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• (1640)

[English]

The Chair (Mr. Kelly McCauley (Edmonton West, CPC)): I call this meeting to order.

Good afternoon, everyone. Welcome to meeting number 120 of the House of Commons Standing Committee on Government Operations and Estimates, also known as the mighty OGGO, the only committee that matters.

Before we start, I want to thank Cipher and Fox, who sent me this fantastic sticker of the mighty OGGO that now adorns my computer. We actually have fans of the committee out there, so thanks very much for the stickers.

I have a reminder for everyone about the headphones to prevent disruptive and potentially harmful feedback that can cause injuries. Just as a reminder, keep your earphones away from the microphones at all times. When you're not using the earpiece, please place it face down on the middle of the sticker for that purpose, which you will find on your desk.

We are resuming the debate that Mr. Genuis introduced. He does have the floor. Just so everyone knows, if we get through this, we will go in camera to discuss a couple of items as well as start on the Canada Life study.

On the speaking list after Mr. Genuis, I have Ms. Vignola, Mr. Kusmierczyk, Mr. Jowhari and then Ms. Goodridge.

Mr. Genuis, please, the floor is yours.

Mr. Garnett Genuis (Sherwood Park—Fort Saskatchewan, CPC): Thank you, Chair.

I will just summarize quickly what this motion is about for those who are just tuning in. I know some members are different from those who were here last time.

Conservatives have a deep, fundamental concern with many aspects of the way the government has approached the opioid crisis. However, regardless of your views on that, I think it's legitimate to ask for critical information about the contracts associated with that program and that it's something we can all agree on.

What we know about the history of the opioid crisis is that Purdue Pharma developed an opioid product, which they overpromoted with lies and misinformation. That caused the opioid crisis in the first place.

Now Purdue Pharma, and other companies, are offering dangerous drugs that the government is buying and giving away, suppos-

edly as a solution to this problem. Conservatives are saying that we need to get to the bottom of the relationships that exist between corporations and government and the kinds of contracts that exist. How are Purdue Pharma and other companies that are making these products profiting? What is the structure of these agreements? Is there indemnification protecting these companies from legal liability? These are all questions that I think are in the public interest for us to know.

Out of this concern, Conservatives have put forward this important motion to get the contracts. I know there's been some informal discussion in between; and if there are reasonable amendments, of course we'd be happy to see those, because the principle here is that we need to see the contracts that the Government of Canada has signed with these companies. It's important for accountability and for protecting the public.

We know the kinds of practices that these companies have engaged in in the past, and we need to get to the bottom of what kinds of practices and relationships exist in the present.

Just before I conclude, Chair, I wanted to note that we have the letter that came in from Dr. Somers with some additional information on that, and I was hoping we might be able to invite Dr. Somers to share a bit based on his experience.

The Chair: I realize it came out late. Did everyone see the letter? Maybe everyone should just take a look. It came out early in the afternoon. It's someone who wants to appear and talk about some of the issues—oh, a professor from SFU. Take a look, and maybe we can bring him here on these issues.

Go ahead, Mr. Genuis.

Mr. Garnett Genuis: Okay. Are we able to invite him?

The Chair: Are we fine with that?

Mr. Irek Kusmierczyk (Windsor—Tecumseh, Lib.): I'm sorry, but I'm just not understanding under what context, for which study?

The Chair: It's just on this issue.

Mr. Irek Kusmierczyk: Which study is it?

The Chair: On the motion that's before us right now.

Mr. Irek Kusmierczyk: I imagine the proper order of business is for us to discuss the motion and vote on it, and if there is a study, maybe talk about the witnesses afterward. I think we're putting the proverbial horse before the cart.

Mr. Garnett Genuis: Maybe have a look at the letter in the meantime. Dr. Somers has some information that I think would be of interest to all members about lobbying and the relationships associated with—

The Chair: Thanks. Let me just interrupt you.

Maybe just take a look at the letter. It came out about three hours ago. I can ask the clerk to resend it, but take a look at it over in the next bit. We can maybe look at that.

Mr. Genuis, go ahead.

• (1645)

Mr. Garnett Genuis: I will wrap up my comments, and we can come back to these points.

As I said, as a matter of accountability—accounting to Canadians what has happened and what's happening in the present in the relationship between the government and these pharmaceutical companies that are profiting through the sale to the government of these dangerous drugs—I think the public has a right to see these contracts.

Hopefully, we will be able to get to a resolution on that.

Thank you, Chair.

The Chair: Thanks.

Next I have Mrs. Vignola. Go ahead.

Before you do, I just want to comment on what a wonderful, moving S.O. 31 you made in the House today. I think we'd all be happy if you reiterated a tiny bit of what you said in the House today.

[*Translation*]

Mrs. Julie Vignola (Beauport—Limoilou, BQ): Thank you, Mr. Chair.

To answer your question, tomorrow is the Leucan shaved head challenge in Limoilou, in support of Jean-François Girard. He's the executive director of Limoilou en vrac, the hub of Limoilou's cultural and artistic scene. Jean-François is battling an aggressive form of lymphatic cancer.

Since I couldn't make it in time for the challenge tomorrow, I decided to do it today. I made the statement to show my support not only for Jean-François, but also for the many people who are battling cancer or who have recently passed away from it.

That's why my head is shaved.

Some hon. members: Hear, hear!

• (1650)

Mrs. Julie Vignola: I'm not trying to imitate Sinéad O'Connor. You're lucky not to hear me sing.

I have two concerns about the motion before us. My first concern pertains to the word “contracts”. By definition, this would fall within the purview of our committee. However, this also involves a public health issue already being studied by the Standing Committee on Health.

My second concern—and the one that I'm particularly worried about—lies in the fact that we're ordering the Canadian provinces to provide documents when we have no business asking them for anything. This runs counter to the spirit of the Constitution. This intrusion should be neither encouraged nor supported. These are my two main reasons for opposing the motion as it currently stands.

I understand that opioids are a major source of concern. The product should be used—at least, it should have been used—to relieve pain that other products couldn't alleviate. They have become a public health social issue that leads to many other challenges.

There isn't just one solution. Some solutions have been proposed by a few provinces, while other solutions are being considered. We shouldn't throw the baby out with the bathwater. We should instead look at the big picture and analyze the current situation in terms of results. Should we start all over again, or should we just monitor certain aspects more closely to ensure public peace and health, in order to address this crisis and ultimately make it go away?

That said, I'll get back to my two concerns. First, this issue is already being studied by the Standing Committee on Health. I don't want to duplicate the work. It's a waste of public money, even though our committee members may be extremely interested in the topic. However, I find it very difficult to deal with duplicate work.

Furthermore, giving orders to the provinces amounts to interference and intrusion. I can't support the motion as it stands.

I'll leave it at that.

[*English*]

The Chair: Thank you very much.

Mr. Kusmierczyk is next.

Mr. Irek Kusmierczyk: Thank you, Mr. Chair.

I just wanted to again applaud the courage and the solidarity that my colleague across the table has demonstrated in the House. That's just tremendous leadership. She is very eloquent when she speaks and very eloquent even when she does not speak.

I just wanted to say thank you once again, Madame Vignola.

I agree with what Madame Vignola has said. The opioid study belongs in the health committee, HESA. This committee, my colleagues across the way and the Conservative Party will be happy to find out or happy to learn, is already studying this issue of the opioid epidemic. It's actually entitled, “Opioid Epidemic and Toxic Drug Crisis in Canada”.

This is the study that HESA is already doing. They have already had 33 witnesses called on this issue. They have had eight meetings. Their ninth meeting on this issue, as I understand it, will be tomorrow. They've had 33 witnesses. They've had 18 briefs on this very issue. They are the committee that has the expertise and the resources to study this issue.

I would say that this issue belongs in the HESA committee, in the health committee, where it's currently being studied. This would only duplicate those efforts. I truly believe that our colleagues across the way should reach out to their colleagues in the HESA committee and work through them, because they are already studying this issue.

At the same time I would say that for me, my priority is to fix this issue and to see this issue fixed. The opioid crisis should not be treated and used for fundraising. This committee should not be used as a platform for fundraising and for cheap clips. This is too important an issue, too serious an issue. People are dying. They are losing their lives because of it.

I strongly believe that this study, again, is already being undertaken at the health committee. That's where it belongs. That's where they have the expertise. It's where they have already done the serious work to deal with this issue. They've brought in witnesses with various viewpoints on this issue. I do truly believe that's where this study belongs.

The other thing I would add is that we're seeing provinces grappling with this issue. We're seeing provinces of various different stripes grappling with this issue. It's important that we work with our provincial partners and understand this issue fully and not jump to conclusions.

