



HOUSE OF COMMONS
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CANADA

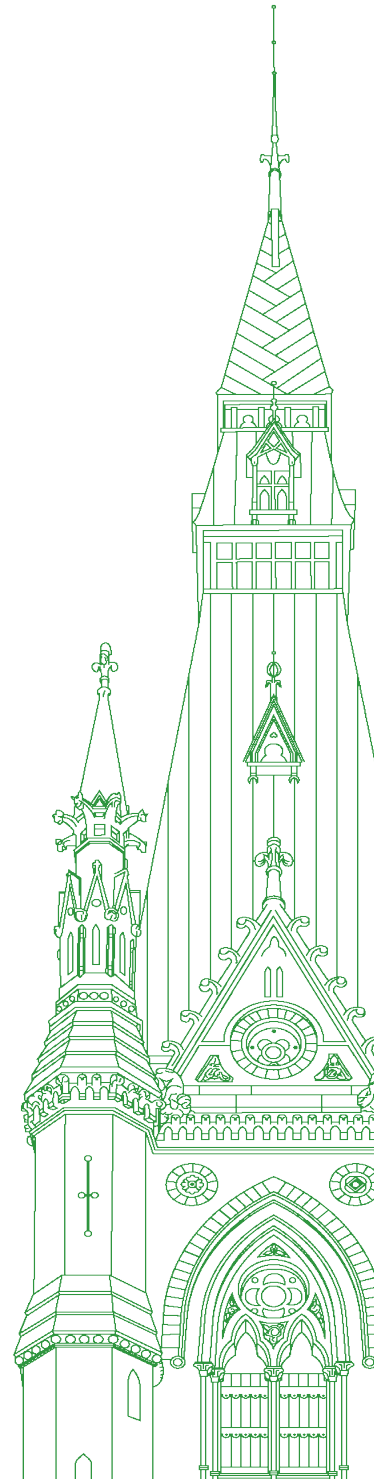
44th PARLIAMENT, 1st SESSION

House of Commons Debates

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Thursday, May 18, 2023

Speaker: The Honourable Anthony Rota



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HOUSE OF COMMONS

Thursday, May 18, 2023

The House met at 10 a.m.

• (1005)

Prayer

ROUTINE PROCEEDINGS

• (1000)

[*English*]

CRIMINAL CODE

Ms. Laurel Collins (Victoria, NDP) moved for leave to introduce Bill C-332, An Act to amend the Criminal Code (controlling or coercive conduct).

She said: Mr. Speaker, I am proud to rise today to introduce my private member's bill, which, if passed, would make coercive and controlling behaviour a criminal offence. Everyone deserves to feel safe in their own home, and this bill would provide more legal protections for individuals in harmful and dangerous situations.

I want to thank my colleague and friend, the hon. member for Esquimalt—Saanich—Sooke, for his leadership on this issue and his hard work in the justice committee, which led to the publication of two reports recommending that we make coercive and controlling behaviour in intimate partner relationships a criminal offence.

I also want to thank Sagesse, an organization that seeks to support those in abusive relationships. It has provided invaluable advice in developing a framework that will help protect individuals faced with domestic abuse.

Coercive control is one of the common early signs before domestic homicide, even when no physical violence has occurred. Countless stories of femicide show aggressors with histories of coercive, controlling behaviour that have gone unnoticed as warning signs or red flags. Criminalizing coercive and controlling behaviour will save lives and send a clear message that abusive behaviour is unacceptable and will not be ignored.

(Motions deemed adopted, bill read the first time and printed)

PEACETIME SERVICE AND SACRIFICE MEMORIAL DAY ACT

Mr. Alistair MacGregor (Cowichan—Malahat—Langford, NDP) moved for leave to introduce Bill C-333, An Act respecting a national day of remembrance to honour Canadian Armed Forces members who have lost their lives in peacetime in Canada.

He said: Mr. Speaker, I am honoured to introduce my private member's bill, the peacetime service and sacrifice memorial day act. I would like to acknowledge and thank the member for Courtenay—Alberni for seconding the bill.

I have always had incredible admiration and respect for the men and women who serve and have served our country in the Canadian Armed Forces. In addition to Remembrance Day, October 22 has taken on significant importance for the veterans community in my riding, particularly for those who are members of Malahat Legion Branch 134.

This day is recognized every year in my riding of Cowichan—Malahat—Langford in honour of Corporal Nathan Cirillo and for the more than 2,400 Canadian Armed Forces members who have lost their lives on Canadian soil during peacetime. Since 2013, more than 54 members of the CAF have died as a result of PTSD alone, and yesterday was the three-year anniversary of the crash that killed Snowbirds Captain Jenn Casey in Kamloops. The bill I am introducing today would formally recognize October 22 as peacetime service and sacrifice memorial day in their memory.

In closing, I want to recognize Bob Collins as the driving force behind this bill and thank him for his continuous efforts to give this day formal recognition and for standing guard at the cenotaph in Cobble Hill in remembrance.

(Motions deemed adopted, bill read the first time and printed)

*Business of Supply***PETITIONS**

MEDICAL CANNABIS LICENCES

Mr. Brad Vis (Mission—Matsqui—Fraser Canyon, CPC): Mr. Speaker, your home, my home, our home, let us bring it home and reform medical cannabis licences. Licences for the production of medical cannabis are often abused, with production in excess of personal amounts diverted for commercial sale on the black market. The amount of cannabis individuals are authorized to possess for medical purposes is impossible for an individual to personally consume. Grow-ops in residential neighbourhoods across British Columbia have negative impacts on nearby residents' health and well-being, such as excessive smells, frequent traffic and reduced property values.

The petitioners are calling on the Government of Canada to reform the licensing and oversight of the production of cannabis for personal medical use and its production in residential homes.

AIR TRANSPORTATION

Mrs. Tracy Gray (Kelowna—Lake Country, CPC): Mr. Speaker, I am presenting a petition today in which the petitioners state that Canada is home to the largest Punjabi diaspora in the world of nearly one million people, many of whom are of the Sikh faith. The current government neglected to include Punjab in its open skies agreement that covers direct flights between Canada and India. Amritsar is an important religious site, a major commercial and cultural hub and the second-largest city in Punjab. Therefore, petitioners are calling on the Government of Canada to fix the open skies agreement and establish direct flights between Amritsar and Canada.

[*Translation*]

RELIGIOUS NEUTRALITY OF THE STATE

Mr. Martin Champoux (Drummond, BQ): Mr. Speaker, today I have the honour of tabling petition e-4335, signed by 2,500 petitioners from Quebec and all across Canada, which states that a “religious representative answering directly to the Prime Minister violates the religious neutrality of the state as the mandate to combat racism and hate propaganda against all citizens falls to the Department of Canadian Heritage and Justice Canada”.

The petitioners also state that “Islamophobia is a militant, overused term [and its] use includes actions or words deemed blasphemous with regard to the Muslim religion, whereas blasphemy is not a crime in a liberal, democratic regime guaranteeing freedom of expression”.

In conclusion, the signatories are calling upon the Prime Minister to abolish the position of Canadian representative on combatting Islamophobia.

[*English*]

AIR TRANSPORTATION

Mr. Kevin Lamoureux (Winnipeg North, Lib.): Mr. Speaker, I present today a petition signed by many people from Winnipeg. Recognizing the exceptional growth of the Indo-Canadian community in Canada, and in my home province of Manitoba, they are looking at ways in which we can increase the number of international flights between Canada and India, as cited in the past by me. They would love to see something direct from Winnipeg to Amritsar at the very least. The people who are signing these petitions are recognizing the growth of the community and the need to have more international flights. They are appealing not only to the Government of Canada but to the different international airlines and the Winnipeg International Airport.

• (1010)

AQUACULTURE

Ms. Elizabeth May (Saanich—Gulf Islands, GP): Mr. Speaker, I am rising today on the traditional territory of the Algonquin Anishinabe people to raise a concern that is very close to the hearts of the indigenous peoples of British Columbia, and that is the threat to the wild Pacific salmon populations, and particularly of Fraser River sockeye.

Petitioners call for the Government of Canada to implement all of the recommendations in the report of the Cohen commission. The report was tabled some years ago, in 2012, yet we still have open-pen salmon farms in the waters in and around the runs of wild salmon, threatening them with disease and with sea lice, which are really significant threats to the survival of the species.

Between the climate crisis and the problems at sea that affect wild salmon and the effect of the caged salmon for aquaculture and their escapement, as well as the escapement of disease and sea lice, the petitioners point out that urgent action is needed. They call on the Department of Fisheries and Oceans and the minister to act with urgency.

* * *

QUESTIONS ON THE ORDER PAPER

Mr. Kevin Lamoureux (Parliamentary Secretary to the Leader of the Government in the House of Commons, Lib.): Mr. Speaker, I would ask that all questions be allowed to stand.

The Speaker: Is that agreed?

Some hon. members: Agreed.

GOVERNMENT ORDERS

[*English*]

BUSINESS OF SUPPLY

OPPOSITION MOTION—OPIOID CRISIS

Hon. Pierre Poilievre (Leader of the Opposition, CPC) moved:

That, given that,

- (i) Canada is in the midst of an opioid crisis that has killed over 35,000 people since 2016,
- (ii) since 2017, the federal government has spent over \$800 million on its failed Canadian Drugs and Substances Strategy, including over \$100 million in funding for hard-drug supply projects across Canada, and plans to spend an additional \$74 million to “scale up” these projects over the next five years,
- (iii) since tax-funded drug supply was ramped up in 2020, opioid deaths have only gone up, according to the Public Health Agency of Canada,

(iv) in 2020, slightly less than 7,000 people died of opioid overdoses, while only 3,000 died of overdoses in 2016, according to the Library of Parliament,

(v) in British Columbia alone, yearly drug overdose deaths have increased by 330% between 2015 and 2022,

(vi) recently, a Global News reporter in East Vancouver was able to buy 26 hits for \$30 in just 30 minutes of a dangerous and highly addictive opioid that is distributed in tax-funded drug supply programs and flooding our streets with cheap opioids,

the House call on the government to immediately reverse its deadly policies and redirect all funds from taxpayer-funded, hard drug programs to addiction, treatment and recovery programs.

He said: Mr. Speaker, I will be splitting my time with the hon. member for Cumberland—Colchester.

After eight years of the Prime Minister, everything feels broken. Life costs more. Work does not pay. Housing costs have doubled. The Prime Minister divides to control the people. Worst of all, crime and chaos, drugs and disorder rage in our streets. Nowhere is this worse than in the opioid overdose crisis, which has expanded so dramatically in the last several years.

The Prime Minister has a theory, backed up by a group of activists, most of them tax-funded, pharmaceutical companies and others that stand to gain from perpetuating the crisis. The theory is that, if the government provides powerful, heroin-like drugs that are uncontaminated, addicts will no longer use more deadly fentanyl, they will practise safe drug use and we will no longer have overdoses.

The Prime Minister has spent \$78 million on 28 projects giving out free drugs. His recent budget proposes another \$100 million for more tax-funded drugs. This includes heroin dispensary machines, where people can walk up, press some buttons and heroin pops out. It also includes prescriptions that allow people to take hydromorphone out into the street and use it or sell it, however they like. The theory is that this would divert away from more dangerous fentanyl. Let us look at the facts.

