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Chair: Mr. Sean Casey



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• (1155)

[English]

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

Welcome to meeting number 147 of the House of Commons Standing Committee on Health.

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

Pursuant to Standing Order 108(2), the committee is resuming its study on the subject matter of supplementary estimates (B), 2024-25. We have votes 1b and 5b under the Canadian Food Inspection Agency; votes 1b and 5b under the Canadian Institutes of Health Research; votes 1b, 5b and 10b under the Department of Health; and votes 1b, 5b and 10b under the Public Health Agency of Canada.

I'd like to welcome our panel of witnesses.

We have with us today the Honourable Ya'ara Saks, Minister of Mental Health and Addictions, who has the following officials accompanying her today.

From the Canadian Institutes of Health Research, we have Dr. Tammy Clifford, acting president. From the Department of Health, we have Greg Orenacsak, deputy minister; Eric Costen, associate deputy minister; Jennifer Saxe, associate assistant deputy minister of the controlled substances and cannabis branch; and Michelle Boudreau, associate assistant deputy minister of the health policy branch. From the Public Health Agency of Canada, we have Nancy Hamzawi, executive vice-president, and Michael Collins, vice-president of the health promotion and chronic disease prevention branch.

Thank you all for being with us today. Thank you for your patience while we exercised our democratic duty.

Minister, you have the floor. Welcome to the committee.

We have a point of order from Mr. Doherty.

Mr. Todd Doherty (Cariboo—Prince George, CPC): Mr. Chair, since we're starting at 11:56 and the schedule has the minister here from 11 to 12, do we have assurances from the minister that she can stay until at least one o'clock or 1:15?

The Chair: We had this conversation as I came in the door. She is able to stay for a full hour, so that should get us through two full

rounds of questions. It's then in your hands what we do at that point with the officials, but we have the minister for a full hour.

Welcome, Minister. It's over to you.

Hon. Ya'ara Saks (Minister of Mental Health and Addictions): Thank you, Mr. Chair and honourable members.

It is a pleasure to be back with you at the health committee. I'm pleased to appear before committee today to discuss the supplementary estimates (B) as they relate to my portfolio as the Minister of Mental Health and Addictions.

I'd like to begin, if I may, with the emergency treatment fund, which was first announced in budget 2024, and I'll update the committee of its activities.

While no community has been left untouched by the toxic drug and overdose crisis, some communities have been more affected than others.

Through the emergency treatment fund, we are helping municipalities and first nation, Inuit and Métis communities rapidly respond to their unique needs. This can include on-the-land healing, recovery and treatment, and harm reduction supports such as naloxone and drug-checking equipment. The first call for proposals was recently closed. We are reviewing the proposals now and will be announcing the successful projects in the new year.

The supplementary estimates propose \$24.9 million to support municipalities and indigenous communities right now. This is critical work. We are supporting community-based projects for young people through the establishment of the Icelandic model in Canada. Your committee heard directly, I believe, from the founders of this model on how it's truly making a difference in the lives of youth across Canada and around the world.

We are funding projects through the substance use and addictions program, which provides time-limited funding for innovative, evidence-informed projects. Together, these initiatives are helping Canadians access high-quality services, no matter where they live.

We're also working to improve access to mental health services, particularly for young people. This is close to my heart, not just as a minister but as a mom to teenage daughters. I've seen first-hand the challenges that youth are facing. Schools, social media, peer pressure and global conflicts are all having an impact on their mental health.

Community organizations are a lifeline when it comes to mental health. We introduced the new youth mental health fund to make sure that young people have easy access to mental health services by the organizations they know and trust in their communities. Additionally, the supplementary estimates propose \$7.5 million to support Kids Help Phone. This will allow them to continue to provide 24-7 access to bilingual mental health supports for youth over the next three years.

The Public Health Agency is also receiving \$1.9 million in new funding for the mental health of Black Canadians fund, to support development of culturally focused knowledge capacity and Black-led programs to improve mental health for Black Canadians.

Our government is also proposing to allocate \$15 million to help first responders deal with mental health issues. They have been there for us, before and now, during and after the pandemic. It's so important that the government be there for them in return.

These are just a few examples of the work we're doing to ensure that high-quality mental health and substance use services are accessible right across the country to Canadians. At the same time, we will continue to work with provinces and territories so that mental health and substance use care can be fully integrated into their health care systems.

I am now happy to answer your questions.

I'll turn it back to you, Chair.

• (1200)

The Chair: Thank you, Minister.

We will begin now with rounds of questions, starting with the Conservatives and Mrs. Goodridge, please, for six minutes.

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

Thanks to the minister for being here and agreeing to stay for a full hour.

Very quickly, have you believed that decriminalization has been successful in British Columbia?

Hon. Ya'ara Saks: The only person or, I would say, party that's preoccupied with decriminalization is the opposition. When we chose to—

Mrs. Laila Goodridge: Thanks.

We have a tradition in this committee, as you're well aware, that the length of time you get to answer is approximately the length of time the person took to ask the question.

Has decriminalization been successful in Canada, yes or no?

Hon. Ya'ara Saks: Again, it seems only the opposition is preoccupied with national decriminalization. We work with jurisdictions as per their request.

Mrs. Laila Goodridge: The Canadian Association of Chiefs of Police and the B.C. Association of Chiefs of Police have both pulled their support from this failed Liberal program and policy.

Will you say that it is a success, yes or no?

Hon. Ya'ara Saks: I had the opportunity to speak with the CACP directly. We are all in agreement that all tools are needed to address the toxic drug supply.

Mrs. Laila Goodridge: Will you rule out rolling out this failed policy anywhere else in Canada?