Obviously, British Columbia has one model that had elements of decriminalization as part of their pilot project. Alberta went the completely opposite way and is also seeing tremendous increases in opioid deaths. In Alberta a historic number of people are losing their lives to this scourge, to this epidemic.

I think it's important that we draw the lessons and not focus on just one viewpoint or one jurisdiction. We should really work with our provincial counterparts who are on the front lines of this battle, work with our municipalities, and work to fix this issue. That's what I would say.

Again, the motion that is before us has a very tenuous link to the mandate of this committee. If we really want to study and get a handle on the opioid epidemic and the toxic drug crisis in Canada, then, again, the HESA committee has already done the spade work on this issue. They're already far ahead into their study. I do believe that's where this study belongs.

Thank you.

• (1655)

The Chair: Thank you, Mr. Kusmierczyk.

Mr. Jowhari, you're next.

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

I want to echo my colleague's recognition of Julie's leadership.

Julie, you are a leader in the House, outside of the House, in the committee, and out there in the community, so thank you.

Among the permanent members of OGGO, probably I'm in a unique position in that I also am a member of the HESA committee. As so many of my colleagues have already said, we are study-

ing the opioid crisis in the HESA committee. You got a quick stat from my colleague, MP Kusmierczyk. The next session, which is tomorrow morning, is on the opioid crisis. It's a very collegial committee. We've always recognized the need—

A voice: And we're not?

Mr. Majid Jowhari: No, we're not.

When we needed extra time to be able to do a study, we very openly talked about it. We've also agreed in that committee that we'll extend the women's health study. One of our colleagues who was here from that committee, Madam Goodridge, suggested an excellent two-day study, a two-session study, on women's breast cancer, and then we are going to the research. I don't think there would be any issues, once this motion has been referred to the HESA committee, in extending the existing committee work on opioids by a few sessions to be able to go through the contracts and have that deep dive that we need to do.

Also, there is precedence in that committee for us to look at contracts. We looked at Medicago and we looked at other contracts related to COVID. Just the fact that it's related to contracts doesn't mean that it has to come to OGGO only; it can go to HESA.

I'll be brief, rather than repeat myself. There is an ongoing study, as my colleague said. We've never had an issue when a worthy study and a worthy motion has come to HESA to be looked at. I'll be supporting this motion when it goes to HESA to be looked at. Just because it has to do with a contract... HESA's never had an issue with looking at that aspect of a study, so I strongly suggest that we forward this motion to HESA. I'm sure that with Dr. Ellis's support and Madam Goodridge's support, we will be in a position to be able to extend the study and do a deep dive on this.

Thank you, Mr. Chair.

The Chair: Thank you, sir.

Mr. Ellis, welcome to OGGO.

Mr. Stephen Ellis (Cumberland—Colchester, CPC): Thank you, Mr. Chair. It's good to be back.

[*Translation*]

I have already spoken with my Bloc Québécois colleague. I would like to thank her again for her new haircut.

[*English*]

That said, in my mind and as Mr. Jowhari knows very well, HESA is not the place for contracts. They don't belong there. They belong at OGGO.

I'll start my remarks by reminding folks here of the mandate of OGGO, which is that:

Pursuant to Standing Order 108(3)(c), the Committee's mandate includes primarily the study of:

the effectiveness of government operations;

the expenditure budgets of central departments and agencies;

the format and content of all estimates documents;

cross-departmental mandates, including programs delivered by more than one department or agency;

new information and communication technologies adopted by the government; and

statutory programs, tax expenditures, loan guarantees, contingency funds and private foundations deriving the majority of their funding from the Government of Canada.

The Committee is specifically mandated to examine and conduct studies related to the following organizations.

It goes on to list a bunch of organizations.

That said, it would be a significant departure from what we have ever done at the health committee in the past. Certainly, having looked through a multitude of documents over many years, I would suggest it's not something that happens at the health committee.

That being said, Mr. Chair, I can't better underscore the necessity for this study to be undertaken than by going back and looking at the history of OxyContin and Purdue Pharma.

In my past life, I was part of an interdisciplinary team that treated chronic pain. I believe we started that in the early 2000s. We were intimately aware on that team of the ravages of the use of opioids in attempting to treat chronic or persistent pain.

In examining the story of Purdue and OxyContin, there are lots of interesting movies out there that may or may not be true. That being said, we do know that the parent company, Purdue Pharma, and the Sackler family, were successfully sued for \$6 billion to pay for the ravages of opioid misuse.

We know that there was significant junk science done to allow the continued prescribing of opioids in an inappropriate manner, even after the good science made us well aware of the fact that it wasn't going to work. We also know that documents were difficult to find. I wouldn't say they were hidden, but there was much misinformation and disinformation, and that became a significant cause for concern.

There was a point in time in this country when, in the treatment of chronic or persistent pain, part of the mantra was that more and more opioids should be given until the pain was gone. Anybody around the table with any common sense would be able to understand that this was unlikely to happen.

That being said, as we move forward through this and begin to understand that the treatment of opioid use disorder is incredibly difficult and multi-faceted, given the sordid history of what happened with the prescription of OxyContin in the past—and oddly enough, that Dilaudid, or hydromorphone, is also made by Purdue Pharma—people here need to bear that in mind as well.

Mr. Chair, we have heard testimony at the health committee, and my colleagues have described some of it. I think one physician who testified there put it very eloquently when he said that opioid use disorder is not a lack of opioids. It's not like iron deficiency; with iron deficiency, if you get more iron, you will be fine. I suggest that this is much more complicated, and it is our mandate at the health committee to study it.

• (1700)

I suggest that the mandate here is to begin to uncover those contracts to see whether there is any nefarious intent or suspicious benefit, or whether any actors—a state or potentially a drug company—benefited from the policies that were put forward, including decriminalization, which would most significantly be affected. We saw, in the experiment in British Columbia, a reversal of that particular program.

We also know that with its cousin program—I will use that terminology—the so-called “safe supply”, there's been significant diversion of hydromorphone in particular, or Dilaudid, as it's also known, which is once again made by Purdue Pharma. We know that this type of medication has been diverted. We also know and have concern about the potential nefarious intent of not calling for a ban on the precursor chemicals for making fentanyl in this country.

I hope that allows committee members here at OGGO to understand what our mandate at the health committee is, what we have been studying and uncovered thus far, and also to realize that this is a departure from what would have historically been studied at the health committee. It is certainly well within the mandate of government operations to adopt this well-thought-out motion that is in front of the committee and to bring witnesses to study that.

With that, Chair, thank you.

• (1705)

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

Mrs. Goodridge, please go ahead.

Mrs. Laila Goodridge (Fort McMurray—Cold Lake, CPC): Thank you, Mr. Chair. It's lovely to be back here at the glorious OGGO.

I am a regular member of the health committee, and so I have had an opportunity to sit through the multitude of meetings that we have had in looking at the opioid epidemic, but what we have here in the motion from my colleague, Garnett Genuis, is actually substantially different from what we've been studying at the health committee. This is about looking at the contracts and trying to get to the bottom of where the money came from. This is precisely why I believe that it is critical that we have it at OGGO rather than at the health committee.

I understand that a few hours ago the chair and everyone on this committee received a letter from Dr. Julian Somers, a distinguished professor who has been quite vocal when it comes to addiction and addiction medicine. In his letter he talks about the fact that he is a clinician and researcher in the field of addiction and has led a number of different federally funded initiatives specifically designed to reduce addictions and related harms.

When he saw that our motion was on record at the OGGO committee, he took it upon himself to write in and ask to present. Earlier this week, he did a podcast, and in the podcast he was talking at one point about some of the very concerning pieces that were coming out of British Columbia, specifically in relation to some of the top public health officers who were the ones who were making decisions as to whether they would go forward with so-called safe supply in British Columbia, which created companies that then stood to profit and are providing safe supply in British Columbia.

Effectively, the very same doctors who were making the policy decisions as to whether they should or shouldn't go forward with a particular policy, in turn, had companies involved to do this. I really do think it is critical for us to not only go forward with this study from my colleague but also to have Dr. Somers come to the committee to testify and give a little bit more breadth on the allegations he made in the podcast earlier this week.