This is fact number one: Since the Prime Minister took office, there have been more than 34,000 apparent opioid overdose deaths. Here is another fact: This is not a problem the Prime Minister inherited; it is one he helped create. A total of 5,360 apparent opioid overdose deaths occurred from January to September 2022. This is approximately 20 deaths per day. It is a 173% increase from 2016, the first full calendar year he was in office. In other words, since his policies have come into effect, the overdose numbers have nearly tripled.

This is fact number three: While the deaths have risen across the country under the Prime Minister's policies, they have been the very worst in those provincial and municipal jurisdictions that have most enthusiastically embraced them. For example, in British Columbia, where in most jurisdictions, particularly Vancouver, all three levels of government have endorsed the so-called safe supply and decriminalization of hard drugs, the levels of overdose deaths have been the highest. Across B.C., the number of overdose deaths is up 330%.

The COVID excuse no longer works. This is a fact: Despite the claim, by supporters of handing out and decriminalizing drugs, that COVID was to blame for the crisis, what we have seen is that, as COVID moves farther away in the rearview mirror, the overdose

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deaths actually increase. For example, in March of this year, we had 9% more overdose deaths in B.C. than in March 2022, and 23% more overdose deaths than in March 2021. The more we move away from COVID, the more the overdose deaths increase. In fact, the deaths are not coinciding with COVID. They are coinciding with the recent decriminalization of crack, heroin, fentanyl and other hard drugs on January 1.

We are told that all the experts agree, just like the Liberals tell us all the time whenever they do something that defies common sense. We remember that all the experts agreed that printing money would not cause inflation, right before it led to a 40-year high, or that catch-and-release bail would not increase crime rates, before crime skyrocketed 32%.

We are told that giving out and decriminalizing hard drugs would reduce drug overdoses. These so-called experts are typically pie-in-the-sky theorists with no experience getting people off drugs, or they are members of the “misery industry”, those paid activists and public health bureaucrats whose jobs depend on the crisis continuing.

• (1015)

The real academic scholarship is clear, if the minister would even bother to read it. A thorough study by dozens of doctors and researchers from Stanford University, published in *The Lancet* and shared by a former adviser to President Obama, found that:

At the same time, evidence clearly shows the folly of assuming that population health inherently improves when health-care systems provide as many opioids as possible with as few possible regulatory constraints as possible. Policies that should attract scepticism include dispensing of hydromorphone from vending machines and prescribing a range of potent opioids and other drugs (eg., benzodiazepines, stimulants) to individuals with OUD in hopes of creating a safe addictive-drug supply and eliminating the supervision of methadone patients—ie, converting the system to unmonitored, long-term prescriptions on a take-home basis.

The study goes on to comment on the claim that hydromorphone, which is what the government is giving out, is safe. It continues:

Although expressed from a public health viewpoint, these messages echo the opioid manufacturers in presuming that unrestricted opioid provision can only improve public health. The faith of some advocates that opioids are safe as long as they are not derived from illicit markets is impossible to reconcile with the hundreds of thousands of overdose deaths from legal, pharmaceutical grade opioids that preceded the introduction of fentanyl into U.S. and Canadian heroin markets.

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Furthermore, the safe supply program uses hydromorphone, which, according to one study published in a pharmacology journal, “produced similar subjective and physiological effects as heroin, but was more potent than heroin.” This is the stuff the minister and the Prime Minister are giving out using our tax dollars.

In a 2020 podcast, Dr. Mark Tyndall, one of Canada's earliest safer supply advocates, said that he had tested the urine of 15 patients who were on safer supply and found that 90% of them used fentanyl. In other words, they were not being diverted from fentanyl; they were using it in conjunction with safer supply. Now we know that it is even worse than that; the hydromorphone is being resold by the user to children, and the profit is being reinvested in buying fentanyl. In other words, the government is not only giving out dangerous hydromorphone but also actually, in effect, giving out fentanyl by giving the user the hydromorphone to sell to raise the revenue to buy fentanyl. The government is using our tax dollars to give out fentanyl on our streets and cause this crisis. Meanwhile, the cost of a hit of hydromorphone has dropped by between 70% and 95%, to roughly a dollar a hit, because the government is effectively paying for it and handing it out far and wide.

This makes no sense. The facts and evidence disprove it as a strategy. This is a radical and out-of-touch approach, which is not aligned with that of any other successful jurisdiction in the world. It is quite the opposite of what is being done in places like Portugal, which has focused on recovery, not on handing out free hard drugs. Therein lies the hope. We can turn the hurt the Prime Minister has caused into the hope Canadians need.

In Alberta, which is thoroughly rejecting the decriminalization and tax-funded handout of hard drugs and instead putting the money into recovery, we have seen, in the most recent data, a 30% reduction in the number of overdose deaths. That is because it is clear that what people suffering from addiction need is help getting off the drugs. To have that, we need recovery communities where they can go to get help with breaking the addiction and, if necessary, be given a bit of medication to relieve the side effects of getting off the drug, and then have the psychotherapy necessary to overcome the underlying reasons they got into drug addiction in the first place. We know this works. The evidence backs it up.

• (1020)

Therefore, our common-sense plan is to take the money away from subsidizing heroin-like drugs, and instead put all that money into recovery and treatment and sue the powerful pharmaceutical companies that helped cause this crisis, so we can use the proceeds of that lawsuit to fund even more recovery. That is how we are going to bring home our loved ones drug-free. It is how we will turn hurt into hope. It is the common sense of the common people, united for our common home: their home, my home, our home. Let us bring it home.

Hon. Carolyn Bennett (Minister of Mental Health and Addictions and Associate Minister of Health, Lib.): Mr. Speaker, I have been wanting to ask the Leader of the Opposition this question: Seeing that 46,000 overdoses have been reversed in the safe consumption sites, what would the Leader of the Opposition do in defunding them? How would he speak to those who have lost a loved one because their overdose was not reversed?

• (1025)

Hon. Pierre Poilievre: Mr. Speaker, what I would say to anybody who has lost a loved one, including a daughter or a son, to drug overdose is that our heart goes out to them and that we are going to fix the problem the government caused, which led to that overdose in the first place.

The minister is quite right when she heckles that these people have died. They have died under her watch. They have died under the Prime Minister's watch, as he has flooded the streets with powerful heroin-like drugs, which have been paid for with tax dollars, have funded a black market for fentanyl, and have killed so many people.

It is not enough for us just to point out that the Prime Minister's policies have led to these deaths. Conservatives are going to turn the hurt that he has caused into the hope Canadians need. My message to those parents is that their child did not die in vain. We will make sure that other people's children get the recovery that would have saved lives if that recovery, treatment and rehabilitation had been in place. Hope is possible and hope is on the way.

[Translation]

Mr. Simon-Pierre Savard-Tremblay (Saint-Hyacinthe—Bagot, BQ): Mr. Speaker, I thank the leader of the official opposition for his contribution to the debate.

However, I think things have gone a little too far. I am hearing terms that smack of demagoguery, unfortunately. The very wording of this motion signals a very aggressive, very warlike approach.

Maybe we could look at how other places address this issue and see what is working. The United States is one country known for adopting a warlike, combative approach instead of treating this like a social and public health problem. What has the outcome been there? Opioid deaths rose from about 50,000 in 2015 to nearly 100,000 in 2021.

Why not take a social and public health approach to the issue instead of such an aggressive one?

Hon. Pierre Poilievre: Mr. Speaker, this government's approach actually does come from the United States, from Seattle, San Francisco and Portland. That is why people are dying in the United States: because those jurisdictions have the same woke policies as this government.

The number of deaths in those big cities is a tragedy we should strive not to duplicate. We should avoid that approach here in Canada. We should follow the example set by other countries around the world that invest in rehabilitation and treatment, instead of supplying drugs that kill people.

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[English]

Mr. Gord Johns (Courtenay—Alberni, NDP): Mr. Speaker, we have lost thousands of lives to an unregulated toxic drug supply. What do the Conservatives do? They bring forward this motion, play politics with people's lives and oversimplify a really important health issue.

Health Canada created an expert task force on substance use. It included members from public health, indigenous health, communities, business, unions, universities, social service agencies, law enforcement and public policy thinkers. They said that we need a safer supply of substances, that we need to stop criminalizing people who use drugs, which causes more harm, and, yes, that we need treatment-on-demand, recovery, education and prevention. The Leader of the Opposition calls them activists. The Canadian Association of Chiefs of Police, Moms Stop the Harm, the chief coroner of British Columbia and the chief medical health officer of British Columbia all support a safer supply.

Will the leader of the Conservative Party allow his colleagues and members to go back into their communities next week and meet with their chief medical health officers, their chief coroners and law enforcement? Will he allow a free vote on this motion, or is he going to continue to do more harm?

Hon. Pierre Poilievre: Yes, there will be a free vote, Mr. Speaker.

More than just going back to my own riding and community, I have been to the member's community. When I got off the plane on Vancouver Island, I found that the people in his riding and across the island are disgusted with the member's policies and with the policies that he has embraced, both provincially and federally. I got off the plane and, first thing, the pilot told me that he had two addicts in his backyard the night before, rummaging around and trying to steal so that they could pay for their drugs. Then, I saw the front page of the local Nanaimo newspaper, saying there are record overdoses. Then, one of the people who were going to be at my rallies was in the hospital because he was attacked by some members of the local tent city.

We have seen a massive overdose crisis because of the policies that the member has embraced, both provincially with the NDP and federally with the current Liberal government. We, as Conservatives, are the only ones who would fix it by going away from legal and free drugs towards recovery to bring our loved ones home, drug-free.

• (1030)

Mr. Stephen Ellis (Cumberland—Colchester, CPC): Mr. Speaker, in my mind, today represents a seminal moment in Canadian history. On one side, we have a Liberal government that wants to flood our country with drugs; on this side of the House, we have a compassionate program for treatment to reduce the hurt and turn it into hope.

How can we do that? What is “safe supply”, which we hear so often touted in this House of Commons? It is actually a term that was coined by Purdue Pharma. I am sure every Canadian out there knows what Purdue Pharma is. They would say, “Let us just put some safe opioids out there; it would be better for everybody. These

are safe substances.” However, we all know what happened; everybody in this House knows what happened. That was the beginning of the opioid crisis. Even the Minister of Mental Health and Addictions knows that this happened.

We fast-forward to a program that was created as a policy in British Columbia in the early days of COVID-19, in 12 days, to create this “safe supply”. This means that now, the Liberal Canadian government is purchasing drugs for people to use. If we think about it, if I wanted to take illegal substances and someone was going to buy them for me, does it make sense that I would take less or that I would take more? I think the common sense of the common people out there would realize that this would compound the problem.

This program is beyond the comprehension of a common-sense person. The other important thing to understand is what the metrics are to measure whether it is working. Quite sadly, there are none. There are no outcome measures. There are no metrics. There is nothing to say that this is or is not working. This is a sad but grand social experiment, and it hurts me to say that.

I have personal experience in this; I worked in a chronic pain clinic as a physician adviser alongside a psychologist, an occupational therapist and a physiotherapist one day a week for 15 years, which is a long time. A lot of people there were using opioids. One of the things we know very clearly is that when people are suffering, if they do not have connectedness, hope, identity, meaning in their lives and empowerment, they do not do well. They suffer, and shame on the Liberal government for wanting this to continue.