Hon. Ya'ara Saks: I commit to always working with jurisdictions, with both their health and community safety measures, to ensure that we're reaching people who are struggling with addiction.

Mrs. Laila Goodridge: This is a failed policy that has caused carnage. We are seeing 22 people die every single day across Canada due to the overdose crisis, and your government is failing. Why will you not rule out expanding this failed program?

Hon. Ya'ara Saks: It seems that the Conservatives are big on outrage but not so great when it comes to work and evidence. We continue to work with provinces and territories, as health is their jurisdiction—as is law enforcement—to ensure that a full suite of tools and measures are there to save lives and get people health care, which is what they need.

Mrs. Laila Goodridge: Will you rule out rolling this failed policy to anywhere else in Canada?

Hon. Ya'ara Saks: I commit, as always, to work with every province and territory in their jurisdiction, working on health care and collaborative law enforcement, because that is what they are asking us to do. I don't think that the federal government should be dictating to provinces and territories what is in their jurisdiction.

Mrs. Laila Goodridge: The British Columbia Association of Chiefs of Police have pulled their support for this failed policy. Public safety is at serious odds due to this failed policy. Why will you not pull your support and end this now?

Hon. Ya'ara Saks: Fiona Wilson, the past president of the British Columbia Association of Chiefs of Police, said herself that we need a balance between community safety and health care. This is what we've committed to in working with jurisdictions to ensure that people get health and health care. It needs a balance.

Mrs. Laila Goodridge: Thanks.

I'm going to move on to something a little different.

We know that Canada has become a major producer of the fentanyl in this country as a direct result of your government's failing to do anything when it comes to banning precursors for fentanyl. What are the timelines for actually banning these precursors so that fentanyl is not being produced here?

Hon. Ya'ara Saks: Unfortunately, the Conservatives are misleading Canadians because the fact is that Canada is a world leader in precursor regulation and in the scheduling of precursor chemicals. As a matter of fact, we have a class scheduling system, which means that we not only look at individual chemicals but also look at classes so that we can be nimble and flexible in the face of an illegal toxic drug supply.

Mrs. Laila Goodridge: About six months ago, we had the B.C. RCMP assistant commissioner, Will Ng, come to committee. He said they've been advocating to government for the last two years—it's now been two and a half years—to have these deadly precursors banned in Canada. However, 80% of them are still completely unregulated. Why?

• (1205)

Hon. Ya'ara Saks: Again, the member is misleading Canadians. Precursor chemicals are found in things that we use daily, whether it's plastic, rubber or paint supplies, etc. This is why they must be scheduled and regulated, which is something we do on a regular basis. Again, we have a world-class system that works in collaboration with the United States and international partners.

Mrs. Laila Goodridge: At the SECU committee, RCMP Commissioner Duheme confirmed that Canada is a net exporter of fentanyl. Does that not concern you? Are you not applying every single tool in the tool kit to make sure that Canada is not exporting fentanyl?

Hon. Ya'ara Saks: I'm absolutely committed to using every tool in the tool kit. These are questions to be asked of the public safety minister. As I said, we schedule and regulate, but working across departments and working with border services and with our U.S. counterparts are critical.

Mrs. Laila Goodridge: What are you doing to advocate to the Minister of Public Safety—who now has multiple hats—when it comes to banning these precursors?

Hon. Ya'ara Saks: Just to be clear... When it comes to precursors, they're essential. The precursors that are essential for making fentanyl are already restricted and prohibited. Again, the member is misleading—

Mrs. Laila Goodridge: We're an absolute net exporter of fentanyl. We are having massive drug busts every single day.

My next question is this: Do you support the Prime Minister or Chrystia Freeland?

Hon. Ya'ara Saks: Mr. Chair, I don't believe that question is relevant to my portfolio today.

The Chair: I agree.

Move on, please.

Mrs. Laila Goodridge: I think it's very relevant.

Do you support the Prime Minister?

Ms. Arielle Kayabaga (London West, Lib.): I have a point of order, Mr. Chair.

I think we should stick to the intended discussion of the meeting. If Mrs. Goodridge could stick to the relevant message...

Thanks.

The Chair: I'm inclined to agree.

Unless you can tie the question to the estimates, it really is out of line. You have about 16 seconds left, Mrs. Goodridge.

Go ahead.

Mrs. Laila Goodridge: We're hearing that there's going to be a cabinet shuffle later this week. Are you still going to be the Minister of Mental Health and Addictions?

Ms. Arielle Kayabaga: I have a point of order, Mr. Chair.

I'm sorry. Let's move on.

The Chair: It's the same point, I take it?

Ms. Arielle Kayabaga: Yes.

The Chair: Do you wish to answer that, Minister?

Hon. Ya'ara Saks: Sure.

I don't deal in hypotheticals, as the member well knows. I've been asked to appear as the Minister of Mental Health and Addictions today, and that's my intention.

The Chair: Thank you, Mrs. Goodridge.

Thank you, Minister.

Next we go over to the Liberals.

[Translation]

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

[English]

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

We know youth today are facing many challenges and have unique mental health needs. Last month, you announced the launch of the youth mental health fund call for proposals.

Can you tell us more about how this fund of \$500 million will help support community organizations and build capacity to better serve youth clients, especially those from underserved groups?

[Translation]

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

[English]

In budget 2024, this government made a once-in-a-generation investment in our young people across the country, because we know that, when our young people thrive, Canada succeeds. The youth mental health fund is intended to invest in our young people and in the services and community organizations they trust in their communities to help them build resilience and to provide them with prevention tools and a tool kit for good mental health as young Canadians and as they move forward in life.