I'm going to see if perhaps we could have some conversation about first having a vote on the notice of motion from MP Genuis to get to the bottom of it and look at the contracts. This truly is the best committee when it comes to looking at the specifics and the dollars and cents of it, because we do know that government money has gone towards these programs. We do know—and perhaps Liberal members can raise their eyebrows and everything else—that the program that was called “safer supply” is effectively governments that have decided to give prescription hydromorphone and Dilaudid.... Specifically, in many cases it is Dilaudid, the Purdue brand name of hydromorphone, a synthetic opiate that is stronger than heroin, that is being given to people who are struggling with addiction, and it is all paid for by taxpayers.

We need to know who's paying, how much is being paid, and who is getting rich off this. At the end of the day, if someone is in fact profiting from this, that is absolutely an issue. If it's not happening, there shouldn't be any fear from any member around this table about getting to the bottom of this.

With that, I would hope that we can get to a vote.

The Chair: We go now to Mr. Genuis, please.

Mr. Garnett Genuis: I've listened to some of the debate and I have a simple amendment to propose that will hopefully resolve some of the concerns.

I sent it to the clerk a few minutes ago. The one change in part (b) is to replace “order” with “respectfully ask”, because I think there had been some feedback on that around provincial governments. That's the one proposed change as part of the amendment.

Another change is to add a part (c) that says, “share the documents referred to in (a) and (b) with HESA in the event that HESA finds these documents useful.”

This is a document production request—it's not a study request—so I don't think there's a great need to have a lengthy back-and-forth about whether this should be at this committee or at that committee. This is simply a request for documents, so how about we get the documents? Then we have the documents and we also share them with HESA. That way, we have the documents and HESA has the documents.

I agree with my colleagues about the proper mandate of this committee being around contracts. At a minimum, based on that, we can agree that it's good for us to have them. Now, might members of the health committee find these documents interesting as well? Sure. Hopefully, we add that section in to request the documents. Let's not make the process needlessly bureaucratic by referring it to another committee to then request the documents, which they could then share back to us. Let's get it done here, and then we can share the documents with the other committee.

The amendment is to change “order” to “respectfully ask” in part (b), and to add a part (c) about sharing the documents referred to in (a) and (b) with HESA—

• (1710)

Mr. Charles Sousa (Mississauga—Lakeshore, Lib.): I have a point of order, Mr. Chair.

Mr. Garnett Genuis: I'm suggesting that one of my colleagues might want to move this amendment—

Mr. Charles Sousa: I have a point of order, Mr. Chair.

Mr. Garnett Genuis: Yes, that's what I meant to say, Mr. Chair. I meant to say that I was describing an idea for an amendment that someone else might move.

The Chair: Mr. Sousa, go ahead on your point of order—

Mr. Charles Sousa: If I understood correctly, he had an amendment that he's now asking for us—

The Chair: Please let me finish, sir. I'm sorry.

We'll hear you on your point of order, then we're going to Mr. Bachrach on the speaking list.

Go ahead, Mr. Sousa, please.

Mr. Charles Sousa: I think the amendment to move this to HESA should be read.

The Chair: That's not a point of order, but I appreciate that.

Mr. Bachrach, go ahead.

Mr. Taylor Bachrach (Skeena—Bulkley Valley, NDP): Thank you, Mr. Chair.

This speaks to a really difficult issue that's taken a lot of lives in the area I represent, and I think it's one that needs to be handled with the sensitivity that it deserves in recognition of the deep pain and anguish that has been caused for people right across the country.

Dr. Ellis referred to this as a difficult, multi-faceted topic, yet in much of the debate in the House or in many of the messages we've heard.... I don't think that what we've heard in the House has really measured up to that test of a difficult topic that's multi-faceted. This has become politicized in a way that I think does a great injustice to the families that have been affected by it.

I'm going to be very careful with my words in trying to deal with this motion before us. It seems that there are some suggestions that there's some sort of impropriety related to contracts. If that's the case, then that's absolutely something that OGGO should look into. If we're talking about federal contracts—the purview of this committee—and there's some kind of impropriety, as we've seen in other cases that we've dealt with, then I absolutely would support getting to the bottom of that. However, it's a little bit unclear what the scope of this line of inquiry is or what the purpose of the inquiry is.

Mrs. Goodridge said earlier that she wants to get to the bottom of where the money came from. My understanding is that the provinces purchase these products for use in the programs, and they purchase them themselves. Are there federal contracts that are going to show that the federal government is purchasing these opioids? There's been very little information.

If we restrict the scope of the inquiry to federal government contracts, memoranda and agreements, then that's something I can get on board with, and I think this is what my colleague Mr. Genuis was getting at.

Therefore, I would move an amendment that we simply delete all of the words after “any safe supply program” so that the motion would read, “That the committee, in relation to the opioid epidemic and toxic drug crisis in Canada, order the production of all contracts, agreements or memoranda of understanding to which the Government of Canada is a party, signed since January 1, 2016, concerning the purchase, acquisition or transfer of Dilaudid or any generic form of hydromorphone for use in any safer supply program.”

I would add the letter “r” to make it “safer supply”, because that's how they refer to it in British Columbia

The reason for this is that I do think that when we get into the amounts, dosage, and frequency of delivery, we're really talking about the health dimensions of this issue and not the contractual dimensions. Those really do belong more appropriately at HESA.

I will move that amendment that we delete all the words after “in any safe supply program”, and I'm happy to hear the contributions from my colleagues.

Thank you.

• (1715)

Mr. Garnett Genuis: I'm sorry. I have a point of order, Mr. Chair.

I assume that the member intends to leave in the words “provided that these documents shall be deposited with the clerk of the committee, in an unredacted form and in both official languages, within three weeks of the adoption of this order”.

Can I assume that you just meant to remove the portion up to and including the words “hydromorphone to be used”?

The Chair: Would you mind clarifying for the clerk exactly what it is you're deleting, please?

Mr. Taylor Bachrach: I apologize, Mr. Chair.

Thank you, Mr. Genuis.

It is to delete the words after “in any safe supply program” and before “provided that these documents”, if that's clear enough. That was indeed my intent.

The Chair: Okay, thanks.

I'll start on the amendment. I have Mr. Kusmierczyk and then Mrs. Vignola.

Mr. Irek Kusmierczyk: I appreciate what my colleague said. I really appreciate his introductory remarks, because I think they really set the context of this conversation. It's a complex issue. Many different provinces and communities that are trying many different approaches are struggling to wrap their heads around this issue and get hold of this issue. I think that there's a complexity to this that we have to understand, so I really appreciate his just putting this into the broader context.

I do want to ask him whether he would consider, at the start of his amendment, including that this motion would be referred to the Standing Committee on Health, because, again, it's my strong feeling that the tremendous work that's already been done in that committee on this issue provides that context, provides that—

The Chair: I'm sorry, but I'm going to interrupt. That subamendment is out of order. We can't put in a motion to refer to someone else.

Mr. Irek Kusmierczyk: I'm just speaking to my colleague, and I'm just asking if that's something he would consider.

Something we can do subsequently is to return to the original motion—that's what I wanted to put out there—as we did with Medicago.

That committee has done all the spade work and the hard work of generating the witnesses and the testimony. They have the full picture of this, and it makes sense that they would look at the contracts with that expertise and make connections to the testimony they have already heard. They would have the sensitivity to be able to look at this issue and the new information and, as my colleague has stated, do it justice.

I'd be interested in seeing a motion put forward supporting what Mr. Bachrach has said, but amending the motion to remove the reference to the provinces, because that is the purview of the provinces, but at the same time to move this within the broader study of the opioid crisis in the HESA committee.

The Chair: Thanks.

We'll go to Ms. Vignola.

[*Translation*]

Mrs. Julie Vignola: Thank you.

I'm a visual person. I need to see the amendment and subamendment in writing so that I can fully understand each of the terms and what they mean, if that's possible.

[*English*]

The Chair: There is no subamendment; it's just Mr. Bachrach's amendment. The clerk is just updating it, and we'll send it to you.

[*Translation*]

Mrs. Julie Vignola: Thank you.

• (1720)

[English]

The Chair: The amendment by Mr. Bachrach was deleting a line or two. That will go out.

While we're doing that, Ms. Khalid, go ahead.

Ms. Iqra Khalid (Mississauga—Erin Mills, Lib.): My point was also just to seek some clarification.

With the way Mr. Bachrach read his motion, I was under the impression that (b) was to be deleted. I'm not sure if that is the case or we're just leaving it with the language of (a) and just ending it there.

Mr. Taylor Bachrach: In essence, we're just waiting for the translation.

The Chair: It will come out to you shortly from the clerk.

Go ahead, Mr. Bachrach.

Mr. Taylor Bachrach: The amendment is to remove the words after “in any safe supply program”.

Do you see that in (a)? It's between that and “provided that these documents”, and to remove paragraph (b) altogether.