One thing we know very clearly is that, in the program, somebody who wants to participate can access 24 eight-milligram tablets of hydromorphone. We look at that and say that 24 tablets are not that much. However, let us put that in perspective: One eight-milligram tablet of hydromorphone is the equivalent of 10 Tylenol #3 tablets. I use that as an example, because people often have their wisdom teeth out or they have a significant injury, and they might have received Tylenol #3 tablets. I would challenge them to take 10 of them. No, I would not. Let us not challenge them, because they could die from it. That is why we do not challenge them. I had my wisdom teeth out, and I took two of them. I slept half the day. This is inappropriate.

Let us look at what these 24 eight-milligram tablets look like. That is 192 milligrams a day, which is 960 morphine milligram equivalents. That means the equivalent of 246 tablets of Tylenol #3 a day. Who needs that much? I realize that chronic pain, which is my expertise, and drug addiction are two very different things. I understand that clearly, but we are talking about an equivalency of 246 tablets of Tylenol #3.

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Let us be clear. When the Liberal minister appeared in committee, we talked about fentanyl. The treatment dose in the emergency room, if someone perhaps dislocates their shoulder, is 100 micrograms or maybe 200 micrograms of fentanyl. When we were doing emergency room procedures, we always had a respiratory therapist there to ensure that, if the person stopped breathing, we could support their breathing.

● (1035)

What is this decriminalization experiment excited about? It is 2.5 grams of fentanyl. How many people could be killed with that? The minister went on to say that it is always cut with something. Let us say that 2.5 grams could kill 25,000 people. If we cut it in half again and again, there is enough on one's person to kill 1,000 people. It is beyond comprehension. There is no common sense here.

The market is being flooded with opioids. We heard the great Leader of the Opposition speak about the reduction in price. Prices of eight milligrams of hydromorphone have now gone down from historical averages to 25¢.

What do we see then? We see that those drugs are being bought for 25¢ from people who have gotten them for free, and they are being distributed around the rest of the country for five dollars a pill. They are also now being sold across the border into the United States. This is absolutely insane. It makes no sense. Then, those people are taking that money and trading up to fentanyl. It is illicit fentanyl, yes, but that is what they want. They want the high from fentanyl. That is what they are doing, and that is how they are getting it. Let us be clear. The Liberal government is giving them hydromorphone for free, and they are selling it to buy fentanyl. If they are not doing that, then they are taking that hydromorphone, crushing it and injecting it.

These are facts. We see this. We know that when people show up in emergency rooms with heart valves that are infected, it is because of the injections. There are spinal cord abscesses that a person gets almost only with intravenous drug use. This is what is happening with this "safe supply". Let us be honest. It is not safe; there is nothing safe about this.

The other very sad thing that we understand clearly is that palliative care for these drug addicts is where the Liberal government is starting. It is not offering other treatment. The government is saying that they are beyond reach, and all they are going to get is medication, because the government wants to perpetuate their state of existence. We are not offering them housing. We are not offering them social supports. The government is not offering them anything except more drugs to perpetuate their zombie-like state. This is unacceptable in Canada. This approach is not working, and we know that very clearly. We know that this is not the standard of care anywhere else in the world. We know that people, Canadians, do not want to exist in this state.

If we want to talk about an outcome measure, we know that this is not reducing deaths; it is increasing them. Six hundred people died in British Columbia in the first three months of 2023. This is a 9% increase from last year. How can we say that we should continue this insane experiment?

As I said previously, this is a seminal moment. Most important, what we need to understand, and what Canadians need to understand, is whether this makes sense. Is there science behind it? Clearly, we know that the answer is no. People like to talk about the Portugal model. When the funding was reduced in Portugal for things like social supports, housing supports and medical supports, we know what happened. The rates went back up again, and the deaths went back up again. We cannot go down that same road.

We know very clearly that what we need to do is care for Canadians; we need to care for them deeply. We need to not treat them with a simplistic palliative care approach that says, "Take all the medications you want. They're safe." From the Purdue Pharma experiment and the Canadian experiment in British Columbia, we know that they are not safe. Deaths are increasing, and we need to have this experiment stopped now; it is not working.

I have said this before: Canadians need to be connected; they need to have hope. They need to have an identity and meaning in their life, and they need to be empowered to get better. Our program will enable Canadians to do that.

● (1040)

Hon. Carolyn Bennett (Minister of Mental Health and Addictions and Associate Minister of Health, Lib.): Mr. Speaker, I agree with the member opposite that people need hope and connection. The way they get that quite often is at a safe consumption site or with a safe supply prescriber. That is where they get the connection to get the hope and to get on a path to a better life.

Does the member remember when people objected to methadone, suboxone and sublocade? It is about people who have a dependence and who are not able to tolerate being dope-sick.

I want to know why the member rejects these opportunities for people to finally have someone they trust and help them on a path to recovery.

Mr. Stephen Ellis: Mr. Speaker, there were a few things in the member's question to talk about.

The first one is with respect to the 600 people who died in B.C. in the first three months of this year. They do not have an opportunity to get better.

The second one is that the member opposite, who is also a physician, quoted a study from London that talked about a study that lost people to follow up on, so we do not know how many of them died. They also gave those people social support, housing support and medical support. That is not what the Liberal government is doing. Those folks received a program. They received prescription medications.

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The member opposite misled the House and carelessly used facts in that particular case to suggest that the program was the same as what safe supply is and what the vending machines, which the Liberal government spent \$4.5 million in Vancouver and Victoria, are giving out on a daily basis. That is a different case and that is wrong.

[Translation]

Mr. Yves Perron (Berthier—Maskinongé, BQ): Mr. Speaker, the Conservatives' approach seems very dogmatic to me. Is my colleague aware that this is more about a public health problem than it is about crime?

We are talking about people who are struggling with severe addictions. I do not want to judge anyone. It is difficult to judge what these people are experiencing from the outside. We would need to have talked to people who once struggled with alcoholism, for example, who struggled with severe addictions to perhaps begin to see how harmful that can be for a person and how it can impair their judgment.

Basically, the approach we need to take is to support people as they try to overcome their addictions. If we are no longer doing that, then how does my colleague think that we can show compassion and try to help these people out of the dark place they are in?

[English]

Mr. Stephen Ellis: Mr. Speaker, there are not many things that can really get my ire up in the House, but right now I have to say that this is one of those things. The member of Bloc says we have a dogmatic approach. We are talking about creating consecutiveness and hope, giving people meaning in their lives, giving them identity and empowering them to have a better life. To say that it is a dogmatic and inappropriate approach, that it is somehow politicized, does not take into consideration the fact that the Liberal government has created an environment for social chaos and rampant violent crime. This is an approach that will actually give people a chance to recover, have new lives and rediscover their lives again. Shame on that member.

Mr. Gord Johns (Courtenay—Alberni, NDP): Mr. Speaker, my colleague is worried about vending machines selling safe supply. He should be worried about the unregulated toxic drugs that are being distributed, manufactured and marketed by organized crime on almost every downtown street corner across the country. It can be found on the dark web. It is not safe supply that is killing people; it is fentanyl.

The Canadian Association of Police Chiefs put out a statement. In its report, it endorses access to users of a safe supply of pharmaceutical-grade opioids to combat the uncertain composition of illegal street drugs, which is the cause of many overdoses. It further has made a recommendation in favour of supervised consumption sites, where people can use drugs in a clean, safe environment under the supervision of health professionals trained in emergency intervention.

For my colleague who is a member of a party that says it is the "law-and-order party", will that party listen to the Canadian Association of Police Chiefs?

• (1045)

Mr. Stephen Ellis: Mr. Speaker, while that member is up at night cruising around the dark web, we on this side of the House are understanding that there is a crisis in crime, that there is a crisis in the fact that the Liberal government supplied hydromorphone, which is being sold to buy illicit fentanyl, because that is what addicts are wanting right now.

We know that this is an untenable position and we know, on this side of the House, that we want Canadians to have a home: Our home, their home, bring it home.

[Translation]

Hon. Carolyn Bennett (Minister of Mental Health and Addictions and Associate Minister of Health, Lib.): Mr. Speaker, I will be sharing my time with the member for Sherbrooke.

Before I begin my speech, I want to acknowledge that I am rising today in Ottawa, which is on the traditional unceded territory of the Algonquin Anishinabe people, who have lived on this land since time immemorial.

[English]

It is important that we take the time today to address this national public health crisis, but first, however, I want to talk about the wording of the motion we are debating today.

The opposition is calling on us to reverse deadly policies, yet the BC Coroners Service has repeatedly said that there is no indication that the prescribed safe supply is contributing to the drug deaths from the illicit drug supply. It seems that the Conservative Party wants to take us back to the failed ideology of the Harper-era drug policies. *Assez, c'est assez.*

Why can the opposition members not understand the harm that their narrative is causing. The member talks about zombies and talks about crazy policies. This is stigmatizing, and that is all they know how to do. Do they not hear the public outcry from people who actually have lived and living experiences with substance use, the people who have overdosed two and three times and have been revived at a safe consumption site and are now part of helping people get well?

Groups like Moms Stop the Harm, who have are the loved ones of people who have lost lives to overdoses and toxic drug supply, have asked the Leader of the Opposition to meet with them in early June. Will he meet with them and hear their story? It changes people's lives and their opinions.

This fight against evidence-based programs that are actually saving lives just has to stop. People are dying but not for the reasons they are giving.

[Translation]

Canada is facing a twofold epidemic: a toxic and illegal drug supply and an overdose crisis.

*Business of Supply**[English]*

Every day, countless lives are shattered by the devastating consequences of the crisis and over 30,000 people have died.

[Translation]

We must recognize that substance use and addiction are two complex problems that we cannot resolve by simply ignoring them or using outdated approaches.

[English]

Families mourn the loss of their loved ones. Communities bear witness to the tragedy of addiction, and the individuals suffer often in silence because they are being stigmatized, as the opposition is doing today. It does not have to be this way. Substance use disorder, opiate use disorder, is a recognized, chronic medical condition that deserves the same respect and evidence-based care as any other illness.

By implementing safer drug supply initiatives, we can save lives and provide individuals with the opportunity to break free from the cycles of addiction, because there is no recovery for people who are dead.

We have to be there. When the person using drugs asks “where is the suboxone lady”, we need that absolutely real-time approach.

It is by implementing safer supply that we minimize the risks of people using drugs. We can ensure that those who use drugs have access to pharmaceutical-grade substances that are tested for potency, purity and prominence. It is the poisoned drug supply that is killing people. The opposition needs to understand that this is the problem we are dealing with, this toxic drug supply.

- (1050)

[Translation]

We can prevent accidental overdoses caused by drugs with unpredictable potency, contaminated substances or adulterants.

[English]

We can save lives; we must save lives. However, our approach goes beyond saving lives. It is about creating the path to recovery and rebuilding shattered lives and families.

When individuals have access to safer drugs, they engage with the health care professionals. They are able to seek support, healing and rehabilitation. It is like moving from Insite to Onsite in Vancouver. It provides an opportunity for connection, trust and the delivery of comprehensive care.

I want to be clear that this is not about encouraging drug use or turning a blind eye to the consequences. It is about acknowledging the reality that people will continue to use drugs and that by providing a safer alternative, we can minimize the harm and pave the way toward recovery and rehabilitation.

