization of those drugs.

Mrs. Laila Goodridge: Therefore, during those meetings that were held with previous Minister of Mental Health and Addictions Carolyn Bennett and with compassion clubs DULF and VANDU, there was no conversation at any point about further legalization. At no point did they bring that up in any part of those meetings.

Mr. Eric Costen: It would be very hard for us to.... We meet with a lot of stakeholders, and some of them raise things with us. Following the request of the department to pursue that conversation with stakeholders, the answer is no. In the context of a discussion with stakeholders, they raise ideas that may or may not align with government policy.

Mrs. Laila Goodridge: Does it align with government policy? Give me a yes or no.

Mr. Eric Costen: Could you clarify what you mean by "it"?

Mrs. Laila Goodridge: Does the legalization of substances like cocaine, heroin and methamphetamine align with government policy?

Mr. Eric Costen: From my response earlier to your colleague, no.

Mrs. Laila Goodridge: Thank you. I appreciate that.

I'm very concerned about the decriminalization and the change in the tone from Minister Bennett to now Minister Saks with regard to how there would be measures taken to stop or change decriminalization if measures weren't being met. Now it's that we have to do everything we possibly can because this is a crisis well beyond our control, without even looking at the fact that perhaps this is causing it.

Are there any specific metrics that could be tabled with this committee as to what the public health and public safety metrics are for decriminalization?

Mr. Eric Costen: There's the study that Dr. Weiss referred to earlier. There's a systematic study of decriminalization, a three-year study, with very clear indicators and metrics that are meant to inform about successes, risks and benefits of the initiative—effectively, the answer to the question you're asking.

At the time of issuing the exemption, the government was very clear in saying that it wants to learn as much as it can from this experience and that it would be prepared to act and adjust in response to the information that would be provided. To my knowledge, that's still the policy.

Mrs. Laila Goodridge: Are there any hard metrics—for example, if it goes beyond a certain number of deaths, the answer would be no?

Go ahead, Mr. Weiss.

Dr. Samuel Weiss: The study that's been referred to will be looking at the public health impacts of decriminalization on people who use drugs. We'll be looking at the criminal justice impacts. We'll be looking at decriminalizing policy impacts for the general public, looking at the impact on the health service system itself—

Mrs. Laila Goodridge: If you could table that with the committee, that would be great. We don't have tons of time.

As my next question, have there been discussions to change the official policy of the Government of Canada in regard to decriminalization across the country?

Mr. Eric Costen: Not to my knowledge.

Mrs. Laila Goodridge: Have public servants actively discussed with ministers potential changes to the current policy?

Mr. Eric Costen: Do you mean for the B.C. exemption?

Mrs. Laila Goodridge: Yes.

Mr. Eric Costen: In the context of their request to us last summer, when they asked for certain amendments, there were absolutely many discussions with the minister—

Mrs. Laila Goodridge: Have they made any requests to the Government of B.C., considering that it is an abject failure?

● (1235)

Mr. Eric Costen: B.C. has a requirement to provide us with regular reporting with the various metrics on the status of their.... We routinely brief the minister on the data that's being provided to us.

Mrs. Laila Goodridge: Has the Government of Canada made any specific requests of B.C.?

The Chair: That's your time.

Go ahead and answer the question; then we're going to move on.

Mr. Eric Costen: There's a letter of requirements posted on our website. It enumerates a number of requests that we made of the British Columbia government in the context of this exemption. That's maybe the best answer I can provide.

The Chair: Thank you.

Next we'll go to Dr. Powlowski for five minutes, please.

Mr. Marcus Powlowski (Thunder Bay—Rainy River, Lib.): I don't know if we can say that B.C.'s a failure, at least not yet.

We've heard so much talk about evidence today. I think it was Mr. Weiss who said something about there being no evidence.

Rather than going into evidence for exactly what, I did want to look at one of the pieces of evidence that Gord Johns cited. The Globe and Mail talked about it. It was the BMJ article that came out in January, which certainly seemed, at least in looking at it initially, to provide pretty good support for the idea that safe supply seems to work.

The study found that safe supply "dispensations of one day or more were associated with reduced all cause mortality"—I won't give you the numbers—"and overdose related mortality". Furthermore, if a supply was dispensed more than four times, there was an even further decrease in mortality.

However, that's not a randomized control trial. That's a cohort study, so I started thinking about it and looking at who their cohort was. They're comparing this group of people who get safe supply with another group of people who don't get safe supply and they're saying that those with safe supply are less likely to die from overdose or die overall.