The fund will be supporting community mental health organizations from coast to coast to coast. Our consultations included youth across the country from indigenous communities, urban communities and marginalized and racialized communities, as well as newcomer Canadians, to ensure that we had the full breadth of understanding of what challenges our young people are facing today.

As minister—and, as I often say, as a mom—this is a critical point of service we're investing in for our young people, because we know that they need those supports, and we want to be there for them.

Mrs. Élisabeth Brière: Thank you.

It has been one year since the launch of the 988 suicide helpline. Can you speak to initiatives undertaken by PHAC and CAMH to further enhance the network?

• (1210)

Hon. Ya'ara Saks: Thank you.

We just had the 988 anniversary, and some of the successes from our first year of this national project in compassion and caring and showing up for Canadians meant that we were there for 300,000 calls and texts this year, which meant a lot to Canadians across this country. We have 39 organizations that are on the front lines of this work, with incredible volunteers who are committed to being there for someone in their moment of crisis.

It's a place of pride for us as Canadians that this compassion network is meeting people where they are in those critical moments. Three hundred thousand calls and texts—29,000 calls and texts per month, or nearly 1,000 a day—means we are meeting people in their most challenging moments, and that's something we can all be proud of.

Mrs. Élisabeth Brière: Thank you again.

The loss of a loved one to suicide leaves ripple effects on entire communities and causes lifelong trauma within families. Can you speak to the progress being made on the national suicide prevention action plan?

Hon. Ya'ara Saks: Thank you.

I want to thank MP Brière for her work on this file as well.

We announced the framework for the national suicide prevention action plan in late May and June of this year. This is an “all hands on deck”, “all province and territory” Canadian initiative. All provinces and territories have agreed to be part of this framework for understanding how we meet Canadians in terms of suicide prevention.

We know we need to do more. The numbers are challenging, particularly in the northern part of the country and among indigenous youth. That being said, we have taken an all-of-Canada approach to this by learning from one another across the country about what services work, what more needs to be done and how we can truly support Canadians. This is really an example of collaborative work across jurisdictions at its best.

Mrs. Élisabeth Brière: Mr. Chair, I think I'll leave it there.

[Translation]

The Chair: Thank you, Ms. Brière.

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

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

It's December. This time last year, the committee began its study on the toxic drug crisis. So we've been working on it for a year now. We've visited major cities across Canada.

Minister, I want to ask you how the addition of your department has helped resolve the crisis.

[English]

Hon. Ya'ara Saks: I want to acknowledge the work of this committee in its continued study on the opioid crisis and express my disappointment that Conservative members chose not to participate in the very important on-the-ground tours that were done to understand evidence-based models across the country. I will acknowledge that other colleagues on this committee did take the time to understand what is needed to save lives, to save Canadians and loved ones.

Our department has done a number of measures, when it comes to addressing the illicit toxic drug supply, working with jurisdictions.

To be clear, harm reduction, treatment and aftercare are squarely placed within the realm of the health care administration of provinces and territories. Our role as a federal government is to work with jurisdictions to find the tools that work and that make sense for communities. That's why we invested \$200 billion in bilateral agreements with jurisdictions. Mental health and substance use is a key principle priority to enable jurisdictions to determine what tools make the most sense in their jurisdictions to save lives and help those who struggle with substance use and addictions to get the health care they need.

That being said, we have the opportunity to work with communities to augment and support those services. Through the SUAP this past year of nearly \$144 million, we invested in supporting community organizations across the country for prevention, harm reduction, training and education in communities. We also launched last month the emergency treatment fund, which will add additional layers of support in communities for emergency crises.

• (1215)

[*Translation*]

Mr. Luc Thériault: The fact remains that money was divided up among four priorities, including mental health and addiction, and that another \$4.6 billion was added, spread out over the next 10 years, in an attempt to address mental health problems and the toxic drug crisis, among other issues.

As you well know, it's a shared responsibility. I'm pleased to hear you say that. Sometimes, when the committee studies certain issues, all the responsibility is placed on the federal government, when its role is quite modest, after all, compared to the role played by first responders on the ground. Here in committee, we can amend legislation, but the people making a difference are those on the ground who, as I speak, are working to save the lives of people who overdosed.

I think a lot more resources are required. In that sense, has the existence of these bilateral agreements facilitated the flow of funds to the communities? What I've been told about this and what I understand from it is that there has not yet been an agreement with Quebec for funding for youth mental health, for example, and that the funding is still not accessible. In the case of Quebec, the money is slow to arrive in the communities.

I heard your answer. You seem to be saying that you've made a difference by injecting funds. However, I would like to know how your department, in addition to injecting funds, can help resolve this crisis. Money is not enough; I think we agree on that.

[*English*]

Hon. Ya'ara Saks: Through you, Mr. Chair, I want to thank my colleague for the question.

I can tell you that, with the bilateral agreements, there are data points and datasets that we'll be seeing at the conclusion of the first year of the agreements to see where investments have gone and who has been impacted and has received services. It will be a benchmark for us to understand how those funds, specifically in the bilateral agreements, are being used.

I would like to share with my colleague from the Bloc, since he is here representing Quebec and Quebeckers, that I was pleased to join Minister Lionel Carmant in October specifically on the SUAP. As an example, it was \$86.8 million in investment to province of Quebec organizations. More than 90 projects were identified in a very collaborative way. I have to say that it really is an example of what happens when jurisdictions work well together to set priorities and meet the needs on the ground with community organizations.

We do know that the funds, particularly in Quebec, are getting to the organizations that are doing that frontline work. We will always work collaboratively with every jurisdiction, whether it's through

SUAP, ETF or the bilateral agreements, to make sure that we have provided federal resources to address this crisis, with the expectation that jurisdictions scale to need with the health care services they must meet for their citizens.