Ms. Iqra Khalid: It's to remove paragraph (b). That's what I was asking.

Mr. Taylor Bachrach: The entire motion would read, “(a) order the production of all contracts, agreements or memoranda of understanding to which the Government of Canada is a party, signed since January 1, 2016, concerning the purchase, acquisition or transfer of Dilaudid or any generic form of hydromorphone for use in any safer supply program, provided that these documents shall be deposited with the clerk of the committee, in an unredacted form and in both official languages, within three weeks of the adoption of this order.”

Ms. Iqra Khalid: That's the entirety of it.

[Translation]

Mr. Taylor Bachrach: Right.

[English]

Ms. Iqra Khalid: Thank you. That clarifies it for me. Thank you, Chair.

Actually, there is one more thing for clarification.

I'm wondering about the date—January 1, 2016. Is there a specific reasoning for that?

I'm sorry, but I'm brand new at this committee. I'm just wondering if there's any reasoning behind that date. Is it one of those arbitrary ones, like 10 years or eight years? Is there significance to that?

The Chair: You can get back to it when it's—

Mrs. Laila Goodridge: I didn't get the rationale for the date.

The Chair: Ms. Vignola is next, and then we'll pop over to you, Mrs. Goodridge. You can address that.

Ms. Vignola, go ahead.

[Translation]

Mrs. Julie Vignola: Removing paragraph (b) completely is a good option, given that the provinces must remain independent.

I would also like to make a small clarification. Of course, the review of contracts falls within the mandate of the Standing Committee on Government Operations and Estimates. Contracts are related to procurement, for example. That said, the other committees do indeed review contracts. For example, the Medicago contracts were brought to the attention of the Standing Committee on Health. When other committees don't feel up to studying a contract, they usually count on us to study it and identify the key points. For example, the Standing Committee on Industry and Technology and the Standing Committee on Health also study contracts.

To sum up, the Standing Committee on Government Operations and Estimates isn't solely responsible for reviewing contracts. I wanted to make that clear. There are about 400,000 contracts a year, and we're also human beings.

[English]

The Chair: That is a point well made.

Mrs. Goodridge, please go ahead.

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

There was a question from Ms. Khalid regarding the selection of that date, and the date is roughly aligned with when the conversations happened surrounding Canada's first so-called safer supply program in London, Ontario, which began in 2016. This would just allow us to encompass those historical data.

It's worth noting that a while ago, Dr. Ellis put forward an Order Paper question, and in it we got a whole bunch of data back on SUAP, which is the substance-use funding agreement. In some parts of it, it literally lists the project title as “Safer Supply”, and then in the activity, it says, “Service Delivery”. It leads us to believe that there would in fact be federal government contracts for this. It's just one of those situations in which we've tried, through OPQs, to get to the space, and considering this is a space where taxpayer dollars are going towards these substances, I do think it is incumbent on us to just make sure that we're looking through this.

While I appreciate the conversation that contracts can be looked at in different committees, which is very true, contracts regarding government money do fall under the purview of OGGO. So as to not continue having these conversations, I would prefer to see paragraph (b) stay in, with respectfully asking provinces and territories to provide us with these contracts.

However, I do understand the concerns that have been raised regarding provincial jurisdiction; I just hope that we can support this in order to get these documents and see where the contracts lie.

• (1725)

The Chair: Perfect.

The amendment, as presented by Mr. Bachrach, has gone out to everyone's P9s. As mentioned, it would delete paragraph (b) entirely and delete the text starting with where it says, "together with any related documents", etc., and ending with "hydromorphone to be used".

If we do not have...

We'll go to Mr. Bachrach, and then Mr. Genuis and Mr. Ellis.

Mr. Taylor Bachrach: I found Ms. Khalid's question about the date an interesting one. It's not something that I had considered, but 2016.... I'm curious about the rationale, because I think if we want to really get to the bottom of this, we should probably go back to the date of the earliest federal agreement or contract that relates in some way to safer supply. I don't have that date offhand, but I think that would be the most reasonable and logical approach for the motion to take.

Mrs. Laila Goodridge: That's what I said.

Mr. Taylor Bachrach: Maybe I missed it. I'm sorry, Ms. Goodridge. Did you explain that earlier?

Mrs. Laila Goodridge: That's what I said.

Chair, may I explain?

The Chair: I have Mr. Genuis and Mr. Ellis up next, but if they want to skip their spots, you can address it, and then we can go back to them.

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

Effectively, Canada's first so-called safer supply program came to be in London, Ontario, in 2016, so this would encompass those potential contracts, which is precisely why that date was picked.

Mr. Taylor Bachrach: Thank you, and I'm sorry if I missed that.

Mrs. Laila Goodridge: No worries.

The Chair: I have Mr. Genuis up next, and then Mr. Ellis and Ms. Khalid.

Mr. Garnett Genuis: We can keep talking about this issue, and it's certainly an important issue, but I think we're probably zeroing in on a consensus, so maybe we can just agree to it and be done with it.

Although it's not ideal from our perspective, I'm happy to accept the amendment, recognizing that I can count as well as anyone.

I would just suggest, to address the issues around the committee, that we add the line I had informally proposed: "share the documents referred to...with HESA in the event that HESA finds these documents useful." I think if we agree to adopt the amendment, add that change and adopt the motion, then we're done.

I don't know if you want to proceed in that fashion or not, but—

The Chair: I'm sorry, but it would require a stand-alone amendment, not...

Mr. Garnett Genuis: No, I don't mean an amendment. Committees can operate formally or informally if there's agreement.

The Chair: You know, if the parties wish to suspend for a few minutes to maybe chat this out—

Mr. Garnett Genuis: No. I think we have agreement already.

Some hon. members: Yes.

The Chair: Well, I don't know.... You've just proposed an amendment for him to suggest—

Mr. Garnett Genuis: That's fine. Let's vote on Mr. Bachrach's amendment. Then I'll—

The Chair: I have Ms. Khalid next.

Mr. Garnett Genuis: There's no need to suspend. Let's get our work done.

Ms. Iqra Khalid: Are we suspended?

The Chair: No. I have you next, and then Mr. Bachrach.

Ms. Iqra Khalid: I'm not sure if I agree with the rationale we've been discussing on the date. If we're really wanting to delve deep into this issue, then perhaps going back 10 years, which is a more reasonable time, would be a little bit more logical.

When it comes to contracts, especially in government, we're all seasoned members of government and politicians. We know how slowly or how methodically things progress. To me, it doesn't really fly that it be the year it was decided that safer centres were going to be opened, whether it was in London or anywhere else in the country. What about the time before that? I think it would perhaps be a decent evaluation to see what the past has looked like. I think a decade would perhaps be a reasonable time.

I understand, Chair, that I cannot move a subamendment, but I did want to get that on the record. Perhaps after the discussion on this amendment we can perhaps entertain another amendment on the date specifically.

Thank you for listening and for entertaining what I had to say.

• (1730)

Mr. Garnett Genuis: On a point of order, Chair, I think you'd find unanimous consent to change "2016" to "1867", to be as comprehensive as you want.

Ms. Iqra Khalid: Don't do that.

Mr. Garnett Genuis: There were no safe supply programs before 2016, so it doesn't matter.

Ms. Iqra Khalid: We're not talking about that. We're talking about contracts that would link to it.

Mr. Garnett Genuis: How about 1750?

The Chair: Colleagues, please.

Mr. Garnett Genuis: I'll give you 1492.

The Chair: Mr. Genuis, please. Thanks.

Mr. Bachrach, you have the floor, please.

Mr. Taylor Bachrach: Thank you.

The one change that I mentioned when making the amendment verbally that didn't show up in the version that was sent by email was just to add "r" after the word "safe" so that the phrase would be "safer supply program". I don't think we need a new version emailed, but I would hate for the discrepancy of one letter to allow the federal government to not provide certain contracts or memoranda because they used the phrase "safer supply program". I think that's the more commonly used phrase, certainly in British Columbia. I would hope that the committee would allow the amendment to stand as I presented it verbally.

On the other piece, just speaking to Mr. Genuis's suggestion around providing the documents to HESA, I'm not an expert in procedure, but I assume that when the documents are provided to us, they're also available to other committees. I do note that we have several members of the HESA committee who have been participating in today's meeting. I would ask if there's any reason that HESA would not be able to take those documents up for their own use in the study.

I expect they're going to have greater utility to HESA. I would welcome it as a separate amendment if that's not the case, but my understanding is that if they're made available, they could be shared with other committees.