When you make up that study, for that cohort that is not getting it, where do you get those people's names from? I looked it up. One of the sources was the DAD, the discharge abstract database. These are people who are being discharged from the hospital with a diagnosis. They'd been admitted because of an overdose. They've done it before. They've done it to a degree that they've actually had to be hospitalized for it.

Perhaps this is a sicker group—a group that's more likely to overdose beforehand. When you're comparing the two groups, of course those who have a higher risk are going to show up in the study as having died more often, either from overdose or everything else.

In addition, I looked at their study limitations. One of the limitations was, they said, that perhaps some of the people they put in the safe supply category were actually getting narcotics because they had cancer or something else, which really puzzled me. How could you leave that?

I'm not sure how good these data are about the benefits. It also doesn't calculate any costs due to diversion on the street.

What other evidence is there? I looked at the CMAJ article out of London. That seemed to be looking more at decreased infections with safe supply, which is a different issue.

Last of all, the BMJ study came to the rather interesting conclusion that safe supply dispensation "did not significantly modify the odds of all cause or overdose related acute care visits." People who got the safe supply were just as likely to have to go to the emergency room or something with an overdose, but they didn't die. Maybe that's because they were on narcotics. As a lot of people know, if you don't take narcotics, you lose the tolerance for it. Those who get safe supply are on it all the time. They're tolerant. If they overdose, they're less likely to die.

I wanted to ask you all about the evidence from the BMJ study. How good is it?

I want to put this in in case I get cut off because I run out of time. Could you please provide this panel with what evidence there is in terms of the scientific research about safety and benefits?

The Chair: That was a question with a four-minute preamble. You have a minute to respond.

Dr. Samuel Weiss: Thank you.

I'll say that the publication is a very good publication. It's not outstanding. It's a retrospective study and a lot more work is needed in this area. More work is being conducted by this group.

I think the evidence that is emerging from the study by CRISM on the 11 safe supply sites suggests that safe supply is beneficial to highly marginalized patients, assuming they also receive integrated services alongside the safer supply. The evidence there is actually quite strong. It's already been published, but it's qualitative in nature.

I think we are at a point now where safe supply, coupled with opioid agonist therapy, coupled with psychosocial services as a collective to reach people where they are, has a much greater chance of keeping them alive and keeping them out of emergency rooms by not having safe supply, by not having integrated services.

The evidence is growing, but it's—

● (1240)

Mr. Marcus Powlowski: I'm sorry. Can I cut you off there?

Collectively, these work, but I'm interested in safe supply per se, and/or if you could give us the reference to the paper that you say is going to show benefits.

The Chair: You have 20 seconds.

Dr. Samuel Weiss: I will table that publication. There have been very few studies that have focused exclusively on safe supply without other variables included.

That was indeed one of the problems with this study: The number of variables, particularly for marginalized patients, is exceedingly high and not always documented as part of a research study.

The Chair: Thank you, Dr. Weiss.

Dr. Kitchen, you have five minutes, please.

Mr. Robert Kitchen: Thank you, Mr. Chair. I appreciate that.

Thank you for being here. It's appreciated.

What I've heard from you is that the minister and the government come up with a policy and you don't have any input into that policy. You then just implement the policy. Is that correct?

Mr. Eric Costen: No. We certainly provide advice to the minister.

Mr. Robert Kitchen: You provide advice, but do you direct the advice to the minister?

Mr. Eric Costen: We provide advice to the minister.

Mr. Robert Kitchen: Do you provide advice based on what you've heard or based on what the minister has told you to hear?

Mr. Eric Costen: The government sets the policy direction and then we execute on it. The advice is informed by many things. It is informed by extensive outreach to interested parties and stakeholders that go across the gamut. It's other governments and a number of things.

Mr. Robert Kitchen: Have you ever advised the minister to change policy?

Mr. Eric Costen: Yes.

Mr. Robert Kitchen: Have you advised the minister to consider changing the policy as we have it right now?

Mr. Eric Costen: Which policy are you referring to?

Mr. Robert Kitchen: Dealing with opioids and safe use.

Mr. Eric Costen: To use an example, the drug strategy, which the minister referred to in her comments, was the product of work done by the department in order to sort of shape and give substance and form to the policy direction that the government itself set.

That would be an example of where—

Mr. Robert Kitchen: Okay. You haven't advised them to change policy.