[*Translation*]

The Chair: Thank you, Minister and Mr. Thériault.

[*English*]

Next we'll go to Mr. Johns, who is online.

You have six minutes.

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

Thank you, Minister, for being here. I particularly want to thank your staff and of course the public servants who are there for the important work they're doing.

Minister, time's running out on this government. It has yet to fulfill its promise to make mental health care a full and equal part of our universal public health care system. A report that was released last month by the Canadian Mental Health Association on the state of mental health in Canada found that the mental health of Canadians is three times worse than before COVID-19. Millions of Canadians still can't access the supports they need. This was clear in that report.

Yesterday's fall economic statement was perhaps your government's last chance to move forward with its promised Canada mental health transfer. Again, it was nowhere to be found. While the economic statement contained \$17 billion in new spending for helping business, the government has really abandoned Canadians struggling with their mental health—their communities, their families and, really, our overburdened health care system.

Do you believe all Canadians should be able to access mental health supports with their health card and not their credit card? If so, why has your government not been able to make that a reality after almost a decade in power?

• (1220)

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

I will say this. Since 2015 this government has been committed to making historic investments in the mental health of Canadians. In 2017 \$5 billion began to flow to provinces and territories to increase the availability of mental health care, in addition to almost \$600 million for distinctions-based mental health and wellness as a key part of the strategy for how we address the needs of indigenous communities across the country.

As I said earlier, \$500 million was put down as an investment in budget 2024 for our youth, with an additional \$140 million to support veterans. This was also layered into the \$200 billion over 10 years to provinces and territories where mental health and substance use is a key component of the principles of those agreements.

As the member well knows, we will continue to provide the investments that jurisdictions must make in their health care systems so that Canadians can access mental health services where and when they need them. We always work collaboratively with jurisdictions and encourage them to put forward priorities that meet the needs in their jurisdictions. That being said, we are always here to do more, but jurisdictions also need to do their part with the funds they've been provided.

Mr. Gord Johns: Minister, we could have a long conversation about that, but I'll go to the next question.

Basically, in 2013, which is 11 years ago now, the Mental Health Commission of Canada published a report estimating the annual direct and indirect costs of mental health for Canada and making the case for investing in mental health. The report estimated that the annual direct costs of mental health illness for the Canadian health care and social support system would reach \$79.9 billion in the year 2021 and \$156 billion by 2031. The report also estimated that mental illness cost the economy \$6.4 billion in lost productivity—this was back in 2011—and that it would rise to \$16 billion by 2041.

Research has shown that investments in mental health produce savings for society, yet Canada continues to underfund mental health. Do you believe there is a fiscal case for increasing investments in mental health, given the economic and social challenges in Canada and what we're facing? If so, why did the fall economic statement not propose those investments?

Hon. Ya'ara Saks: Thank you.

Through you, Mr. Chair, I will agree with the member. Mental health is health. It is a key component of the well-being of Canadians across this country, young and old, which is why the many investments I listed in my previous answer are so important. However, as I mentioned, the provinces and territories are the primary deliverers of our health care systems, and this is why we work with them.

I am a firm believer in section 3 of the Canada Health Act, which states, “the primary objective of Canadian health care policy is to protect, promote and restore the physical and mental well-being of residents of Canada”. We continue to make those investments, and we expect provinces and territories to live up to their commitments under the Canada Health Act as well.

Mr. Gord Johns: Minister, the government updated the Canadian drugs and substances strategy in 2023, but it contained no real plan with a timeline or resources to respond to the toxic drug crisis. When will we finally see an action plan to mobilize an emergency response and allocate enough resources to finally end this tragic crisis?

You can put the blame on the provinces and territories, but when is a plan coming together to bring everyone together, with money and resources to implement it?

• (1225)

Hon. Ya'ara Saks: Thank you.

Since 2016, this government has put nearly a billion dollars' worth of investments into addressing the illegal toxic drug supply and the overdose crisis. We have always worked, and I will continue to work, with the provinces and territories on the four key principles of the strategy to address the toxic drug supply and the overdose crisis. That means prevention, harm reduction, treatment and aftercare, and community safety. These are all key pillars to this work.

We work with jurisdictions to understand the needs that are local and pertinent to their communities, and respond as jurisdictions ask us to respond with them. Collaboration is the key to this work.

Mr. Gord Johns: It's not even close to enough, Minister. It's not even close to enough.

The Chair: Thank you, Mr. Johns.

Thank you, Madam Minister.

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

Mr. Stephen Ellis (Cumberland—Colchester, CPC): Thank you very much, Chair.

Thanks, Minister, for being here.

Here's a statement: “Alcohol is a leading preventable cause of death, disability injuries, accidents and social problems.” Do you believe that to be true, Minister?

Hon. Ya'ara Saks: I think alcohol is a substance that, unfortunately, is used by too many across this country without an understanding of what its health impacts are. We continue to do that work in prevention and education through the Public Health Agency of Canada.

Mr. Stephen Ellis: Minister, I'm not asking you some trap question here. That's from “Canada's Guidance on Alcohol and Health: Final Report”.

It's a simple question. Do you believe alcohol is a leading preventable cause of death, disability injuries, accidents and social problems?

Hon. Ya'ara Saks: I believe the abuse of alcohol consumption can be detrimental to one's health.

Mr. Stephen Ellis: Okay. I can see the game you want to play today. On behalf of Canadians, Minister, that's very sad.

The other thing that's incredibly sad is that your government put forward a temporary tax trick on Canadians, which includes temporarily removing—for two months—the GST on beer, wine and “ready to drink” alcoholic drinks.