Illegal drugs being sold illegally is still illegal. Diversion is illegal.

[Translation]

We need to recognize that, behind the statistics and the headlines, there are real people who have dreams but are struggling. They deserve our empathy, our understanding and our support. Stigmatizing people who are battling a substance use problem and criticizing the care they receive will not help them seek treatment.

[English]

What is more, Canadian drug policy and international drug policy are aligned. Prevention, harm reduction, treatment and enforcement make up the four internationally recognized pillars of drug policy.

We lived through 10 years of that Conservative government taking harm reduction out with its deadly war on drugs, and that has been proven to be ineffective, costly and deadly. These policies have also had a profound negative effect on Canada's most vulnerable, including indigenous people, children, young people, people living with disability, and immigrants and refugees.

[Translation]

While the Conservatives continue to try to take us back to the days when substance users were told that their lives did not matter, our government is using every tool at its disposal to put an end to this national public health crisis.

[English]

I would like to quote from the public safety and justice adviser to former prime minister Stephen Harper, Ben Perrin, who said, “Safer supply has been tested and found to be beneficial for people who have been unable to have treatment for whatever reason, and are long-term substance-abuse users. We’re talking about essentially substituting a contaminated street drug with a drug that has known contents and potency to help people stay alive, first of all, and also to be able to stabilize.”

Here is what some other important experts have said. Both the College of Physicians and Surgeons of BC and the College of Physicians and Surgeons of Ontario have made statements acknowledging safer supply is a harm reduction tool to support people with opioid use disorder.

I encourage the member to reread the CMAJ article from last September and see that on safe supply, the community health centre is providing the suite of health and social services reports. That is exactly what we do. It is exactly how we get them in the door so they can find a way to a better life.

As I continue to say, since 2017, safe consumption sites in Canada have received more than 4.1 million visits, reversed 46,000 overdoses and made 236,000 referrals to health and social services, which the Conservatives have vowed to defund.

Business of Supply

[Translation]

What do we say to the families of those who would have died if this approach had not been offered to people who use drugs? If only I could say that this is the first time the Conservatives have not followed public health advice.

[English]

Unfortunately, this is the pattern for the official opposition. Despite overwhelming support and effectiveness of vaccines and despite the fact that 11% of maternal deaths are from unsafe abortions, that party continues to prefer ideology over evidence. We, as a country, must and can do better. I prefer the Canadian Medical Association Journal to the National Post. More important, this is how we will save lives.

• (1055)

Mr. Brad Vis (Mission—Matsqui—Fraser Canyon, CPC): Mr. Speaker, I represent Mission—Matsqui—Fraser Canyon, which is in the Fraser Health region. In British Columbia, the most deaths from opioids took place in the Fraser Health region. In 2022, 680 people died in the Fraser Health region. Since the implementation of the decriminalization policy of the Liberal government, those deaths have only increased.

I have a very specific question today for the minister. Part of the agreement, when the government decided to decriminalize hard drugs in British Columbia, was that there would be enforcement for schools and places where children frequent and that the policies of decriminalizations would not apply.

A week after the government decriminalized, my son's day care had to be shut down because people were injecting illicit substances and leaving things behind. I could not take my son to day care that day. He goes to a school in downtown Abbotsford.

What policies have been put in place to enforce areas where children frequent to ensure they are not exposed to illicit drugs? We are normalizing illicit drugs in our country and I want to know what the minister is going to do to stop that.

Hon. Carolyn Bennett: Mr. Speaker, I am pleased that the member recognized that, in the agreement for the section 56 exemption, it is still not okay to use drugs in playgrounds or schools. Many municipalities are looking at expanding that with their bylaws, but at the moment that is still illegal. What we are also saying to the member is that a lot of the deaths in the Fraser Canyon and all over the country are not of the people who have been using drugs for a long time.

I was with the carpenters' union in Victoria, where they are handing out naloxone because they are losing loved ones on the work site due to the poison drug supply. I want the member to understand that people are using alone and dying alone. We have to have policies that will prevent those deaths.

[Translation]

Mr. Denis Trudel (Longueuil—Saint-Hubert, BQ): Mr. Speaker, I very much appreciated the approach my colleague used in her speech. It is true that this is a complex issue, a human issue. Behind the statistics and the numbers there are some very serious realities.

It is a really important issue. I have experience with this problem in my family. It is hard to talk about without getting emotional. I think that we agree with my colleague on the fact that it is a public health problem and that the Conservatives' approach to this crisis is a bit dogmatic. Public health is health.

Recently there were negotiations with Quebec on the matter of health transfers. Unfortunately, Quebec and the provinces, who were asking for \$6 billion, barely got \$1 billion. If we really want to help people, in this case addicts, on the ground, there needs to be an increase in health transfers.

When will the government increase the transfers?

Hon. Carolyn Bennett: Mr. Speaker, my condolences and my sympathies to the member for the truly sad situation in his family.

Part of the transfers to the provinces and territories, \$25 million to be precise, is for mental health and substance use. I think that the action plan will help respond to this tragic situation in the provinces and territories.

[English]

Mr. Gord Johns (Courtenay—Alberni, NDP): Mr. Speaker, first we heard the Conservative from Fraser Valley rail against harm reduction when, in fact, they support harm reduction and they support treatment and recovery. There is no war between harm reduction and treatment and recovery. We need them both.

Today, I am seeing the Conservatives spreading misinformation, which is costly in a health crisis. However, we also see the Liberals taking an incremental approach, which costs lives. I asked the minister repeatedly to scale up efforts. This is a national health crisis. The government is spending less than 1% of what it spent on the COVID-19 crisis and the response to that. We have lost almost as many lives.

We look at the money the government spent on the AIDS crisis, on SARS and on other health crises. It goes beyond being pale in comparison. When is the government going to scale up on safe supply? When is it going to get involved in the recovery and treatment on demand? We need the government to get involved. It cannot keep downloading this to the provinces. That is where Portugal stepped up. We need the federal government to scale up with rapid investments so that, when people need help, they get it and we meet them where they are at.

• (1100)

Hon. Carolyn Bennett: Mr. Speaker, I thank my colleague for the really important distinction, as the polarization of harm reduction versus treatment is extraordinarily unhelpful. We know people need access to treatment at the moment they are ready. However, we also know they need adequate aftercare so they do not fall back into the environment that made them sick in the first place.

Business of Supply

As we move forward, as the member well knows, over \$100 million has been designated for safe supply in this last budget. We received another \$144 million for the substance use and addiction programs, as well as \$25 billion going to the provinces and territories, where one of the four pillars is mental health and substance use. We hope that the provinces will be able to use that on the issues of complex care, treatment beds and aftercare.

I look forward to working with the member as we tackle the flawed ideology of the other side.

Mrs. Élisabeth Brière (Parliamentary Secretary to the Minister of Mental Health and Addictions and Associate Minister of Health, Lib.): Mr. Speaker, I am pleased to rise in the House today to address the motion from the member for Carleton and provide an update on our government's response to a complex challenge facing our country, the overdose crisis. This crisis is having a tragic and unrelenting toll on Canadians, their families and communities.

[Translation]

Each one of these deaths is tragic and creates a void in the community that can never be filled. Every person who has lost their life in this crisis has left behind someone who is grieving: a friend, a partner, a parent or a child.

[English]

There are four pillars recognized internationally as necessary for a successful substance use strategy: prevention, harm reduction, treatment and enforcement. Our government is committed to a comprehensive approach that implements policies and supports for all four of these essential areas.

The dangerous, ideological and outdated approach proposed by the Conservative motion creates a false choice between harm reduction measures and treatment. We need both. As B.C. chief coroner Lisa Lapointe recently said, "There should not be a dichotomy between access to life-saving safer supply and access to life-saving treatment options".

[Translation]

The intent of this motion is simply to create fear, increase stigmatization and score political points with the Conservative base. It is dangerous, anti-science and would cost lives if implemented.

The toxic drug supply and overdose crisis is a daily worry for our government. When we think of the lives lost, the repercussions for communities, the devastating losses for families and the impact on the economy, we realize that it is a national tragedy.

It has never been more important for all levels of government, partners and stakeholders to work together to turn this crisis around.

[English]

To find solutions, we must first understand the many different factors that drive substance use. That must include addressing mental health. Harmful patterns of substance use are established over time. Some people can trace their substance use back to early childhood trauma. Others may be affected by poverty or housing instability.

• (1105)

[Translation]

While many people in Canada struggle with mental health problems, some groups face particular challenges because of systemic racism, discrimination, socio-economic status or social exclusion.

Marginalized groups are often victims of stigmatization or prejudice, which places them at higher risk. These include youth, Indigenous peoples, racialized communities and LGBTQ+ people.

[English]

Stigma is harmful in several ways.

[Translation]

Stigma discourages people from seeking help and reduces their chances of getting help when they do seek it. It can also make it difficult to get the support needed to implement policies and programs to help people who use substances.

[English]

That is because there is still a deep-seated misconception that addiction is a choice, and that is just not true.

[Translation]

Addiction is a medical condition that can be treated.

[English]

The fact is that people who use substances need support, not judgment. They need community, not isolation. They need empathy and understanding, not stigma. When substance use is stigmatized, it creates a very dangerous situation. It can lead to people using drugs alone and prevent them from seeking help. That is why we need to provide a continuum of care to people who use substances, one that is woven through every area of their lives. Prevention, treatment and harm reduction measures all have a role to play, as too do actions that reduce stigma and provide continued access to health and social supports for individuals.

[Translation]

Our goal is to reduce the stigma and risks associated with substance use while providing people who use drugs with better access to health and social services.

To achieve this, Canada must address the risks of substance use from a comprehensive societal perspective.

Business of Supply

Since 2017, the government has invested more than \$1 billion in prevention, treatment, risk reduction and enforcement. This is in addition to the investments made by provincial governments within their jurisdictions.

The Government of Canada is now working with the provinces and territories on a transformative multidisciplinary care model that integrates patient centred mental health and substance use care.

[English]

From increased access to mental and substance use health through primary care to improve data and better sharing of health information between the professionals they consult, these tailor-made agreements with provinces and territories would improve access to the supports Canadians need when they need it.

[Translation]

However, we know that we need to do more, and that includes trying innovative approaches in order to save lives. It also includes making it easier for people who use drugs to access health and social services, such as treatment for people who are ready for it.

Budget 2023 sets out our plan to transfer nearly \$200 billion to the provinces and territories over the next few years to improve health care, including support for mental health and substance use services. This will be done through a combination of increases to the Canada health transfer and new 10-year agreements with the provinces and territories.

[English]

These investments would help us build, among other things, a resilient health workforce that provides Canadians with high-quality, effective and safe health services when they need them. That includes access to timely, equitable and quality mental health, substance use and addiction services.

[Translation]

Through our tailored bilateral agreements, we will invest \$25 billion over 10 years to work with the provinces and territories to advance shared health priorities.

[English]

This approach is the most effective way to integrate mental health and substance use services throughout the health care system.

[Translation]

This investment is in addition to the \$2.4 billion over the next four years that will still be provided to the provinces and territories for mental health and addiction services as part of the 2017 common statement of principle on shared health priorities.