The next question then comes to the reality, as you've indicated to us, that there's never been a discussion on legalizing other drugs. Is that correct?

Mr. Eric Costen: There's been no discussion that I've been part of.

Mr. Robert Kitchen: Thank you.

Minister Bennett stated in May of 2023, “We have to move to a safer supply of drugs, as we have with alcohol [and] cannabis....”

Therefore the policy from the government is to move to a safer supply of drugs, and yet you've never put forward that policy and you've never discussed that policy with the minister.

Ms. Jennifer Saxe: In terms of policy discussions—if I'm understanding correctly, I think it's with reference to prescribed alternatives or what you've been referring to as a safer supply—there have been a range of discussions in terms of prescribed alternatives and how to support people through a harm reduction measure as well as through treatment. We've been looking at—

Mr. Robert Kitchen: The question was about what the minister has stated, which is safer supply of drugs, whether that might be supply of cocaine, etc., and you've said that you've never had that discussion. The minister has clearly stated in the House that this is where the policy is. Are you advising them for it or are you advising them against it?

● (1245)

Mr. Eric Costen: Thank you for the question.

The policy around the prescribed alternatives—or “safer supply”, as it's referred to sometimes—exists and is well documented on the Health Canada website. That's the one we advise the minister on. To my knowledge, there's no—

Mr. Robert Kitchen: You indicated to me that you would advise the minister against things as well, but it doesn't sound like that's the case.

Mr. Eric Costen: In the normal course of public service and giving advice to the government, we provide a range of options: for, against, big, small, fast, slow. In the context of executing on the safer supply initiative, we would have provided all sorts of advice on the manner in which the initiative should be rolling out.

Mr. Robert Kitchen: Thank you.

Have you advised the minister on supplying alcohol and cannabis in retail stores?

Mr. Eric Costen: We provided the government much advice on how to legalize and regulate cannabis, yes.

Mr. Robert Kitchen: Was the advice in favour of that, and will it therefore concur with other drugs?

Mr. Eric Costen: In the case of cannabis, the government had a policy that they wanted to move to regulate and legalize. The advice that we provided was on how to do that.

Mr. Robert Kitchen: Thank you.

The Chair: Thank you, Dr. Kitchen.

Thank you, Mr. Costen.

Next we have Dr. Hanley for five minutes.

Mr. Brendan Hanley: Thank you very much. I'm pleased to have the opportunity to ask a few more questions.

I want to make two quick points about diversion.

One—and perhaps it's stating the obvious—is that diversion has been around for as long as prescription drugs have been around. A well-run safe supply that provides drugs to people legally when they are not doing well or are not candidates for opioid substitution therapy has been shown to have extensive benefits. Yes, the more evidence we can gather on that the better.

Second, I want to say that I was lucky to travel to the Downtown East Side at the beginning of last week with my colleague Mr. Johns. We were told at one of the sites that the rhetoric and politicization of conversation around safe supply is literally killing people. We heard, “Please, can you talk about the evidence and evidence-based policies, and not let politics get in the way of saving people's lives?”

I just wanted to put that on the record.

Dr. Tam, you haven't had a chance to speak yet. You may be relieved, but I'd certainly like to give you a chance to give a few perspectives in the couple of minutes I have left.

Look, I know this issue is hugely complex. On average, we have 22 Canadians dying per day now, which means that collectively, as a country, we're not doing enough to address this epidemic. As CPHO of the country, what do you see as the main challenges in addressing this crisis?

I have a couple more questions after that.

Dr. Theresa Tam (Chief Public Health Officer of Canada, Public Health Agency of Canada): I think the data or facts about this crisis show that right now it is the extremely toxic illegal supply that is causing the most harm. I think that's one factor everyone should bear in mind. Some of the application of the range of measures is because of that.

Right now I work very closely with my colleagues, the other chief medical officers of health. We stood up a special advisory committee, as we did with the COVID-19 pandemic, to try to collectively provide support in whatever way we can to address this crisis.

It's complicated, but what we saw through data was that this crisis evolved over time. When we started in 2016, fentanyl had appeared but hadn't swamped the whole supply. Right now, 84% of all apparent opioid-related deaths are a result of this extreme toxicity. That is not necessarily the case in another country like Portugal, which, of course, has many great practices we can examine.

We worked very closely to get the data. People talked about the data. You've seen some of the B.C. data and the B.C. coroner's data. You can certainly follow up with her, but the people who are dying from this crisis are not dying from a prescribed drug. They found this as they did their examinations. The vast majority are from toxic opioid drugs.