How did it make you feel, Minister, when that came across your desk?

Hon. Ya'ara Saks: The GST tax break for Canadians was meant to address—and does address—affordability concerns that many Canadians across the country have shared with us. In responding to that, after listening to Canadians, particularly during the holiday season, we wanted to ensure that they were able to have a break during this time, when they're gathering to celebrate.

Mr. Stephen Ellis: Minister, by reducing the price, your government is promoting the consumption of alcohol. Is that not true?

Hon. Ya'ara Saks: The GST tax break is for Canadians to make a choice of what goods they wish to purchase to enhance their holiday season.

Mr. Stephen Ellis: What I would say to you, Minister, is that the member from Kanata—Carleton made an interesting video quite clearly encouraging Canadians to drink alcohol, showcasing a bottle of wine. Is that not true?

Hon. Ya'ara Saks: I believe the Leader of the Opposition has been in multiple videos grabbing a beer with folks and promoting it, as well.

I'm not really sure what the point of your question is.

Mr. Stephen Ellis: Minister, one of the most effective ways we have to help Canadians.... Is it not true that, again...?

Why didn't you include cigarettes in that? Why did you not reduce the taxes on them? Why would you, as a member who represents mental health and addictions in the failing government, think it's a good idea, on behalf of Canadians, to reduce the GST on beer, wine and “ready to drink” alcoholic drinks?

Explain that to Canadians. It's a simple question.

Hon. Ya'ara Saks: Through you, Chair, I believe I answered the question with regard to the GST tax break for Canadians to address needs of affordability.

Our office of mental health and addictions—as well as the associate minister of health—ensures we provide resources for prevention so Canadians can make healthy choices no matter what they eat or consume. This is the work we do in the federal government.

Mr. Stephen Ellis: Minister, did your department have any input on this policy? Did you know this was going to happen, or did they do it behind your back?

Hon. Ya'ara Saks: The GST tax holiday for Canadians is to address affordability.

Mr. Stephen Ellis: That's not what I asked you.

Did your department—mental health and addictions—have any input on the temporary tax trick, or did they do it behind your back?

Hon. Ya'ara Saks: As the member well knows, cabinet confidence is just that.

The decision was to provide a tax holiday to Canadians.

Mr. Stephen Ellis: Clearly, on behalf of Canadians, you would like to see them drinking more alcohol.

That being said, Minister, what about the other parts of the temporary tax trick? We know Canadians are having difficulty affording food. Your government supported a private member's bill, Bill C-252, that wanted to reduce advertising to kids. Now you're out there saying, “Children, it's okay, because we've reduced the taxes on it. You should eat chips, candy, coated popcorn, curls, twists, etc.”

Is that something in your portfolio that you agree with, Minister, yes or no? It's not a difficult question.

• (1230)

Hon. Ya'ara Saks: Through you, Chair, it seems the Conservatives now think tax is perhaps good, or that we should be evaluating it as a public policy and how it relates to the price on pollution.

I'm not very sure where Conservatives stand on ensuring affordable—

Mr. Stephen Ellis: Minister, excuse me. I'm going to interrupt you there.

Hon. Ya'ara Saks: Chair, I believe I have the floor.

Mr. Stephen Ellis: I think the big thing is—

The Chair: There are about 10 seconds left in this round, so make your point.

Mr. Stephen Ellis: The question is this, Minister. Why would you, as the Minister of Mental Health and Addictions, support encouraging Canadians' unhealthy behaviour? That's your job. Sadly, it appears you don't know this.

The Chair: Take 15 seconds to respond, Minister, please.

Hon. Ya'ara Saks: Sadly, Conservatives don't seem to believe Canadians should have a tax break. Again, outrage is big, but they're weak on action.

Thank you, Chair.

The Chair: Ms. Kayabaga, you have five minutes.

Mr. Stephen Ellis: I like beer. I just don't think we should encourage Canadians to drink it.

Ms. Arielle Kayabaga: Thank you, Chair.

Through you, I'd also like to thank the minister for coming back to our committee to address some very important policies for Canadians.

We've heard quite the testimonies from different families—some in my community—impacted by the overdose and opioid crisis. One thing the last family here mentioned was the politicization of people who are struggling, sick and hurting versus finding solutions that are long-lasting for Canadians.

Can you talk about how you can do the work of respecting the dignity of the families that have lost a member and are struggling with this broad disease attacking our communities right now, while still finding the solutions and preventions that are needed for young people, and the support that those families also need?

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

I meet with so many families and community organizations across this country on the front lines of trying to save the people they love. Sadly, what we've seen from the opposition in their politicization of this opioid crisis is that they're choosing to look away from those who are struggling in order to lean into solutions that are not evidence-based and don't meet people where they are.

To get someone into treatment or health care, we need to build trust not just in the individual but also in the families and communities around them. My commitment to families struggling under the weight of a loved one using substances and maybe struggling with addiction is to not look away. We will use every tool we have to work with jurisdictions and make those investments in community, because we see them. We see those families and the people who are struggling. It is our commitment to ensure jurisdictions scale to need with the resources we provide and the additional resources in their tool boxes, and also ensure people are getting health care.

I think it's incumbent upon all of us to remember that at the centre of this crisis are the people who use substances and who need our support, not only so they stay alive but also so they can get accessible treatment and aftercare services. It's so they can get back to health and wholeness.

Ms. Arielle Kayabaga: Minister, one thing that someone who testified in our committee said was that language matters when we talk about this. Some of the words I have heard throughout this study are things like “drug lord”, “terrorists” and “gangs”. What do you think is the impact on people who are watching this who may want support, may want to get better, or on the families who may want to seek support for their loved one who is experiencing this disease?