The Chair: My understanding is that if they're made available to us, they are the property, so to speak, of OGGO. It would require an agreement from us to send them over. Where we run into a problem is that if something provided to us is confidential or along those lines, it makes it difficult.

Mr. Taylor Bachrach: Thanks for the clarification.

The Chair: It's not as easy as it sounds, unfortunately. We're going through this with ArriveCAN documents in the public accounts committee, back and forth.

As Ms. Khalid would know, it's not as simple as it sounds or as it should be, unfortunately.

Mr. Taylor Bachrach: Fair enough. Maybe we can consider that separately as an amendment, then.

The Chair: I think we're all in agreement with "safer". I'm sure that if this goes through, it will be communicated to the government that it's not identical wording. If they use "safe" or "safest"—

Mr. Taylor Bachrach: Mr. Chair, may I still have the floor?

When the documents come back, I don't believe that the concerns certain members have with these programs are with the contracts. It's with the actual health approach that the programs take. Therefore, it's going to be better considered by HESA, and we're going to end up back where some of my colleagues proposed we go at the beginning, which is that HESA should take it up.

What I don't want to see is a study at OGGO about the merits of safer supply as a health approach. I think that belongs at the health committee. If there's some sort of impropriety involving federal contracts, absolutely, let's take it up, but I haven't seen any evidence

of that thus far. The products for these programs are being purchased from companies that produce the products.

To the earlier comments about profiting, it's a commercial transaction, just like the purchase of any other pharmaceutical from companies that produce pharmaceuticals. Some of these companies are pretty objectionable—fair enough—but we haven't seen any evidence of impropriety along the lines that have been alluded to.

I'll leave it at that, and I look forward to the vote.

The Chair: Perfect.

Mr. Kusmierczyk, is this on Mr. Bachrach's amendment?

Mr. Irek Kusmierczyk: Yes. I have just a quick point of order, actually.

I just want to remind my colleague across the table that when we're speaking into the microphone, just to protect the translators, not to pound the table, and also to maintain a distance from the microphone. In the last intervention, I would say that he did both of those things.

Again, just to respect the health and safety of our wonderful translators, I just want to remind him to please be more respectful.

• (1735)

The Chair: I'm not sure if we're allowed to pound the tables. I think with the closeness to the microphone, it's just watching the loudness of your voice and consistent distance, but your point is taken.

Colleagues, I will get back to you on that issue.

Gentlemen and ladies, are we comfortable with Mr. Bachrach's amendment? We all agreed that it will be the word "safer".

(Amendment agreed to [*See Minutes of Proceedings*])

The Chair: Now we are back to the amended motion.

Ms. Goodridge and Mr. Genuis are next.

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

I would like to make a few amendments.

Amendment number one is to add "(b), share the documents referred in (a) with HESA in the event that HESA finds these documents useful", if that is possible.

If not, one other amendment I would like to have is where we've amended it to say "safer supply". My recommendation would be to have "safe supply, safer supply, prescribed alternatives," because those are the three terms that are used, depending on the province, to refer to these programs. It's "safe supply, safer supply, prescribed alternatives programs".

It's just more encompassing, and it's just to really clarify it. For instance, in London, Ontario, the London InterCommunity Health Centre, which has Canada's first safe supply program, calls it "safe supply". I know that in British Columbia, many of them call it "safer supply", due to moves made by the British Columbia NDP government to change it and not adopt effectively a marketing term that makes children think that they are safe.

I do think that's a piece and I do know that some of the newest conversation is that some governments are calling it "prescribed alternatives", so that is my rationale in that amendment.

Mr. Chair, I hope that adding (b) to allow us to share the contracts with HESA is in order. I appreciate that you might have to discuss this with the clerk. Perhaps we could suspend for a couple minutes so you could figure out if that is, in fact, in order or not.

The Chair: Let me just address that.

There are two issues that you've brought forward, and one is the "safe, safer," which I think is pretty agreeable.

On the issue of pre-agreeing to share, if something comes to us that is considered confidential or something like that, then we run into a problem of our sharing it. We ran into that with our Arrive-CAN stuff, as Ms. Khalid knows.

I understand what you're getting at, and some colleagues have commented on it. I think it would be cleaner if we left that part out, but I will leave that up to the will of the committee. Once the documents arrive, we can certainly consider passing them over, but that might be putting the cart ahead of the horse.

Go ahead, Mr. Bachrach, on the amendment proposed.

Mr. Taylor Bachrach: I support the spirit of the amendment. Adding those other terms is in line and consistent with the rationale I made for changing it to "safer". However, sharing the documents with HESA feels a bit problematic. If I recall that wording of the amendment, it indicates that we would only share them in the event that HESA found them interesting or useful.

I would propose that we drop that part and simply share them with HESA. Otherwise, we're asking HESA if something is useful before they've seen it. That's just to simplify it.

Otherwise, I support the spirit of the amendment.

The Chair: That's a valid point.

I have Mrs. Vignola on the amendment.

● (1740)

[Translation]

Mrs. Julie Vignola: Yes, Mr. Chair.

I'm always in favour of sharing. I find that work is done in a silo, that the number of conditions is sometimes absurd and that we need

to take several detours to manage to talk to each other and establish agreements among parliamentary committees and among departments.

I don't know whether anyone can answer my question. Why didn't the Standing Committee on Health ask for the contracts? It can also ask for contracts. I'll get back to the amendment. In a way, aren't we imposing one of our decisions on the Standing Committee on Health? I'm all for sharing, but not imposing.

I don't have an answer to my own question, of course. I'll leave you to ponder that.

[English]

The Chair: I have Mr. Genuis, and then Ms. Khalid and Mr. Sousa.

Mr. Garnett Genuis: I think Mr. Bachrach's suggestion is a fair one, but we're speaking as if we're speaking about an amendment, not a subamendment. I don't know if he formally moved that as a subamendment. If not, I—

Mr. Taylor Bachrach: He won't let us have subamendments.

Mr. Garnett Genuis: You can move subamendments.

Mr. Taylor Bachrach: He's mean that way.

Mr. Garnett Genuis: You can't have subamendments that are unrelated attached to a different section, but you can subamend the section that's proposed to be amended.

The Chair: We have Bachrach's amendment. That's what we're working on.

Mr. Garnett Genuis: No. We're on Ms. Goodridge's amendment.

The Chair: It's Ms. Goodridge's amendment.

If you're referring to your previous one or the other previous one, it was not in order.

What is your question, exactly?

Mr. Garnett Genuis: You can't subamend a subamendment. You can't amend your own motion.

The Chair: I'm not asking you to tell me the green book. What are you asking for, Mr. Genuis? What do you want?

Mr. Garnett Genuis: Mr. Bachrach proposed taking off the rationale part at the end of new paragraph (b). Now it would simply read that "the documents be shared with HESA." That is a subamendment that I—

The Chair: I'm sure we can all come to an understanding that what's proposed is the new wording—safe, safer and that—and that we share them with HESA.

Mr. Garnett Genuis: Agreed.

The Chair: Keep in mind that when the documents show up, we cannot impose conditions on HESA, such as, “Here are the documents, but you have to keep them confidential.” We cannot impose on the other committee.

Mr. Garnett Genuis: Agreed and so ordered.

The Chair: Yes.

If we are fine with that....

Mr. Bachrach, are we fine with that?

We all understand that, as proposed, it will be the wording that Ms. Goodridge provided, and then we will share the documents with HESA.

Mr. Kusmierczyk, do we need a few moments separately?

Why don't we suspend for about two or three minutes, and then we'll come back?

• (1740) _____ (Pause) _____

• (1750)

The Chair: We are back in the meeting, everyone. Thanks very much.

We are now dealing with Mr. Bachrach's subamendment, which is....

Mr. Taylor Bachrach: Are we on my subamendment?

The Chair: Yes.

Mr. Taylor Bachrach: I thought Laila just agreed to that. It was going to be unanimous—

The Chair: No, we have to clear that one first, which is, as you stated, removing the reference to HESA finding them of interest.

Mr. Taylor Bachrach: Do you want to vote on that? Don't you want to just do an informal unanimous consent—

The Chair: If we can have it as UC, that would be wonderful.

Mr. Taylor Bachrach: —or have a mover suggest it?

The Chair: Are we in agreement with that?

Basically, we'll roll in Mr. Bachrach's changes to Ms. Goodridge's original amendment.

Mr. Parm Bains (Steveston—Richmond East, Lib.): Can it be read again?

The Chair: Sure, I'll have the clerk...

What do you want read out, the amendment or the subamendment as proposed by Mr. Bachrach?