I think, as the minister said, that there is no simple solution to this very complex issue. It's a whole-of-society and whole-of-government response across all pillars, from prevention to recovery with, of course, treatment and harm reduction.

● (1250)

Mr. Brendan Hanley: Thank you.

You mentioned the special advisory committee. Is that still in action? Is it still active?

Dr. Theresa Tam: Yes. We support, of course, an overarching federal-provincial-territorial committee that is looking at mental health, substance use or addiction. Our focus, absolutely, is to try to get that data. The Public Health Agency continues to even put public health offices inside jurisdictions to support the coroners and medical examiners to get as much detail as we can. When we started, there was very little capacity. Now we can at least give some ongoing quarterly updates.

Mr. Brendan Hanley: Thank you.

There may not be time for much of an answer.

In 2018, you wrote a report on youth and substance use. I know this is an area you're quite passionate about. You talk about the complex interplay of risk factors, but you also talk about the protective factors of youth.

In five years, has anything changed in your point of view about the importance of youth and prevention?

Dr. Theresa Tam: I think prevention is perhaps one area that everybody would agree on. I think that agnostic of the type of substance, youth will access the whole range of psychoactive substances, from alcohol to cannabis to, indeed, potentially opioids. I think the root cause of some of the reasons youth enter this epidemic has to be addressed.

What I'm really happy about in terms of advancement is that, for example, budget 2023 actually has this $20 million for the youth prevention approach, the Icelandic model. I was actually really happy, because a lot of the attention has been on the other components. If we don't address this, this cohort of youth will then fall into the epidemic itself.

The Chair: Thank you, Dr. Tam.

[*Translation*]

Ms. Larouche, you have the floor for two and a half minutes.

Ms. Andréanne Larouche: Thank you, Mr. Chair.

My question is for Mr. Costen, but other witnesses may answer if they want.

To follow up on your previous answer, you may not be from Public Safety, but you should provide border services officers with the tools to identify and restrict fentanyl and other toxic substances safely and effectively at the border.

I have questions, because the Canadian border often seems as effective as a sieve. Have you successfully dismantled any networks and are there fewer illegal drugs coming into the country through the border?

Ms. Jennifer Saxe: Thank you for your question.

A lot of work is being done at the border. It's being done in Canada, as Mr. Costen already said, but it's also being done by working with the United States.

Were networks dismantled? Yes. Aside from what we've heard in the news, however, I have no exact details to offer. My colleagues from Public Safety can provide them.

As for whether a smaller volume of drugs is being trafficked between both countries, my colleagues could provide you with those details as well.

I don't have those details at hand, but I am absolutely certain that networks were dismantled. We get reports on it.

Ms. Andréanne Larouche: Depending on where one lives in Canada, one experiences the crisis differently. It is not the same crisis. That's why in Quebec, we don't really talk about an opioid crisis; we talk mostly about a contaminated drug crisis.

Have you been able to identify clear distinguishing characteristics of this subtle difference noted between Quebec and the rest of Canada?

Ms. Jennifer Saxe: Drug verification services are available. We conduct analyses to know what's in them. It's possible to determine whether they contain methamphetamines, cocaine or opioids. Furthermore, specific analyses are done to see if there are similarities and differences between provinces and between regions.

We can see that differences exist between Quebec and the other provinces. Opioids and amphetamines can be found from one end of the country to the other, but there are significant regional differences when it comes to quantity. These differences influence actions undertaken by the provinces and federal government.

● (1255)

The Chair: Thank you.

[*English*]

Mr. Johns is next, for two and half minutes, please.

Mr. Gord Johns: We've lost over 42,000 Canadians due to unregulated toxic drugs. In the United States, it's been hundreds of thousands of Americans. We don't need more evidence that toxic street drugs produced by and profited from by organized crime are what's killing people.

Thirty states in the U.S. doubled in their number of overdoses in two years. None of them had safer supply. That's the evidence that harm reduction actually works. We know that in B.C., deaths have gone up 5%, and in Ontario it's 6.8%. That's not good enough. We need to ramp up safer supply.

In Alberta, where they scaled down harm reduction, have no safer supply or decriminalization, and focus on recovery, abstinence and criminalization, there's a skyrocketing death rate of 18%. In Saskatchewan, it's similar to Alberta at 32%.

In San Francisco, they closed their safe consumption site in 2022. Eleven months later, their death rate had gone up 25%.