[English]

Harm reduction services are a vital part of a comprehensive, compassionate and collaborative public health approach to problematic substance use that includes prevention, treatment and additional social and health supports.

• (1110)

[Translation]

We cannot allow the Conservative Party's ideological agenda to shut down the safe consumption sites that have prevented more than 46,000 overdoses since 2017.

Safe consumption sites replace contaminated street drugs with a drug of known content and potency to keep people alive.

[English]

We need to keep people alive until they are ready to access treatment. We cannot allow the Conservatives to take us back to the failed ideology of the past.

[Translation]

Together, we can create real systemic change and give every person in Canada the support they need to live long and healthy lives.

[English]

Mr. Brad Vis (Mission—Matsqui—Fraser Canyon, CPC): Mr. Speaker, in her speech, the member opposite just said that we need to help keep people alive until they are ready to receive treatment.

I represent the Fraser health region. We had the highest number of deaths caused by opioids last year, and we are on track to pass that number again. Under this policy, it is like death has become normalized.

I agree with part of the member's speech in that we need to have a comprehensive approach. However, right now in British Columbia, there is no comprehensive approach. In fact, in the Fraser health region, there are only eight detox beds. What we have done in Canada is normalize the use of hard drugs without providing any option or capacity for people who want to receive care to get it on demand.

Why has the government failed to provide detox beds in the areas of Canada where there is the highest number of deaths caused by illicit opioids?

Mrs. Élisabeth Brière: Mr. Speaker, my thoughts are with the people in his riding.

There are several ways to help drug users, and if we want to keep people safe, supervised consumption sites and overdose prevention sites are part of the solution. They play a significant role in saving lives. Almost no one has died of illicit drug poisoning at these sites. We are there, and we will move forward with the opening of others.

Business of Supply

[Translation]

Mr. Yves Perron (Berthier—Maskinongé, BQ): Mr. Speaker, we in the Bloc Québécois view the opioid crisis as a public health issue, and we believe in a supportive approach. Yes, there are times when these individuals must be allowed to transition to a safe place with what we call a safe supply. There is no harm in that. My concern is that the terms used in the motion are judgmental.

I am also concerned about the fact that when I very calmly and politely asked my Conservative colleague a question and challenged the Conservative stance, he responded by saying, “Shame on this member”.

I would therefore like to take this opportunity to ask the Liberal member a question. At least I can probably count on an answer other than, “Shame on you”. How can we reach a balance? When it comes right down to it, the Conservatives’ intentions are not all bad. That is not what I mean. They want to offer more services and to offer therapy. A balance between the two remains to be found. I would like the member to share her thoughts with us.

How can we balance support for drug use in public spaces against the urgent need to help these individuals break free from this vicious cycle? Ultimately, we all share the same goal.

Mrs. Élisabeth Brière: Mr. Speaker, I thank my colleague for that important question, and no, I will not answer him in the same way.

The government’s approach is built on four main pillars: harm reduction, supervised consumption sites, treatment and enforcement. This comprehensive and holistic approach provides a variety of solutions for people using drugs. It is a complex problem that affects everyone differently. We do not know why people use drugs. We do not know each person’s specific reason. That is why we have to offer them a range of solutions so that they can find the one that works best for them.

• (1115)

[English]

Ms. Lori Idlout (Nunavut, NDP): *Uqaqtittiji*, could I ask the member to talk in more detail about one of the four pillars and the importance of safe consumption sites? I do not know there is enough understanding about the importance of these places.

Could she please provide more detail about why they are so important?

[Translation]

Mrs. Élisabeth Brière: Mr. Speaker, I am pleased to answer that question.

As I was saying, the four pillars are prevention, risk reduction, treatment and enforcement. By relying on these four pillars, we can provide solutions that are better adapted to each person using drugs. The latest statistics show that 46,000 overdoses have been reversed at safe consumption sites. That clearly shows that these sites are essential and are an important part of the range of solutions that have been proposed to address this national crisis.

Mrs. Julie Vignola (Beauport—Limoulu, BQ): Mr. Speaker, first, I would like to note that I will share my speaking time with

my passionate, interesting and capable colleague from Longueuil—Saint-Hubert.

Talking about drugs and their repercussions is not an easy topic for me. It is not easy because I quickly become emotional. When I do not want to be emotional, I get into data and statistics, so I distance the heart from the head. It is not easy because there are people from my past who will no longer be in my present or my future. Yes, it is a topic that is important to me. I need to find a middle ground in all this. Clearly, this morning, I did not find it, but it will be fine.

A full picture of the situation is needed to be able to act properly. The purpose of pilot projects is to obtain data, among other things. The opioid crisis is not a partisan issue or an issue that should become partisan. It is not the type of issue where the terms “me” or “my party” can be used. It is the type of issue that requires phrases like: “together, we succeeded”.

I will briefly recap the data reported in the media while adding a few caveats and stating the purpose of pilot projects and safe supply programs.

The data included in the Conservative Party’s motion are true. I will not review them all. The opioid crisis kills 20 people per day.

Since 2016, over 34,000 people have died. Almost all the deaths were accidental. These are people who were supplied by the black market with products that those people did not even know contained fentanyl. In 88% of cases, the deaths involved adults aged 20 to 59, people in the prime of life.

Prior to the pandemic, 10 people per day died of an opioid overdose. That increase may be the result of mental health problems that were exacerbated by the distress experienced during the pandemic.

I heard my Conservative colleagues say that the pandemic has passed. Just because the pandemic has passed does not mean the distress has passed. Just because the pandemic has passed does not mean the addiction has passed.

In the media, it was noted that people were taking hydromorphone to sell it and then buy fentanyl on the black market. Are all hydromorphone users doing that? The answer is no. How many are reselling hydromorphone? We still do not know. I hope it will be possible to find out through the pilot projects and the data collected.

The black market exists because people cannot access something legally, no matter what it is. However, on the black market, it is impossible to control either the amount or quality of drug hits. That is the main problem.

Business of Supply

People who become addicted leave the health care system, even if they can function day-to-day. These people quietly leave the system because they will not tell their physicians that they have an addiction and need help. It is a minority who will do this. The system needs to reach these people. How can they be reached? It is by seeking them out where they get their supplies.

Since these products are unfortunately addictive, one way to ensure the health of these people is to give them the opportunity to access products that are controlled in quantity and quality. When they come to pick up these products, there are people there who will listen to them, hear them and learn about their struggles, find out where they come from and quietly try to sort things out. It may take a very long time to overcome an addiction. Some never manage to do so.

● (1120)

Unfortunately, the Conservative motion does not mention the services provided by the pilot projects. These include medical care, mental health support, medical support regarding sexually transmitted and blood-borne infections, employment assistance, and housing assistance. These projects have a holistic and broad vision of the needs of people who are addicted. Their addiction did not just happen, all of a sudden. Something happened.

All these activities within the pilot projects and all these interventions must be based on understanding and openness, not judgment or punishment. We have to consider where the person is at. How did they get there? How can we help them? We need to unravel the knots in the addicted person's mind.

The Conservative motion does not refer to the fact that, so far, participants who are actually involved in these programs have had many beneficial effects, such as improved health, well-being and quality of life; a lower risk of overdose and reduced use of street drugs, which are inherently dangerous; a willingness to deal with health issues related to their situation; having more energy and being more active; and having more time in their lives. These are all important factors. They are more engaged with themselves. Lastly, these people re-engage not only in their own lives, but in their own societies. Will they be cured for life? Maybe or maybe not, but they do get on the path to recovery.

Drug use is a public health and public safety issue. We must keep in mind that there is no single, simple solution. No single department is responsible. It is everyone's business.

Interventions must be based on evidence-based best practices and seek to protect the health and dignity of individuals. Dignity is one of the most important factors in the process. It is amazing how the behaviour of people with addictions can be affected by the gaze of others. It is amazing how they are affected by their own gaze, when they look in the mirror and see how much they have deteriorated, destroyed from within. They know it.

They need help in dealing with that, in accepting and seeing the best in themselves. They should not be judged, not be ostracized and, above all, not be allowed to return to the black market with its uncontrolled hits.

Quebec has a strategy comprising seven areas for action that intersect with the interdepartmental action plan: information and awareness; overdose prevention and harm reduction; public policy and regulation; vigilance and monitoring; evaluation, research and training; addiction treatment; and pain treatment.

Those seven areas can be broken down into 15 measures that will consolidate and enhance access to naloxone as well as consolidate and expand the offer of substance use services. The goal is to protect people, even from themselves.

By developing safer supply practices, drug hits can be controlled, as I said before, in terms of quantity and quality. Most importantly, stakeholders are opening the door to recovery for people with addictions by giving them access to support services that would be inaccessible without the pilot projects. Is that perfect? No. Services are overwhelmed by the magnitude of the crisis, hence the importance of better and larger health transfers.

In short, the current crisis needs to be taken seriously. We must listen to stakeholders and develop a holistic vision to help people with addictions while cracking down on black market criminals. Above all, we must stop stigmatizing mental illnesses. The Conservative motion is throwing out the baby with the bathwater. I would rather keep the baby and raise it right.

● (1125)

Mrs. Élisabeth Brière (Parliamentary Secretary to the Minister of Mental Health and Addictions and Associate Minister of Health, Lib.): Mr. Speaker, I share my colleague's pain and emotion. To be quite honest, I prefer her emotion to the Conservatives' rigidity.

She talked about how others see people who use drugs and how those people see themselves. We know that stigma has a major impact on how they react, on how they act.

Does my colleague agree that working on reducing the stigma surrounding drug users could improve the current crisis?

Mrs. Julie Vignola: Mr. Speaker, when we see someone who appears to be in crisis because they have been using or because they are having mental health issues, we need to see the human being behind that behaviour, not judge them. That is another goal of these pilot projects. That is important.

Sometimes people have hurts and hang-ups that explain the situation they are in now. We need to support them, help them, not judge them.

Business of Supply

[English]

Mrs. Rosemarie Falk (Battlefords—Lloydminster, CPC): Mr. Speaker, I want to thank my colleague for her very real, human speech. It is unfortunate, what this is turning into. I am hearing words like “rigidness” and “judgment”, and that is not at all the case. I know, here on this side, we heard one of our colleagues talk about the importance of community, connectedness and hope. We believe in the value of every single person. Dignity is so important, like the member said, absolutely. Empowerment is so important; the policies that are being put in place at every single level of government are there to empower the person.

I know I did hear the member talk about services. I definitely believe in the importance of wraparound services, such as housing, counselling and psychotherapy. Could she expand on whether she believes in the importance of these services as well to help people overcome addictions?

[Translation]

Mrs. Julie Vignola: Yes, Mr. Speaker, those services are essential. There are functioning addicts, people who have housing but are at risk of losing it if their addiction gets worse. They need support.

They may be addicted because of pain. That pain, be it physical or psychological, needs to be managed. Sometimes people need help to learn how to manage their pain and live with it. Those services are essential, and better funding is urgently needed.

[English]

Ms. Bonita Zarrillo (Port Moody—Coquitlam, NDP): Mr. Speaker, these are heartfelt realities that are happening to families across this country, and I am just so moved by the member's speech today. I am disappointed, though, in the Liberals and the Conservatives, in their actions over the last 30 years in regard to investments, which the member spoke about in her speech, like housing, pharmacare and all those investments that matter to the well-being of people.