Mrs. Laila Goodridge: The most complete amendment—

Mr. Parm Bains: The most complete current version—

The Chair: We will read in the most complete one with the changes Mr. Bachrach proposed and that Mrs. Goodridge proposed. That would be great.

The Clerk of the Committee (Mr. Marc-Olivier Girard): Thank you, Mr. Chair.

Please let me know whether this is correct:

That the committee, in relation to the opioid epidemic and toxic drug crisis in Canada, order the production of all contracts, agreements or memoranda of understanding to which the Government of Canada is a party, signed since January 1, 2016, concerning the purchase, acquisition or transfer of Dilaudid or any generic form of hydromorphone for use in any safer supply program or prescribed alternative programs, in an unredacted form and in both official languages, within three weeks of the adoption of this order; and that the documents received be shared with HESA, the Standing Committee on Health.

Thank you.

The Chair: Mrs. Vignola, do you need it read again? I thought maybe it was going too fast.

Mrs. Julie Vignola: No.

[*Translation*]

I understood what was written. The interpreter conveyed the changes well.

That said, could we receive a paper or electronic copy in the next few minutes?

[*English*]

The Chair: The clerk read it out as Mr. Bachrach and Mrs. Goodridge proposed, so we'll just consider Mr. Bachrach's subamendment rolled into Ms. Goodridge's amendment.

Are we fine with this? Does anyone wish to speak on this?

Mr. Irek Kusmierczyk: Is it circulated?

The Chair: No, we only have it, I think, in English right now.

Mr. Irek Kusmierczyk: Can we just wait until it's circulated?

The Clerk: Then we'll need to suspend.

The Chair: It's going to take a while to get it in English and French. How about if we just read it?

Mr. Irek Kusmierczyk: No. We'd like to see it, actually, Mr. Chair, so if we can just wait until we get that translated and circulated, that would be great.

Mrs. Kelly Block (Carlton Trail—Eagle Creek, CPC): Will Mr. Kusmierczyk be reading the French version for us, since he'd like to see it?

Mr. Irek Kusmierczyk: I just kindly ask that it be circulated. Thank you.

The Chair: It will be about three minutes, so we'll suspend for three minutes, but please do not leave the room. We want to get to this.

Mr. Garnett Genuis: I have a point of order, Chair. A member does not have a right to demand a suspension, and—

• (1755)

The Chair: It's a request, and I grant the request. We'll put it in French. We'll get it out to everyone and hopefully we can put this to bed.

We're suspended for about three minutes.

• (1755)

(Pause)

• (1755)

• (1800)

The Chair: We are back.

Everyone has a copy in both languages.

Are we ready to move forward and vote on this?

Mr. Irek Kusmierczyk: Who is on the speaking list on this issue?

The Chair: No one right now. That's why I'm hoping we can—

Go ahead, Mr. Kusmierczyk.

Mr. Irek Kusmierczyk: I'm sorry. Is it me or Charles? Who's next?

The Chair: It's you, now that we've put this forward. I had Mr. Sousa, but on the subamendment.

However, I can go to Mr. Sousa first. Mr. Kusmierczyk, is that fine?

Mr. Irek Kusmierczyk: That's fine. I'm sorry. I thought he was on the list first. I don't want to step on anyone's toes.

The Chair: We have Mr. Sousa and then Mr. Kusmierczyk.

Mr. Charles Sousa: Thank you, Mr. Chair.

In relation to the original motion, the amendments to the motion thereafter, and the other amendments that are coming through, given what we're reading, it's evident that members around this committee now are all from HESA, or a good number of them are. It raises the question made by Madame Vignola as to why HESA is not ordering the documents as being proposed to be available to them, recognizing that much of the jurisdiction and the documentation lie with the provincial governments that are in question. Notwithstanding, I appreciate the discussion and the severity of the matter at hand.

This is a very serious issue. It affects many lives, many Canadians, and what has taken place in respect to the crisis is horrendous. We can't make light of it, and I don't want that to be the case here. That's why I find it rather frustrating that here at OGGO we have so many things that we're dealing with, and what HESA is doing is trying to address the matter properly.

I appreciate the subamendments that have been put forward by the NDP and I appreciate the words by the Bloc, because we all recognize the dilemma. However, part of the frustration that I'm finding us in right now is a deliberation over this matter, which belongs to health, notwithstanding the arguments made on contract procurements. We gather and we understand the need to review those contracts if in fact they exist federally relative to what's being proposed with the acquisition of the supplies.

However, having said that, we are now putting forward a motion that really is in relation to HESA. Just the very nature of the way we're proposing this motion recognizes that this is a matter for the health committee. We're now putting into our motion this notion that we will make the documents available to HESA. Well, don't bother. Just ask HESA to do the deal. Just go forward and request what you need, recognizing the tremendous amount of work that they have put forward.

The overdose crisis, as I've said, is one of the most serious and unprecedented public health threats in Canada's recent history. It's driven by the illegal drug supply, which is unpredictable, rapidly changing and growing increasingly toxic. The overdose crisis is tragic, and it's having devastating impacts on individuals, friends and families across the country, leaving no community left untouched.

We have a number of members in all the communities that I know who are concerned about those areas where those most in need can be treated and helped. It's not just a matter of health. It's a matter of stopping crime, reducing health consequences and providing safe injections and needles as opposed to people finding themselves in worse predicaments.

I think the national data was just produced last week on opioid and stimulant-related harms, and it shows that the number of opioid-related deaths in Canada certainly remains high. On average, 22 people are dying every day. There are approximately 80 opioid-related poisoning emergency department visits per day. Additionally, from January to September 2023, there were 33,000 emergency medical service responses for suspected opioid-related overdoses. The matter has been prevalent. Regardless of legal supply or illegal supply, we have a crisis, and we need to find ways to treat those individuals and bring them forward to enable them to be safe in their requirement for addiction relief.

The rapidly changing and volatile illegal drug supply is a key driver behind this increase in deaths, in hospitalizations, in EMS responses and emergency department visits. Of all the accidental apparent opioid toxicity deaths in 2023, from January to September, 82% involved fentanyl, and this percentage has increased by 44% since 2016, when national surveillance began. A number of newer substances and contaminants, such as exlazine, are more frequently found now in the illegal drug market. There's an illegal component to all this.

That's why enabling us to have a transparent manner to enable individuals who are fighting addiction to come forward for relief is essential. I think there's an ideological argument that's being put forward by the opposition to suggest that no supply should be made available to anybody. Not providing that only exacerbates the illegal activity.

• (1805)

That not only exacerbates the illegal activity of supply but then allows illegal and criminal activity to go forward.

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

The Chair: Mr. Sousa, we have a point of order.

Mrs. Laila Goodridge: I appreciate the engagement from Mr. Sousa on this issue.

These would all be very good conversations to have in terms of the policy piece at HESA. If he were to ever want to sub in at HESA, I would love to hear him have those conversations; however, this is not in relation to the contract production motion that is at hand, and so I would just ask about relevance.

The Chair: Thank you, Mrs. Goodridge.

We do allow, obviously, wide latitude. Could we come back to the amendment, the married amendment between Mr. Bachrach and Mrs. Goodridge, please?

Mr. Charles Sousa: I believe it's very relevant. Certainly when the motion was brought forward and when the amendments were brought forward, a number of opportunities were given to those individuals to express their concerns and to share why we're talking about it.

I'm trying to reaffirm that we need to talk about it in the appropriate committee. What's happening here is an abuse of our privileges in this committee to do other work that's important, as much as this is important. It should not be part of this committee. We should be dealing with it where it appropriately belongs.

I'm going to proceed as follows.

"The situation", as I made reference to, "is very heartbreaking, and we will continue to use every tool at our disposal to find solutions to tackle the overdose crisis and save lives."

HESA is listening to Canadians. They include frontline workers, people who use drugs and their families. They're talking to communities and indigenous partners. All orders of government are engaged, including the jurisdictional authorities where they lie. It's stated that:

Each story and community is unique, and it is clear that no single intervention will turn the tide. Experts have repeatedly told us that only a holistic, comprehensive spectrum of supports will achieve [the solutions or the outcomes] that we all want to see achieved: deaths averted and wellness and health restored.

That's ultimately our goal. That's ultimately what we're trying to achieve. It's not about doing YouTube hits. It's not about going out there asking for individuals to fundraise on behalf of the lives of individuals who are being impacted. It's disrespectful and disgraceful to be using these committees for members to foster their own political agenda and fundraising activities. The Government of Canada, I believe, and all of us around this committee have a responsibility.