Alberta has made safer supply prescribing illegal. They will fine doctors who provide life-saving care $10,000 a day for every patient to whom these doctors provide safe supply. Alberta is reducing support for and closing safe consumption sites, against all scientific evidence. Since Alberta made these ideological decisions, overdose deaths have surged 18%.

What will this government do to limit the harms of Alberta's ideology-driven policies? What will this government do to support the people at higher risk of death due to Alberta's policies?

Mr. Eric Costen: Thank you for the question. It's a very important question. I'll do my best to answer it.

In some ways, it kind of goes back to the minister's fundamental position around what the federal strategy is and the work that we're doing with all provinces and territories. Our support and our understanding of the impact of harm reduction service is unequivocal.

Mr. Gord Johns: We need harm reduction, treatment, recovery, prevention, education and decriminalization. It's all supported by the Canadian Association of Chiefs of Police.

Mr. Eric Costen: From where we sit, that is the government's strategy. It's a full continuum of services through prevention, harm reduction, treatment and recovery, and after-care supports—the whole continuum.

We do a lot of work directly, as the minister said, in supporting community-level interventions where there aren't otherwise supports, particularly in the harm reduction space. We have supported the ones that I have in front of me right here, the 39 supervised consumption sites that have seen four and a half million visits since they were first established six or seven years ago. That's 52,000 overdoses and no deaths.

We understand fully the impact and the importance of harm reduction and in dealing with the very acute end of harms.

Mr. Gord Johns: Prairie Harm Reduction is selling hoodies to keep its doors open.

Mr. Eric Costen: Yes, I know.

The Chair: Thank you both.

We have about two to three minutes left. There's interest, for the next two turns, in posing one question before we let you go. The Conservatives will get a question and the Liberals will get a question, and then we're going to wrap up.

Go ahead, Mrs. Goodridge.

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

In a Calgary Herald news article from December 26, 2023, indigenous leaders in Alberta referred to safe supply as pharmaceutical colonization akin to genocide.

What consultations have been done with indigenous leaders and people in recovery regarding safe supply, specifically with first nations on reserve?

Mr. Eric Costen: I don't mean to sound overly bureaucratic in the response.

The way that we support the safer supply projects at the federal level is an application-based process. The projects that are being funded right now are those that made applications to us. To date, there aren't sites in Alberta on first nations communities with respect to safer supply.

Mrs. Laila Goodridge: I did not ask in regard to Alberta. I asked in regard to indigenous people on first nations.

Mr. Eric Costen: Okay. Do you mean specific to safer supply or just generally to the crisis?

Mrs. Laila Goodridge: It's specific to safe supply.

Mr. Eric Costen: I might have to get back to you on that.

We have lots of conversations with indigenous communities about the crisis and we talk about all manner of interventions, but I would have to get back to you on whether there is a specific safer supply conversation.

Mrs. Laila Goodridge: Please table it with the committee.

● (1300)

Mr. Eric Costen: Sure.

The Chair: Thank you.

The last question is from Dr. Powlowski. He promised to keep it under four minutes.

Mr. Marcus Powlowski: Several of you have mentioned the Iceland model. I too like the Iceland model.

Could somebody briefly, in layman's terms, explain the Iceland model and what Canada and the government have done to try to institute something similar in Canada?

Thanks.

Ms. Nancy Hamzawi (Executive Vice-President, Public Health Agency of Canada): Sure. I'd be happy to take that question.

The Icelandic model is very much focused on youth substance use prevention. It is an approach very complementary to the integrated youth services that Dr. Weiss spoke about. It's an approach that considers the broader social surroundings affecting youth through their schools, their peer environments and their communities. Rather than focusing on changing individual behaviours, it really looks at the community and meaningful connection within the community.

In budget 2023, there was a decision to provide $20.2 million over five years. We are moving ahead with that decision by the government through a number of streams of work. The first stream is to develop incubator and capacity building within communities. There was a call for proposals that came back—I'll try to do this in one minute, as I see your signal—and closed on January 15. The second stream will then fund the implementation of intervention research, following up on those who are successful through the first stream.

We are also developing a knowledge development and exchange hub, which will help synthesize the knowledge that's acquired in each of these communities and help exchange that across the country.

The Chair: Thank you all for being with us today and for the work that you do on behalf of Canadians.

Is it the will of the committee to adjourn the meeting?

Some hon. members: Agreed.

The Chair: We're adjourned.