Could the member speak about the lack of investments and how it is affecting communities?

• (1130)

[Translation]

Mrs. Julie Vignola: Mr. Speaker, the level of investment over the past few decades has been disappointingly low, but, as I said at the beginning of my speech, at this point, we have to say we have succeeded, we are aware of the problem and we are aware of the solutions.

After all, when we invest in housing, health and mental health, we are investing in the economy, because when these people are adequately housed and their basic needs are met, they manage to make something of themselves and get back into the labour market, or at least into society, to contribute in their own way. These investments are not losses. They make our society more beautiful.

Mr. Denis Trudel (Longueuil—Saint-Hubert, BQ): Mr. Speaker, I am a little surprised by the direction of the debate this morning. Actually, I am not that surprised.

The debate is difficult, emotional, sensitive and human, and it affects people deeply. I know what I am talking about because I had

first-hand experience with addiction in my family. I was exposed to different kinds of addictions throughout my childhood.

There is no denying that no one ever truly recovers from an addiction. The struggle lasts a lifetime. People who are addicted to drugs continue to be addicts for the rest of their lives, whether they use or not. It is something people are born with, and it is nothing to be ashamed of. Some people are born with addictive tendencies, just as others are born with brown eyes, the ability to run 100 metres in 10 seconds, or to become a soccer champion, a doctor, a major international researcher or a Nobel Prize laureate. People are born with this thing inside them and have to live with it. Judgment has no place in the conversation.

The problem with the Conservatives is that their approach is always a bit dogmatic. It is never easy. However, I would like to point out that they at least deserve some credit for raising difficult, complicated and important issues on their opposition days. In the past few weeks, they have addressed the housing crisis, which is another major crisis that we are dealing with in Quebec and Canada, and even around the world right now. It is a huge issue. The problem is their proposed solution.

Another Conservative opposition day focused on the carbon tax. They want to eliminate the carbon tax. The Conservatives were broaching another important issue of our time, another fundamental crisis that we are dealing with, the climate crisis. They suggested eliminating the carbon tax, but they did not suggest any other solutions.

Is it the same thing for the housing crisis. What solution did the Conservatives suggest? They suggested eliminating municipal governments. According to the Conservatives, there is one level of government too many in this country. We agree with the fact that there is one level of government too many. We could get on board with the option of eliminating one. However, we disagree with the Conservatives as to which level of government is unnecessary.

The Conservatives are raising these important issues, but they are presenting simplistic solutions that we are not sure will get us anywhere. The United States tried the “tough on crime” approach. My colleague spoke about it earlier. The Conservatives are suggesting being tough on drug addicts. They always want to take a punitive, prohibitive approach. If they see something as a problem, then they want to get rid of it. However, as I said earlier, when someone is born with this problem, they have to live with it every day.

The United States, a country recognized for its strict drug policies, has not managed to stem drug consumption. In the United States, opioid-related deaths increased from 50,000 in 2015 to almost 100,000 in 2021. This punitive approach towards drug users has had no impact on drug consumption in the United States. That is more or less the Conservatives' approach this morning. That is roughly what they are proposing.

Business of Supply

The U.S. also has the highest incarceration rate in the world, and that is connected with drugs and drug consumption. This record disproves the ideological approach introduced by Nixon long ago. As mentioned earlier, some areas of the United States have changed tack, adopting an approach similar to those developed by Switzerland and Portugal.

In 2001, Portugal changed its approach to combatting drug consumption and the accompanying HIV epidemic by decriminalizing simple possession of drugs. This worked in Portugal. In the many studies that have followed, a new paradigm has emerged. We are familiar with it, and the Bloc supports it. Drug consumption is not just a criminal justice issue, it is first and foremost a public health issue.

• (1135)

Let us talk about public health. The Conservatives can be criticized for being dogmatic in their approach today. However, if we start from the paradigm that this is a public health and mental health issue, because it is, then health care needs to be funded properly. We need to help people, support them in the process, but that takes money. It takes people to support them, like psychologists and nursing aids. It takes centres where they will be supported. It is a mental health and public health problem. For that, health care needs to be properly funded.

What have we seen in the past few months? Over the past 30 years, every province in this country has been complaining non-stop about the lack of adequate funding for health care. There were negotiations recently. What happened? Quebec asked for \$6 billion a year. We got barely \$1 billion. Is that how we acknowledge the work of people who work in this field? Is that how we acknowledge even the most basic needs on the ground right now? The answer is: of course not. On one hand, the Liberals have an approach we can agree on, but it is largely underfunded, so we are left with a problem.

With substance use comes poverty. As my colleague mentioned earlier, this is another important issue related to the opioid crisis. With poverty comes difficulty finding housing. Difficulty finding housing means there is a housing crisis. There is a housing crisis in this country. How many times have we talked about it? I cannot believe how many times we have to repeat the same things in the House.

I am going to talk about the housing crisis because it is fundamental and it is related to what we are talking about today, although those on the other side of the House will not admit it. On Monday night, I was here in committee of the whole with the Minister of Housing and Diversity and Inclusion on the other side, the director of the Canada Mortgage and Housing Corporation, or CMHC, and all the senior officials from the department, and it was a pathetic display.

I have no doubt that the Minister of Housing is a very nice person. I do not want to be partisan in saying this, and I apologize, but he does not have the know-how to deal with the crisis that we are facing right now. That was very clear on Monday night. We were asking some very pertinent questions.

The challenge is real. Even the Liberals know it. The minister identified the housing problem that we have in this country. We must build 3.5 million housing units by 2030. He said so himself. We do not even need to tell him what the challenge is; he knows what it is. What is happening?

According to the National Housing Council, 115,000 housing units have been built since the national housing strategy was launched. I will remind members that we need 3.5 million units. We have built 115,000 units, but members might want to hold on to their hats, because according to the National Housing Council, we have lost 550,000 affordable housing units. We are in the red.

Over the past five years, the government has implemented an \$82-billion program. Not only are housing units not being built, but people have less access to housing. People with addictions could benefit from social housing with supports. It is desperately needed.

Let me close with this. As I mentioned earlier, an economist at the CMHC said that, in Quebec alone, 1.1 million housing units need to be built in the next 10 years. On its own, the market will build 500,000 units. Everyone needs to mobilize, all of us here in the House and all levels of government, to find a way to build 600,000 units in the next 10 years. That means 60,000 a year. Only 115,000 have been built in the last five years, so we are nowhere near that goal.

There are a number of considerations, including funding for housing and health care. There is also a human element underlying all of this. There are tragedies and families who have lost loved ones.

• (1140)

We need to mobilize. Unfortunately, dogmatic motions like the one the Conservatives introduced this morning will not move the debate forward.

[*English*]

Mr. Ken McDonald (Avalon, Lib.): Mr. Speaker, I was reminded, while the member was speaking, that a few years back there was an article in the local paper in the St. John's area of Newfoundland, The Telegram. A former school teacher had lost his job and lost his family all because of drugs, and the drug of choice at that time was cocaine. In the article he said, "If you use it once, you're addicted, because you can't wait to get back to the place where it puts you."

The member mentioned we need to do more, and I agree we need to do a lot more. As he said, there is housing, mental health and addictions services. We need to do more because this is a crisis. We just came through a pandemic and are still dealing with parts of it. This is going to be a bigger pandemic if we just sit down and do nothing about it.

[*Translation*]

Mr. Denis Trudel: Mr. Speaker, I am not sure there was a question in my colleague's comments, but that is fine. It is a real and very serious crisis. As I said, it is something very personal to me. I experienced this up close.

Business of Supply

This comes with a human cost to the families. I have heard plenty of stories. I have met many people who have gone through this: Sons who lie and steal from their own mother in order to use drugs, which is just tragic; fathers whose fridge is empty and who use their rent money to pay for drugs. I could tell stories like that for hours. These are truly unspeakable tragedies.

We all need to come together. It is important and I want to say it again: The Conservatives have a knack for raising important issues. The problem is that they rarely have good solutions. We all need to work together to come up with solutions.

[English]

Mr. Colin Carrie (Oshawa, CPC): Mr. Speaker, I want to thank my colleague for his very sincere speech, because this is about real people. I would like to share with him that in my family we have struggled with this. I want to discuss what he accuses us of, which is strict dogma. The term “safe supply” was a marketing term by Purdue Pharma in order to get people to feel these opioids are safe. In the case in my family, it was not street drugs, it was prescription drugs. There may be less dangerous ways of managing them, but they are not safe. They are dangerous and they kill people.

A friend of mine who runs a recovery clinic said that with the Liberal approach the challenge is addicts are drowning. He said when they come in to see him it is like he pulls them out of the water and asks if they are okay. They say that they are and they thank him very much, and then he throws them back in for another day.

If he listened to our leader's speech, we were talking about recovery communities. Get them off the opioids and give them hope for the future. Does he agree the Liberal approach is not working and we have to invest in recovery and treatment in order to make a real difference? Nobody wants to be an addict. No family wants to lose a member because of this addiction.

• (1145)

[Translation]

Mr. Denis Trudel: Mr. Speaker, the truth is we need to do everything we can. The current approach being used might not be perfect. It could be improved. However, we are in a crisis, and at least we have something. As everyone is well aware, addicts cannot stop using overnight. That is not how it works. People need to be supported, especially when it comes to hard drugs, drugs that are injected. This requires medical monitoring and support.

After-care is also needed. We need treatment centres with psychologists who can provide after-care, but for that to happen, investments in health care are needed. The Liberals' track record is to acknowledge the crisis, but then refuse to provide adequate funding to address the needs. Adequate funding would allow us to create policies that could work.

[English]

Mr. Gord Johns (Courtenay—Alberni, NDP): Mr. Speaker, much as I am disappointed to see this motion come forward in the manner it has, I am also happy to see that we are having this conversation and debate today, because over 35,000 people have died from a toxic drug supply in this country since 2016.

This is not an opioid crisis as the motion states; rather, these deaths have occurred because of a toxic, unregulated drug supply, and I am going to speak to a couple of things in the motion.

First, (iii) of the motion states:

since tax-funded drug supply was ramped up in 2020, opioid deaths have only gone up, according to the Public Health Agency

Yes, of course, they have. Between 2016 and 2020, fentanyl became the predominant drug on the market, meaning more people were accessing it instead of pills like oxycontin. Fentanyl analogs, like carfentanil and benzodiazepines, also appeared in the drug supply at this time. More people have died because the fentanyl supply has become more widely accessible and more volatile.

There were fewer than 1,000 people across Canada, probably around 500, accessing safe supply in 2020, with a denominator of tens of thousands of people were using fentanyl, and probably hundreds of thousands. There were 22,000 people who died from an overdose by 2020 under the current government. It is impossible that the 500 people or fewer who were on safe supply, the mass majority of whom are alive in 2023, drove those 22,000 deaths. Conservatives need to learn to do the math and listen to the experts.

It states in (iv) of the motion:

in 2020, slightly less than 7,000 people died of opioid overdoses, while only 3,000 died of overdoses in 2016, according to the Library of Parliament

Again, Conservatives cannot back that up. Those people died from a toxic drug supply. We know these deaths are not occurring because of the government's safe supply and safe injection programs, and to assert that is disinformation.