Hon. Ya'ara Saks: That's such a critical question. Thank you.

Language does matter, because when the person standing in front of you is struggling and you criminalize them and stigmatize them, you essentially say that they are worth less and are less deserving of health care and help. They will go back and use and struggle because they have been shamed, because they have been told that they are not worthy of care.

We as a government are fully committed to a compassion-centred, evidence-based health care lens that, at the centre, is based on the person who needs our support and help.

The impact when we hear that language is that they are dehumanizing and criminalizing loved ones who need health care.

• (1235)

Ms. Arielle Kayabaga: Prevention was also a huge conversation in the testimonies that we've heard. What are some of the things that the government looks to put in place for prevention at a grass-roots level so that there is enough awareness and education for families and children to make sure we can cut this disease from the bottom up?

Hon. Ya'ara Saks: We have taken a number of measures in different aspects of society to create prevention frameworks. One of them is the “Know More” program that tours across high schools throughout the country and engages with high school students on what opioids are, how to identify them, how to prevent their use, how to recognize what a naloxone kit is, and how to use it. It helps them to understand the Good Samaritan Drug Overdose Act so that they are able to understand their role in saving lives.

We also have “ease the burden”, which is a program that we've done for knowledge and resources for those who are in the trades. We know that men are disproportionately impacted by the overdose and opioid crisis, so we wanted to ensure that there was a nationwide effort to provide tools to meet people where they're at. Naloxone kit distribution is a perfect example as well.

The Chair: Thank you, Minister.

[*Translation*]

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

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

The toxic drug crisis is a complex problem that requires multiple types of interventions. Beyond the four pillars of intervention, a number of witnesses have told us that all the social determinants of health must be taken into consideration. For example, housing is needed.

Quebec has an interdepartmental addiction action plan.

Do you have an interdepartmental action plan?

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

[English]

The short answer is yes, but I will elaborate. We've instructed our department to work with housing and infrastructure to ensure that we're addressing encampments and the Reaching Home program, because we understand that oftentimes substance use, homelessness and mental health go hand in hand. In addition, the CDSS, which is our main policy framework, incorporates 15 different departments.

[Translation]

Mr. Luc Thériault: The answer I was looking for was yes.

How do you organize coordination between your interdepartmental plan and Quebec's, for example? It takes forever to get the money on the ground. Sending the money when it needs to be sent would already be a way of collaborating in a concrete way. How do you coordinate that, while respecting jurisdictions? Beyond jurisdiction, money is needed.

In a report tabled last November, the Canadian Mental Health Association showed that what is being done for mental health is insufficient. Of the \$52 billion in health transfers, about \$900 million is for mental health. In Quebec, the current health budget is \$60 billion.

Why don't you send Quebec its fair share quickly, especially when it comes to the youth mental health fund? Why are there always problems on the federal government's side? The provinces don't owe you anything. Your responsibility is to transfer the money to the provinces, so that those responsible for taking care of people can do their job, unless you want to take responsibility for what is happening on the ground, but I don't think that's what you want.

• (1240)

The Chair: Mr. Thériault, your time is up.

Do you want a short answer, or was it just a comment?

Mr. Luc Thériault: It was a conversation, Mr. Chair.

[English]

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

Mr. Gord Johns: Thank you.

Minister, in 2021, a motion to create a national perinatal mental health strategy received unanimous consent in the House of Commons. The Canadian Perinatal Mental Health Collaborative estimates that treating perinatal mental health disorders costs an average of \$2 billion per year in Canada. Maternal mental health is also an important determinant for a child's health outcomes over their lifetime.

If we're looking at making upstream investments in mental health, investing in perinatal mental health is perhaps as upstream as you can go. The Canadian Perinatal Mental Health Collaborative is calling on the government to invest \$2 million over two years to develop a perinatal mental health strategy, which has the support of all parties. However, yesterday's fall economic statement didn't include new funding for perinatal mental health. I know you've set clinical guidelines and spent \$800,000 on that, but that's not a strategy.

Minister, can you please provide us with an update on what the government is doing to develop a perinatal mental health strategy?

Hon. Ya'ara Saks: Through you, Chair, I'd actually like to take a moment, if I may, to thank Dr. Simone Vigod, whom I have met on many occasions, from the Canadian Perinatal Mental Health Collaborative for the work that she has been doing with all of our partners to develop national standards that are really the foundational base for the perinatal mental health strategy.

The work is ongoing. We are very close to the finish line on it. It has really been informed by the advice of experts and people with lived and living experience.

I'll certainly say, as the Associate Minister of Health and as a woman and a mother, that oftentimes women get lost in the shuffle when it comes to child care and the journey of pregnancy. This is why this work is so critical and something that I, as well as the government, are certainly committed to. Perinatal mental health is a critical part of the mental health services we are supporting and working on collaboratively.

Mr. Gord Johns: I still didn't get an answer, Minister, but I'll ask a very short question on decriminalization.

You say that you support evidence and facts. Since decriminalization was implemented, my understanding is that the toxic overdose deaths in British Columbia have actually dropped. Can you confirm that?

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

We are seeing from the first dataset of this year an approximate decrease of 8% across the country in overdose deaths in Canada. Is it enough? No, it's not. We need to do more.

When it comes to decriminalization, as I said before, only the Conservatives seem to be polarizing this debate. Jurisdictions like Switzerland, Germany, Portugal and other places in the world understand that, to help those who struggle with substance use, we cannot stigmatize and criminalize them. We must find avenues to get them to trust and enter health care systems. We know that we have a holistic system of health care.

The Chair: Thank you, Minister.

Next is Mr. Doherty, please, for five minutes.