It's stated that:

[We've] taken a range of actions to address the overdose crisis. Guided by recently renewed Canadian Drugs and Substances Strategy, we have put compassion and dignity [at the front] and at the centre of our approach. Canada's model puts in place a comprehensive and evidence-based continuum of supports, including drug prevention initiatives to educate Canadians on the risks of abuse of substances before substance use begins.

It's all based on evidence. It's all based on need, and on a couple of other—

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

The Chair: Excuse me, Mr. Sousa.

Go ahead, Mrs. Goodridge.

Mrs. Laila Goodridge: I have a point of order, Mr. Chair.

Again, I understand the latitude given at committees, but this is straying very far from the amendment at hand. It has become very evident that Mr. Sousa would rather filibuster than have a vote.

I'm just imploring all members that if they don't like this amendment, if they don't like this motion, they can vote against it. That is their prerogative as members. I would urge everyone to support this motion. This is a valuable piece of information that is very dignified.

Thank you.

The Chair: Thanks very much.

Could you get back to the subject? It looks like you are reading from a document or something. I would prefer if we just get back to the amendment at hand. Understand that we do offer wide latitude, but we do need to get to the amendment eventually.

Mr. Charles Sousa: Mr. Chair, I don't believe that is a point of order. I do believe that what we're talking about here is critical.

Mr. Chair, I appreciate your oversight here, and I appreciate the fact that in many cases, we've had these discussions, and activities have ensued. I think this one here is even more important. It's more important because the members around this committee who are not part of OGGO have come here now proposing to do HESA's business at this committee, and that's not right.

I just want to say that what is right is a newly launched substance use prevention program. It's "one example of the efforts to build protective factors that promote overall health and well-being, and prevent substance use that harms" young people. Those measures are important, as "Canada's model further invests in law enforcement and seeks to expand access to quality treatment, after-care, and recovery services across the country."

A lot is being done. A lot is being done in conjunction with other jurisdictions with Canada's leadership. Now, some members who are here may not appreciate it or agree with that scenario, but in other parts of the world, other jurisdictions have.

What have we found in many parts of Europe and other places that have engaged in decriminalization and enablement to support those most affected is that they've lowered overall crime in a big way. They've provided greater assistance to help them through their addiction crisis. They've lowered overall admission into hospitals. They've provided greater care and supports within their respective communities. We need to lead the way to enable that to be so. Harm reduction—

• (1810)

Mrs. Kelly Block: I have a point of order, Mr. Chair.

The Chair: Go ahead, Mrs. Block.

Mrs. Kelly Block: Mr. Chair, I'm going to join my colleagues in calling relevance to this member's intervention.

At the beginning of Mr. Bachrach's amendment, he prefaced very clearly that he was making that amendment in the understanding that we were looking at gaining a better understanding of what contracts were in place and the federal government's involvement in those contracts, as is the purview of the OGGO committee. He was not interested in a policy discussion about safer supply, because that was, rightly, placed at health.

I would ask, Mr. Chair, that Mr. Sousa speak to the amendment, which is about the contracting and about understanding the government's role—the federal government's role. We've already agreed that we don't want to wander into provincial and territorial governments' jurisdiction. This is what we need to stick to in our comments.

The Chair: Thank you, Mrs. Block.

Mr. Sousa, you really do need to pull back to the amendment. There are other people on the waiting list. If you're not able to at this moment, I'm sure you'd be happy to pass this on to your colleagues. We do always give very wide latitude, and I respect that, and we've seen it in this committee, but you really do need to get back to the amendment that we are debating.

Mr. Charles Sousa: Thank you, Mr. Chair.

I do want to continue debating the very amendment that we're talking about, which includes a number of issues. There are a number of subsets to this that I don't think are coming into the fold. I'm bringing them to light.

Again, I find that there's a committee already in place dealing with this matter. Nothing stops them from requesting the documents that are being proposed, and yet here we are discussing it. What I want to discuss and reaffirm and make clear is why.

Part of this is all about harm reduction. This is what this is about. It's also about the approach being taken, which includes measures of support for people who are currently using drugs to ensure that they don't turn to the deadly illegal drug supply and to help them connect with health and social services—

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

The Chair: Go ahead, please.

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

This motion is very clearly about a production of contracts, agreements and memoranda of understanding that have already happened between the Government of Canada from 2016 onwards. This is not about everything else. Everything else is being discussed at the health committee. This is simply about a production of contracts, agreements and memoranda of understanding.

It has become very obvious that Mr. Sousa would rather filibuster this committee and prevent us from having a vote on this because he is afraid that he is going to lose the vote. That is not okay. It is not appropriate. I would ask him to stay relevant to the motion at hand and give up his time so that we can have a vote on this and move on to the rest of the committee business.

Thank you.

The Chair: Thank you, Mrs. Goodridge.

We're back to the relevance, Mr. Sousa. Please speak to the amendment at hand. There are other people.

Mr. Taylor Bachrach: On that point of order, if I could add my perspective, we're talking about the amendment. You're essentially encouraging or suggesting that it's not relevant to the specific amendment. After we vote on the amendment, we have to vote on the motion as amended, at which time it would be in order to speak about the larger issue.

• (1815)

The Chair: That's generally correct, Mr. Bachrach.

Mr. Taylor Bachrach: I'm just suggesting that there's a way around this.

The Chair: I've suggested that Mr. Sousa, if he's not ready, be—

Mr. Taylor Bachrach: Huge latitude is given for people who want to filibuster. That's all I'm saying. It's been abused many times by two different parties.

Some hon. members: Oh, oh!

The Chair: I think everyone has participated in filibustering.

As I said, Mr. Sousa, perhaps you can get to the amendment. If you're not willing to or able to get to the amendment as such, a couple of your colleagues are chomping at the bit to get to it.

Mr. Bachrach is right. We're not even on the original motion. Could we could stick to discussing the amendment, please?

Mr. Charles Sousa: I appreciate the intervention. I recognize the concerns that some members have with the topic, because it's being dealt with. Why we're having to deliberate over this at this point here I think requires clarification. The amendment that I'm dealing with, that we're dealing with, is what I am talking about. There is relevance.

There was a response. In October of last year, we responded to a supervised consumption site across Canada. The whole point of those sites, which is part of the relevance of the contracts, is to save lives. They protect the community by reducing public drug use, the spread of infectious diseases and the strain on emergency medical services. Additionally, more than 424,000 referrals were made to connect people with health and social services, including primary medical care, counselling and housing and employment supports.

Mrs. Laila Goodridge: On a point of order, Mr. Chair, what's the relevance?

The Chair: Mr. Sousa, please get to the amendment.

I understand what you're doing. I understand that filibustering is fair game, and we always give very wide latitude, but generally we discuss the topic at hand. In this case, that's the production of the documents and the item referring to "safe" or "safer".

Please go ahead.

Mr. Charles Sousa: Mr. Chair, it's not a filibuster as much as it is about clarity and providing those who are watching the reasons we're promoting and providing....

I'm going to sum up very quickly, if I may. The overdose crisis is bigger than any one government, organization or political affiliation, or partisan politics. This is a much bigger issue, and the members opposite are playing politics with this very serious issue. It will take the collective efforts of everyone working together—provinces and territories, indigenous leaders, professional and regulatory bodies, health care providers and law enforcement alike—to help stop the needless harms and deaths of Canadians.

I want to reaffirm that the need for us to listen to the experts and to Canadians about what is working, what can be improved and how we can ultimately save lives belongs with the committee of health, not with OGGO.

Thank you, Mr. Chair.

The Chair: Mr. Kusmierczyk is next.

Mr. Irek Kusmierczyk: Thank you, Mr. Chair.

I want to begin by just saying thank you to my colleague for providing a thorough explanation and context to the serious discussion we're having here this evening.

I want to emphasize a point that was made earlier today, which is, again, that the health committee is already studying this issue and has been studying this issue, as I understand it, for the last five or six months. They've had, I think, eight meetings, at least that I'm aware of. I know that there's another meeting tomorrow to discuss this issue. They've had 33 witnesses to talk about the opioid crisis and the toxic death crisis, and they've had 18 briefs over eight meetings.

It's interesting to note.... You know, we've had this debate, this discussion of where this issue of contracts belongs. What I would highlight is the fact that the health committee has already studied contracts in the past. The contract with Medicago was raised. To sort of prove the point that HESA, the health committee, has the capacity, ability and expertise to deal with contracts, I want to quote from the health committee when they were discussing the Medicago vaccine procurement that took place, which was a sizable contract. I think it was over \$150 million to procure vaccines.