I am going to talk about some of the activists the government has highlighted. It said that activists are leading the safe supply charge. We know that provincial chief coroners and chief medical health officers across the country, like in my home province, and the police have said that.

I will read a quote from the Canadian Association of Police Chiefs, which made it very clear that its members cannot police their way out of this because it is a health issue. It proposed “diverting people dealing with substance abuse or addiction issues away from the criminal system and toward social services and health care. The association stipulated such a change would need to be synchronized nationally.” The government has not done this.

It also cited in its report that it “endorsed access to users of a safe supply pharmaceutical-grade opioids to combat the uncertain composition of illegal street drugs, which is the cause of many opioid overdoses.”

“It further made a recommendation in favour of supervised consumption sites — where people could use drugs in a clean, safe environment, under the supervision of health professionals trained in emergency intervention.”

The activists are supporting safe supply. This is deeply concerning when I see the Conservative leader cite that it is only activists who are advocating.

Also, there is one thing in the speech by the Conservative leader that I would like to correct. He talked about incidents of youth being trafficked safer supply.

Today, in *The Globe and Mail*:

Vancouver Police, asked...about the possible sale of such narcotics, said in a recent statement that “there’s always a potential” for safe-supply medication to be sold on the illicit market.

However, the force added they are not aware of any incidents in Vancouver in which safe supply has been trafficked to youth...

This was in response to the comments the Conservative leader has made here in the House of Commons. I can assure the House that the members of the Vancouver police know and are certain that youth are being targeted with illegal, unregulated, poisoned drugs, such as fentanyl, which is not regulated. This is what we are dealing with.

In (vi) of the motion it states:

recently, a Global News reporter in East Vancouver was able to buy 26 hits for \$30 in just 30 minutes of a dangerous and highly addictive opioid that is distributed in tax-funded drug supply programs and flooding our streets with cheap opioids,

People can buy anything on that corner and have been able to for decades, at least over 50 years, so it is not great evidence if they go to the most robust drug-selling corner in Canada and that is what they come back with.

● (1150)

The photos of what they purchased show that most drugs were in a blister pack. A blister pack is issued to one patient. So, the Global reporter bought most of the 26 pills from just one person, and it is not evidence of a wide-scale diversion to buy from one person.

The motion today could have been about calling on the government to create an emergency committee of Parliament to deal with the toxic drug crisis. It is the leading cause of unnatural death in my home province; more than motor vehicle accidents, more than homicide and more than death by suicide. However, the Conservatives did not do that. They chose to bring forward this motion, which creates more stigma and more harm actually.

A person who decides to use a single dose of a toxic drug at a weekend party is as vulnerable as any struggling person with problematic substance use, and the result can be the same: a fatal, toxic drug overdose. I know this, because in my home community, we have seen lots of people die, and lots of young men. The average age of people who are dying is 44, and the majority of them are men dying at home alone.

Guy Felicella, a peer clinical supervisor at the B.C. Centre on Substance Use, said that “People who aren’t ready, able or interest-

ed in addressing their addiction don’t deserve to die from the toxic drug supply.” I agree.

Business of Supply

I have risen in the House on many occasions, as members know very well, in support of a health-based approach to substance use. I would like to welcome all members from all sides of the House who are joining our call for increased investment to respond to this crisis and for people who are suffering with substance use disorder. The sooner we can actually come together across political lines to make this happen, the sooner we are going to save lives.

This is a national health crisis, and we are not acting like that. However, we need to understand what we are dealing with when looking at this crisis. It is not the easy, simplistic approach that the Conservatives are bringing forward. This crisis will never end through just investing in treatment and recovery without recognizing that this is a complex emergency, it is multi-faceted and it requires harm reduction as well, which go hand in hand; they are not pitted against each other.

Government members want to say that they are doing everything they can, but they spent less than 1% of what they spent on the COVID-19 health crisis. This is not responding to a health crisis in the way that needs to happen. We saw how they responded to SARS, HIV and COVID, and they need to do what they did there. They need to pull everyone together. They cannot just download treatment and recovery to the provinces. We saw what Portugal did. It stepped up and showed us what courage looks like and what is needed: investments in therapeutic treatment, housing and ensuring that we are dealing with this issue as a health crisis, not a criminal issue. It takes a multi-faceted approach, and I am really encouraging that today, but we need to simply do more of what we talked about.

We need to listen to experts. It is so important that everybody in the House listen to the experts. I travelled across this country when I was talking about my bill, Bill C-216, which was just a reflection of the Expert Task Force on Substance Use. I was able to meet with people on the front line of this crisis, such as people who use substance and experts, and the whole time they encouraged us to listen to the report.

The Canadian Association of Chiefs of Police of Canada, as I have cited, has come forward very much in alignment with the expert task force, and actually had a seat on that task force. The task force was unanimous in that we need to stop criminalizing people who use substances, we need to expunge records of people who have been charged with personal possession, and we need to ensure that people have access to a safe supply and treatment on demand. So, we meet them where they are at and we invest in recovery, education and prevention, because we know that when people relapse, we need to catch them, but we also need to meet them where they are at through the whole thing.

Business of Supply

My bill was defeated, as members know. The Conservatives teamed up with the majority of the Liberals and they voted against my bill, which was supported by the Bloc, the Greens and the NDP. I know that members of the Bloc had some issues with my bill, but they wanted to at least get it to committee and listen to the experts, which both the Conservatives and Liberals would not do, despite the fact that it just reflected the government's own Expert Task Force on Substance Use.

● (1155)

Moms Stop the Harm is coming to the Hill on the anniversary of the bill, which comes up not next week, our break week, but when we come back. It will be June 1. They are coming here because they are upset that, a year later, not a lot has changed. That bill would have given the government 12 months to come back with a strategy on how to respond to the expert task force on substance use, but they voted against it. I am hoping that every member in this House will at least meet the moms, and when they go back to their riding, talk to their chief medical health officer. I have not found one chief medical health officer, or a coroner, who does not support taking a multi-faceted approach and supporting safer supply.

I also urge the leader of the official opposition to meet with the chiefs of police. Hopefully, again, he will meet with the moms from Moms Stop the Harm. I know that the leader of the official opposition has been using Global News reports, the National Post and even Conrad Black to get his advice on how to move forward in terms of this toxic drug crisis.

We really need to get back to ensuring that we are listening to the report by the expert task force. I want to talk about who was on it. There were public health officials; indigenous health leaders; community health leaders; business, labour, university and social service agencies; the Canadian Association of Police Chiefs; public policy thinkers; and people with lived and living experience. They were unanimous in their recommendations. I want to give huge credit and thanks to that task force, because they put a lot of work in. Again, they embraced the four-pillar approach.

I understand that it takes courage to make this journey. We saw courage in Vancouver under former senator Larry Campbell. He was a police officer, then the chief coroner for British Columbia and then the mayor of Vancouver. He was the one who brought in Insite and safe consumption sites to save lives. That is the kind of courage we need today from everybody here. Again, we can look to other countries, such as Portugal, for their treatment and recovery programs. We can look at Switzerland, which has a safe supply model. There are models around the world.

I hope that we can come together today and talk about how we can find a pathway to actually work together. However, the stigma that is attached to substances is a huge barrier for people when it comes to getting help. We know that even today's motion is triggering a lot of people who use substances and were looking at safe supply as a pathway out of supporting the unregulated toxic drug supply that is coming from the streets. This supply is manufactured, distributed and marketed through organized crime.

We know we need to go further. We have to invest in a full spectrum to support people who use substances, including supervised

consumption sites; real-time, on-demand public treatment options; and pharmaceutical-grade options and alternatives to illegal street drugs. We also have to ensure that people have housing. I was in the riding of my good colleague, the member for Cowichan—Malahat—Langford, and we went to a no-barrier housing place. It was great to see some of the people there being able to access OAT or safer supply, which they could not do when they were homeless, living in the bush or living wherever they could. We need to make sure that this is included.

When we call for more treatment services, let us recognize that, first, we must keep people alive by reducing their exposure to the toxicity of illegal street drugs. My good friend, the member for Vancouver East, represents the Downtown Eastside, a community struggling for survival and ravaged by toxic drug deaths. She once told this House that dead people cannot be treated. How true is that?

I just want to also do some fact checking here. I am going to read a quote from Corey Ranger. He is a clinical nurse specialist from AIDS Vancouver Island. He cites that there are “more sensationalist media hit-pieces about safe supply than actual safe supply. In BC, well-over 101,000 people are at risk of fatal drug poisonings, and less than 5% of those individuals are able to get a ‘safe supply’”. That is exactly what is happening. This incremental approach by the government is failing people who use substances. We know incrementalism costs lives in a health crisis.

● (1200)

However, the Conservatives' misinformation also costs lives. It is deadly. I do appreciate the Conservatives bringing forward this notion to move money from harm reduction to treatment, but even that is not close to enough money.

I want to read a quote from Guy Felicella. He says, “I've been to/ left treatment over a dozen times to try & stay sober. If it wasn't for harm reduction services like supervised consumption sites, safer alternatives, naloxone and clean supplies to protect me in my relapses, I wouldn't be alive today or have the decade of sobriety that I do. Don't listen to people who attempt to misinform you that harm reduction enables drug use; it enables people to stay alive and for many to try recovery again.”

I want to make sure that we talk about the importance of trauma-informed treatment and ensure that it is available to people. A constituent wrote to me and said he was going to have to sell his house to keep his son in treatment; it was \$300 a day. That is completely unacceptable. We can look to Portugal, which has taken huge steps on this. In my home community of the Alberni Valley, we lost 20 people by the eight-month mark last year. It is a community of 30,000 people. We are four times the national average, and this disproportionately impacts indigenous people.

I think we all know the numbers. I do not need to get too heavily into that. I hope every member of this House will read the report from the expert task force on substance use. I hope everyone will reach out to their community leaders, to their chief medical health officer, to their law enforcement, to the experts in their community and, most importantly, the moms who have lost loved ones, in the week ahead. This is something that I will be advocating for.

I am going to talk about safe supply and the pilots that have been happening. Ottawa has had a significant increase. There is a claim that people do not actually use their safe supply and that they just sell it to others. This is a quote from the former Stephen Harper legal adviser, Professor Ben Perrin. He stated, “Participants in the Ottawa safer supply program reduced their use of illicit fentanyl by 85% while on the program.”

We have seen great results at Parkdale Queen West. In London, Dr. Sereda has been running a really important program. We know that safer supply reduces the risk of death and overdose, reduces reliance on an unregulated supply of drugs, increases access to engagement with health and social services, improves social well-being and stability, reduces ER visits and hospitalizations, improves physical and mental health, and reduces health care costs. It also reduces criminal activity. Those are the facts from these studies. It certainly helps people get their life back.

We have heard some participants speak about what safe supply has done for them. These are some of the things people have said: “My whole lifestyle improved”, “Got my life back”, “My life has improved drastically”, “It saved my life”, “I function productively in society”, “My life is getting better”, “Frees time to do more constructive things”, “More energy and confidence to focus on my art” and “Opened a whole new outlook and positive way of living”. The list is long.

I know that what we are doing is not working. We are seeing a government take a very weak approach in responding to a health crisis; the lack of investments and the lack of urgency show the underlying stigma. This is the stigma, right there with the government and its failed approach, as well as its inability to pull together all parties in this crisis.