Mr. Todd Doherty: Thank you, Mr. Chair.

Minister, why is there no funding for a national suicide prevention strategy in the fall economic update?

Hon. Ya'ara Saks: The national suicide framework was launched in May, and the work is ongoing.

Mr. Todd Doherty: Minister, I just asked a question.

Why is there no funding mentioned for a national suicide prevention strategy in the fall economic update?

There's no funding.

Hon. Ya'ara Saks: As I mentioned, there are resources and work that is being done that is ongoing.

Mr. Todd Doherty: Minister, do you have a mandate letter?

Hon. Ya'ara Saks: Yes.

Mr. Todd Doherty: Has it been published?

Hon. Ya'ara Saks: It is the same mandate letter I've had since entering my office and position in 2023.

Mr. Todd Doherty: Can you state for us what your priorities are?

Hon. Ya'ara Saks: Chair, I do believe that my mandate letter is public and that he can reference it there. If he wishes to have it tabled to the committee, we can do that.

Mr. Todd Doherty: Minister, is part of your mandate letter to establish a permanent ongoing mental health transfer?

Hon. Ya'ara Saks: Again, Chair, I'm here to answer questions on the supplementary estimates (B). If that is a relevant question, I'm happy to answer it.

Mr. Todd Doherty: Minister, is part of your mandate letter also to sustain improved access to virtual mental health services with Wellness Together Canada?

• (1245)

Hon. Ya'ara Saks: Wellness Together was a program that was established during COVID to meet the needs of Canadians during the crisis.

Mr. Todd Doherty: Is that part of your mandate letter?

Hon. Ya'ara Saks: Again, Chair, is this relevant to the supplementary estimates (B)?

The Chair: Can you tie the question to the estimates, Mr. Doherty, please?

Mr. Todd Doherty: It all deals with government spending, Mr. Chair. If it's not mentioned in the fall economics statement, then I believe it's something that the minister should report on.

The Chair: It's fair game for Mr. Doherty to ask you why something isn't in the supplementaries and get you to respond to that, so if you can answer the question, please do.

Hon. Ya'ara Saks: Thank you.

My office is responsible for continuing to respond to the needs of Canadians when it comes to mental health services. The commitments that we made in budget 2024, including the youth mental health fund and the emergency treatment fund, are the priorities in this budget cycle that we are placing emphasis on. It doesn't mean that we've abandoned other parts of the service system. However—

Mr. Todd Doherty: Minister—

Hon. Ya'ara Saks: Chair, I'm answering the question, if the member would allow me to finish.

Mr. Todd Doherty: I believe she's over time.

The Chair: We're going to go back to Mr. Doherty.

Go ahead, Mr. Doherty.

Mr. Todd Doherty: Minister, your government promised a \$4.5-billion annual Canadian mental health transfer during the 2021 election. Was that promise abandoned?

Hon. Ya'ara Saks: The funding flow from that commitment continued until its completion. Working with jurisdictions and understanding their needs in mental health meant that we had a renewed strategy through the bilateral agreements, through a mental health priority.

Mr. Todd Doherty: Minister, you've referenced a couple of times, as a mother, meeting people where they are. This is a final question. This is probably the last time I will get a chance to ask you any questions in 2024, perhaps maybe even, who knows, in the current government. Only time will tell. This has bothered me for some time, and I want to give you an opportunity here.

Do you regret shaking hands with Mahmoud Abbas?

Ms. Arielle Kayabaga: I have a point of order, Chair.

Mr. Todd Doherty: That's fair game.

Ms. Arielle Kayabaga: That's inappropriate as a question, and it does not match with what we're studying today.

Mrs. Laila Goodridge: I have a point of order.

The Chair: I agree, unless you can find a way to tie that to the estimates.

Mr. Gord Johns: I have a point of order.

The Chair: Go ahead, Mr. Johns.

Mr. Gord Johns: That's where I was going to go. This has absolutely nothing to do with the estimates. It's just completely out of line.

Mrs. Laila Goodridge: I have a point of order on this point.

The Chair: Ms. Goodridge, go ahead on a point of order.

Mrs. Laila Goodridge: I believe the minister was actually there on official government business. Therefore, it is relevant to the spending of the government. I believe that, if you let Mr. Doherty continue, you will understand how this is relevant.

Ms. Arielle Kayabaga: I have a point of order, Chair.

The Chair: We can let Mr. Doherty continue if he wants to ask a question that is tied to the estimates. So far, I don't think it is.

Mr. Todd Doherty: Chair, if you would allow, the minister has referenced, time and again, being a mother and has made comments about Conservatives not being, if you would allow, on the trip when the Liberals know that I was the member who was supposed to be on that trip, but I was at my mother's deathbed and was supporting her through her end of life.

Ms. Arielle Kayabaga: I have a point of order, Chair.

Mrs. Laila Goodridge: No, you can't point of order a point of order.

The Chair: He's apparently asking a question.

Ms. Kayabaga has a point of order. I recognize Ms. Kayabaga.

Ms. Arielle Kayabaga: Thank you, Chair.

I don't understand where his question is going. He's talking about his mother. He's talking about a trip. He's talking about shaking hands with people. This has nothing to do with the estimates.

Either we stick to the estimates or we call it a day.

The Chair: I want to hear Mr. Doherty's question.

On the question that he has asked about the shaking of hands, I think there was a valid point of order raised. I asked him to tie it to the estimates. I think he's trying to do that.

Mr. Doherty, please go ahead.