Dr. Ellis—who was here at this committee testifying on why we need to take this motion out of HESA and saying that OGGO is the only place that you can deal with contracts and study contracts—asked the health minister, Mark Holland, "What was the plan to protect Canadian taxpayers in this contract with Medicago?" Here you have Dr. Ellis coming to the OGGO committee, saying that we have the expertise to deal with contracts, whether the contracts are valid and—as was raised earlier today—what the cost is, who's paying, who's profiting, what the protections are, and all of this stuff. It shows that the health committee has the capacity, the

wherewithal and the expertise to talk about contracts and the appropriateness of contracts. They've already done it in the context of the Medicago vaccine procurement.

Again, at the same committee on a different day, Ms. Andrea Andrachuk, a director general of PSPC, came before the health committee and testified on the purchase of vaccines and contracts. She said:

Public Services and Procurement Canada, on behalf of the Public Health Agency of Canada, established seven advance purchase agreements with promising vaccine manufacturers, including Medicago, a Canadian supplier. The advance purchase agreement with Medicago was signed in November 2020 and included a firm commitment of 20 million doses, to be delivered before the end of December 2021, with options for up to an additional 56 million doses.

She also said:

As Medicago had received authorization from Health Canada for its [COVID] vaccine in February 2022, the contract was amended to allow the delivery of doses before the end of December 2022.

• (1820)

Mrs. Laila Goodridge: I have a point of order, Mr. Chair.

The Chair: I'm sorry. Excuse me, Mr. Kusmierczyk.

Go ahead, Mrs. Goodridge.

Mrs. Laila Goodridge: Again, I appreciate this and the latitude that is given in committee, but we are currently discussing an amendment to the motion, not the motion more generally, so I call relevance.

The Chair: As with Mr. Sousa, can we get to the amendment, please? We're on the changes that Mr. Bachrach originally proposed to Mrs. Goodridge's amendment.

Mr. Irek Kusmierczyk: Basically, I'm just saying that all of this, including the amendment, belongs in HESA.

The point I'm trying to make is twofold.

The first point is that HESA has already demonstrated in the past that it has the ability to study contracts and the procurement process when it comes to purchasing medicine, vaccines and drugs. HESA can do that.

The added benefit of having this debate at HESA is that the folks at HESA have already done the legwork. They have done tremendous work. They have had 33 witnesses testify on this issue. They have had 18 briefs. They've developed an expertise. They have an institutional memory. They have a body of knowledge, research, work and of testimony from people who are on the front lines. HESA is the best-placed committee, to use my colleague's arguments and description, to do it justice. HESA is the best-placed committee to deal with this complex challenge that we are facing, the best place to do justice to this challenge that is costing lives.

I have all the faith that folks at HESA will be able to look at the production papers and the contracts and be able to understand them in the broader context of the opioid study they are presently conducting. That is my point. That is the point I'm trying to make.

When you look at what we're facing here, time is of the essence. This is not a time for us to posture. It is not a time for people to try to seek different platforms in order to score political points, manufacture their clips or raise their funds. This ain't the committee to do it. This ain't the time to do it. Certainly, this isn't the issue on which to do it.

That's what I see as the motivating factor and driver of what my colleagues across the way from the Conservative Party are trying to do here. This very motion is in front of the HESA committee. Again, they're looking for platforms, and I'm not going to stand for that. I'm not going to support that—

• (1825)

Mrs. Laila Goodridge: On a point of order, just as a point of reference, no, this very motion is not at HESA. That is not factually accurate.

Second of all, this is not about manufacturing clips. I think it is degrading to suggest that's what this is. This is, quite simply, an amendment to a motion. If they don't like the amendment, vote against it.

Thank you, Mr. Chair.

The Chair: Thank you.

On the last point, please, can we get to the amendment?

Mr. Irek Kusmierczyk: For me, if you look at the challenges we're facing here, this is important, and it goes straight to the heart of the amendment we're discussing here, as well. You had in Alberta...I know a lot of the conversation, a lot of the focus and a lot of what the Conservative Party is talking about is British Columbia. That's all they're talking about right now—British Columbia. It's ironic that their members of Parliament from Alberta aren't talking about Alberta and what's happening in Alberta. I don't understand it. I don't understand why a Conservative Alberta MP is talking about British Columbia and not talking about what's happening in their own communities.

That's got to be some kind of... I'm not even going to say what I think it is, but it's a game. In Alberta, you had 1,700 deaths last year. This is from an article in *The Globe and Mail* entitled "Alberta drug deaths soar to highest level ever recorded", and yet you don't hear Alberta MPs from the Conservative Party standing up in the House and asking questions about Alberta drug deaths soaring to the highest level ever. This isn't the place to play politics with people's lives. This isn't the committee. This isn't the issue.

My message to my colleagues from the Conservative Party is, "Move on." This needs to be dealt with at the HESA committee. That's where it belongs, because 200 people lost their lives in Alberta in the month of April. That is the highest number ever recorded—200 in April—in one month.

You had 7,000 opioid calls in 2023. That's a 43% increase in Alberta, and I think it was either the chief of the police or the chief of the EMS who said he doesn't think that's going to abate anytime soon.

You have a committee that is studying this issue. It has had eight meetings and will have a ninth one tomorrow, with 33 witnesses and 18 briefs. You have a committee that has dealt with contracts

before. It's not new to them. They've dealt with it. They have the expertise. They know the questions to ask, and yet they're coming here because they're looking for clips.

I can't support that on principle. It belongs in HESA. They have the expertise. I can't support this amendment, and I can't support this motion that is before us because, again, like I said, on principle, I just disagree with the Conservatives and their play-calling on this issue. It just doesn't belong here. We don't have the full picture of this crisis here in our committee.

Again, it's interesting because, as my colleague reminded me, Alberta does not have a safe supply policy, unlike neighbouring British Columbia. Again, yes, you're seeing increases in British Columbia. Their challenges are mounting. The challenges they're facing are increasing, but you're also seeing increases in Alberta and in Saskatchewan, and you're not seeing Alberta or Saskatchewan Conservative MPs talking about that. That is shameful, because that just clearly shows they are looking at this issue with one eye, and they're politicizing it and playing politics with it. They're playing politics with the 42,000-plus lives lost to the opioid crisis since 1996. It's crazy, and they want to come here and use our committee as a platform.

• (1830)

Mrs. Kelly Block: I have a point of order, Mr. Chair.

The Chair: Excuse me, Mr. Kusmierczyk.

Mrs. Block, please go ahead.

Mrs. Kelly Block: Mr. Chair, Mr. Kusmierczyk is not only misleading the committee but misleading Canadians who may be watching this filibuster when he says that this issue has not been discussed by Saskatchewan and Alberta MPs. On November 20, 2022, the leader of the Conservative Party of Canada actually put out a very comprehensive video on this issue. We were raising this issue long before the Province of British Columbia asked the federal government to reverse their policy.

I'd ask that he stop misleading Canadians.

The Chair: Thank you, Mrs. Block.

Mr. Kusmierczyk, could we please stick to the amendment? I don't want to be in a position of having to force us to move on to the next speaker because we're becoming repetitive or not sticking to the topic at hand.

Mr. Irek Kusmierczyk: Sure, and I'm happy to let some of my colleagues raise their concerns about this issue as well. Thank you, Chair, for the opportunity and the leeway, as well, to talk about this issue. It's just too damn important, and there are too many lives at stake. There's no room for any politics or politicking in this committee, in the House, and really across the country. This issue is too great. Again, as I said, we believe very strongly on this side that this issue, this study, belongs at HESA—

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

Mr. Irek Kusmierczyk: I've outlined the reasons that we believe it belongs at HESA—

The Chair: I'm sorry, Mr. Kusmierczyk. There's a point of order, please.

Go ahead, Mrs. Goodridge.

Mrs. Laila Goodridge: Thank you, Mr. Chair. I appreciate the Liberal members' continued attempt at filibustering because they're afraid they will lose this vote.

It is worth noting that when British Columbia begged and pleaded with the Liberal federal government to reverse the legalization policy in B.C. that was contributing to tragic overdose deaths, it

took this government 11 days of inaction before they finally responded to B.C.'s plea.

The Chair: Colleagues, I allow all sides to get their full points of order. I'm more than happy to cut everyone off immediately if that's the case.

That being said, colleagues, we are out of resources, so I will be adjourning. However, before we do so, I will note that we will be taking this debate back up on Mrs. Goodridge's amendment at our next meeting, and Mr. Kusmierczyk will have the floor when we return.

We are adjourned.

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