Mr. Todd Doherty: The point is, Mr. Chair, that the minister has sat here for the last 45 minutes and has made a number of assertions against the Conservative government, without knowing any background or perhaps without caring about the background. I think it is relevant when we have a minister of the Crown travelling on taxpayers' funds and have somebody who is a proud Jewish member of the cabinet, whose daughter she introduced, who served.... She has also referenced, throughout her testimony, that she is a mother. She's brought that into her testimony.

Through you, Mr. Chair, I will ask her.... I can't imagine that it was a proud moment or an easy moment—

• (1250)

Ms. Arielle Kayabaga: I have a point of order, Chair.

The Chair: Mr. Doherty, the question is out of order and you are out of time.

I recognize Dr. Hanley for the next five minutes.

Mr. Todd Doherty: Do you want to give her a chance to answer?

Ms. Arielle Kayabaga: Chair, I call a point of order.

The Chair: No. Your question is out of order and you are out of time.

Dr. Hanley.

Ms. Arielle Kayabaga: Chair, I called a point of order.

The Chair: You have a point of order, Ms. Kayabaga. Go ahead.

Ms. Arielle Kayabaga: I called a point of order on the outrageous comment our colleague just made. It's borderline offensive to our minister, and I hope he can apologize.

Mr. Stephen Ellis: It actually happened. How can it be offensive?

The Chair: Dr. Hanley, please go ahead. Let's get through this.

Mr. Brendan Hanley (Yukon, Lib.): Thank you, Minister, for being here.

Thank you to all the officials, as well, for persevering.

Minister, I also recognize that you referred to yourself with pride as a mother. My question is going to be very different, though. It relates to some of the challenges that teenagers face today. You and I are both parents of teenagers, and we know it's a challenging time.

One of my specific questions is about post-secondary students and how our government has made investments to support wraparound services for post-secondary students, particularly post-pandemic, when there are so many extra stresses.

Hon. Ya'ara Saks: Through you, Chair, I thank the member for the question.

This is why the youth mental health fund is so important in the scope of the applications we are receiving. It also includes university services working in collaboration with community services.

We know that students coming out of the pandemic were facing tremendous challenges in adjusting to life on campus, to new pressures and to a different learning environment from the one they experienced in the pandemic. It is a key time to establish milestones and good social habits, whether for study, work or work-life balance. This is why we wanted to ensure that the youth mental health fund was also accessible for universities to apply for.

That being said, we also know that students on campus are part of community life, and bolstering both community services and campus services is a key component of the fund.

Mr. Brendan Hanley: Thank you.

You and I were together in the Yukon. You came to visit the Yukon a few months ago and we travelled to Dawson City together. We met with many community groups and first nations leaders. We met some wonderful youth and youth leaders in the Yukon.

Specifically, you were talking about the youth mental health fund, which you referred to, but also about the emergency treatment fund. I want to take time for you to elaborate on the emergency treatment fund. I think it's not always intuitive what this fund actually intends to address for communities. You talked about this a bit in your opening statement, but when I think about some of our more remote and first nations communities....

Can you explain, with a more pragmatic lens, what this actually means and can mean for communities that are ready to apply for this fund?

Hon. Ya'ara Saks: Thank you.

This is really a unique opportunity, through the emergency treatment fund, to be on the ground in municipalities and indigenous communities across the country to address their urgent needs in relation to the public health crisis we are seeing with the illicit toxic drug supply and its impacts on overdose.

This fund was intended to provide short-term support so that communities can rapidly mobilize and build capacity, because we know communities are different. Some need enhanced supports that are culturally appropriate. We all know that oftentimes a trauma-informed lens in delivering these services is needed and there needs to be training. We also wanted to enable evidence-based substance use treatment, harm reduction and integrated services to be scaled up in real time.

In some communities, it could be ensuring that there are more outreach teams on the ground, distributing naloxone kits and referring folks to care. In other communities, it may be on-the-land healing programs that are underfunded that really need to address the needs in the community.

We heard from communities across the country that they needed a rapid response to meet immediate crisis needs, and this is exactly why we designed the fund this way, as opposed to transfers to the provinces.

• (1255)

Mr. Brendan Hanley: Thank you.

I think I have 20 seconds. I'll give a plug to Planet Youth. You can take the last 20 seconds to describe what's important about Planet Youth and our investments in Planet Youth.

Hon. Ya'ara Saks: Planet Youth is a unique program that addresses youth in rural and remote communities by bringing together families and communities from a prevention lens but also empowering young people to make healthier choices while being active in their communities and in their families. It's a really positive investment, and it's forward thinking in investing in our generation of young people.

Mr. Brendan Hanley: Thank you.

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

Minister, that takes us to the end of the second round of questions and to the full hour, as promised, although I know you've been here for two. We appreciate your taking questions for the hour and for hanging in there, as always.

On behalf of the committee, allow me to wish you a happy Hanukkah and a restful holiday. I trust that you are going to be able to take some holidays.

Minister, you're welcome to stay, but you're free to leave. We have next up some time with officials, depending on the will of the committee, as we are approaching one o'clock.

I see that Dr. Powlowski is trying to get my attention. I wonder what he's looking for.

Thank you, Minister.

Go ahead, Dr. Powlowski.

Mr. Marcus Powlowski (Thunder Bay—Rainy River, Lib.): Given that Christmas is coming in the next couple of weeks, I'd like to spend the next few hours making merry and enjoying the coming Christmas.

I hope the Grinch-loving Conservatives agree with me, and I hope they will agree with me in moving to adjourn.

The Chair: The motion to adjourn is not debatable, but we can go straight to a vote.

Mr. Gord Johns: Mr. Chair, if we do, can I just make a really quick comment for the public servants?

The Chair: No, a motion to adjourn is not debatable.

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

Some hon. members: Agreed.

The Chair: Thank you, colleagues.

The meeting is adjourned.

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