One thing I understand about the Conservatives and what they are bringing forward is frustration. Canadians are frustrated by the lack of action by the government to respond to this crisis. However, this does not mean that the response should be guided by misinformation. It does not mean we cut off safe supply as a tool to keep people alive, to ensure that people are able to get the help they need and to find a pathway to recovery and to treatment.

Business of Supply

This motion today, to gut the harm reduction program and to stop safe supply in its tracks without proper evidence and science, does not make sense. It goes against what police, chief medical officers, coroners, moms, experts, those the Conservatives deem as activists, and the expert task force on substance use say.

I hope this dialogue, this conversation, can be turned around. I hope we can try to come together and find some common ground to deal with this crisis that is right before us. It is impacting everybody here.

• (1205)

Mrs. Élisabeth Brière (Parliamentary Secretary to the Minister of Mental Health and Addictions and Associate Minister of Health, Lib.): Madam Speaker, I thank my colleague for his strong advocacy.

In April of this year, the BC Coroners Service affirmed that there continues to be no evidence that prescribed safe supply is contributing to illicit drug deaths. In fact, B.C.'s chief coroner said, “safer supply...is absolutely not driving this crisis.”

I am disappointed with the misinformation and misconceptions the Conservatives are promoting. We know the street drug supply is toxic and poisoned. Recovery is possible, but it looks different for everyone.

Could my colleague speak to how people need to be alive to benefit from treatment?

Mr. Gord Johns: Madam Speaker, the choice is this: If they can get access to a safer supply, then there is interaction, which means an opportunity to work with individuals; if they do not have that option, they are going to the street. That means they are getting their drugs from an unregulated supply from organized crime.

The motion today would take away safe supply and tell people to go to the street. The police have said that they cannot arrest their way out of this problem; this problem is not going away. We have to listen to the experts. The chief coroner in B.C. is going to be reporting today. She is saying that we need a safe supply program to be rolled out, not this incremental approach, by the way.

Mr. Rob Morrison (Kootenay—Columbia, CPC): Madam Speaker, one thing I agree with is that what we are doing today is not working. We know that. The ideological approach of the NDP is causing havoc in my communities of Cranbrook and Nelson.

Business of Supply

I am wondering if the member can maybe talk a bit about why he and the NDP voted against a private member's bill that would have allowed addicts with two-year sentences to go to facilities that deal with addictions rather than prisons, where there are gangs, organized crime and hardened criminals. Instead, the NDP voted to put addicted individuals in prison rather than having them go to facilities that would help with their addictions.

I know personally from my family that people who are addicted to opioids can recover and become part of our communities, yet the NDP voted against that. Could the member explain why?

Mr. Gord Johns: Madam Speaker, my colleague is a former police officer, and today's motion goes against the position of the Canadian Association of Chiefs of Police and many other police forces across this country.

I will speak to the bill that the member talked about. The bill was to ensure that people in federal penitentiaries who were serving two years plus a day would get treatment. Here is why New Democrats voted against it: First, it excluded people who had been charged with drug trafficking or violent crime. How many people in federal penitentiaries would that exclude? It would exclude a lot. Second, the bill was not supported by the national organizations that advocate for prisoners and their health in prisons. In fact, Conservatives got caught using quotes without approval from some of those stakeholders and organizations. Those organizations raised that with me and told me not to support that bill or anything like it.

• (1210)

[*Translation*]

Mr. Simon-Pierre Savard-Tremblay (Saint-Hyacinthe—Bagot, BQ): Mr. Speaker, I think one thing is clear in all of this debate. The debate must, of course, appeal to our emotions, because we are talking about human beings who are in this situation and who are living with this reality. However, at the same time, the debate must also appeal to reason. We need to look at statistics and data and what works and what does not. We need to have this debate, but we need to do so in an intelligent manner.

That is why I did not like it when my colleague asked a question earlier and was told “shame on this member” in response. We are here to debate. There is a solution on the table. Just because a member says that they do not agree and that they do not think that the solution will work does not mean that the member is complicit in and fuelling the opioid crisis.

In my question to the Leader of the Opposition earlier, I spoke about the American model. At the other end of the spectrum, we have Portugal's model. My colleague mentioned it briefly.

Just before coming here, I was reading an excellent academic paper on this subject. It indicated that 20 years after decriminalization, the rate of illegal drug use remains below the EU average and that, although the prevalence of problematic opioid use remains high and persistent, there has been a significant drop in the number of overdose deaths. There has also been a drop in the transmission of viruses, such as HIV and hepatitis. Access to care has improved, as has the availability of risk reduction interventions. Pressure on the court and prison systems was immediately reduced, and legal representation and practices have changed.

I think we can learn from that.

[*English*]

Mr. Gord Johns: Madam Speaker, first of all, I do agree that we need to have a proper, respectful dialogue.

I just want to backtrack to the question from the Conservative Party. Every person incarcerated deserves health and treatment. That is actually the law in this land. It is not being delivered by the government, so that bill would be ineffective in what it was asking for. It is just an action and, again, the government is failing people who are incarcerated as well.

On what my colleague was saying about safe supply, the evidence speaks for itself. We need to continue to be driven by evidence and science in how we design our policies. The expert task force on substance use guided my bill, which was voted against by Conservatives in the House. They voted against the government's own expert task force.

They do not want to hear from the experts. They call them “activists”. They call the police chiefs “activists”. They say the chief coroners are “activists, public health officers are “activists”, and moms who have lost their kids are “activists”. They are not activists. They are people with lived experience who understand this issue and have actually done the work.

Mr. Arnold Viersen (Peace River—Westlock, CPC): Madam Speaker, after eight years of the Liberal government under Justin Trudeau, we have seen a dramatic increase in opioid deaths—

The Assistant Deputy Speaker (Mrs. Alexandra Mendès): We do not use names in the House.

Mr. Arnold Viersen: Madam Speaker, I apologize.

After eight years of the Liberal government, we have seen a dramatic increase in opioid overdoses across the country. Obviously, whatever the Liberals are doing right now is not working. Even in the last two years, we have seen dramatic year-over-year increases in overdoses. It is obvious that handing out free drugs to people who are addicted to drugs is not solving the problem. Will the member not agree that this is a failed approach and that we need to return to treatment to get people off of using drugs?

Mr. Gord Johns: Madam Speaker, this is the false dichotomy: that we cannot have harm reduction and we need to have treatment. We need both. We need to meet people where they are at.

With respect to the notion that this is failing, it has not even gotten off the ground yet. It is in its infancy. It has basically just started, and the results and evidence are staggering. It is lowering people's involvement in criminal activity, and there are fewer people using the deadly fentanyl. They are not going to organized crime to get their drugs, which is everywhere in this country.

Is the government failing? Yes, it is. However, the war-on-drugs approach the Conservatives are bringing forward would be a disaster. We know that.

Business of Supply

Mr. Alistair MacGregor (Cowichan—Malahat—Langford, NDP): Madam Speaker, when I was listening to the leader of the official opposition give his remarks today, I felt sadness. I feel it is quite insulting when he refers to woke academics or speaks of people who are employed in the “misery industry”. That is insulting to my constituents who have dedicated their life's work to helping people with very real problems.

I have taken the time to tour the streets of my community to speak to those people and meet those who are suffering from trauma. Overwhelmingly, the result is that people who are taking chances with buying their drugs on the street are playing Russian roulette with their lives. Having safe supply and treatment options are not mutually exclusive. We have to meet people where they are at, or it is going to be unsuccessful.

I would really like for my colleague to underline that point because central to today's debate is this trauma-informed approach of meeting people where they are at and keeping people alive long enough so they can come into contact with the services, help and treatment, eventually down the line, that will help them.

● (1215)

Mr. Gord Johns: Madam Speaker, as I said, my colleague brought me to his riding and I got to see first-hand some of the really great work that people in his community are doing, especially around no-barrier housing, ensuring people have a safe place to live while they are getting away from the toxic drug supply, and using safe supply or OAT.

The difference right now is that, if they go to the street supply, it is a toxic concoction. They do not even know what they are getting. Using a safer supply of substances means people can stay alive. We are not seeing people dying from a safer supply. They are dying from fentanyl. That is what is happening.

It needs to be evidence-based. The chief coroner of B.C. has said that safe supply is not killing people and that over 80% of people who are dying had fentanyl, which was made on the street, sold on the street, and marketed and manufactured on the street. It is not acceptable.

Hon. Tim Uppal (Edmonton Mill Woods, CPC): Madam Speaker, I will be splitting my time with the hon. member for Peterborough—Kawartha.

After eight years of the Prime Minister, everything feels broken. Life costs more. Work does not pay, and housing costs have doubled. The Prime Minister divides to control the people. Worst of all, crime and chaos, and drugs and disorder rage in our streets. Nowhere is it worse than the opioid overdose crisis that has expanded so dramatically in the last several years.

This is an important debate we are having today. The opioid addiction crisis is real, and it is costing Canadian lives. The unimaginable pain that those who are suffering from addictions are going through, as well as that of their families, their friends and their loved ones, cannot be understated.

I know that many of us here have probably gone to too many funerals, and I know I have, of those who were suffering from addiction because of this crisis. Many times when we talk about those

who are addicted or people who are struggling with addiction, we think about the people who we might see in the downtown or who might be homeless. It is true, some of them are. However, very often they are also the people we know, people we may not have expected, people who might be family members, co-workers, friends or neighbours, people who we would not expect to be in that situation but are in this crisis and are suffering from addiction.

We know there is no simple solution. The issue here is very complex and there are many factors that affect it. What we can see is that the Liberal government approach is not working. The Liberal plan is not helping those who are struggling to get past their addiction and fully recover. In fact, those Liberal policies have actually made the situation worse.

I want to read from the text of the motion today. It says:

...given that,

(i) Canada is in the midst of an opioid crisis that has killed over 35,000 people since 2016,

(ii) since 2017, the federal government has spent over \$800 million on its failed Canadian Drugs and Substances Strategy, including over \$100 million in funding for hard-drug supply projects across Canada, and plans to spend an additional \$74 million to “scale up” these projects over the next five years,

(iii) since tax-funded drug supply was ramped up in 2020, opioid deaths have only gone up, according to the Public Health Agency of Canada,

(iv) in 2020, slightly less than 7,000 people died of opioid overdoses, while only 3,000 died of overdoses in 2016, according to the Library of Parliament,

(v) in British Columbia alone, yearly drug overdose deaths have increased by 330% between 2015 and 2022,

(vi) recently, a Global News reporter in East Vancouver was able to buy 26 hits for \$30 in just 30 minutes of a dangerous and highly addictive opioid that is distributed in tax-funded drug supply programs and flooding our streets with cheap opioids,

the House call on the government to immediately reverse its deadly policies and redirect all funds from taxpayer-funded, hard drug programs to addiction, treatment and recovery programs.

What would Conservatives do?

● (1220)

Conservatives believe that addiction is a health condition and that it should be treated as such. A Conservative government would have a recovery-oriented system of care that helps people on their journey. This means prevention, intervention, treatment and recovery. Conservatives believe that we have to meet people where they are at, but we need to stop leaving them there. We should be helping them get their lives and their families back, and help them fully recover.

It is not just that the Liberal program is a failed experiment that has been tried and which has failed in other cities in other parts of the world. The scary part is that their program is adding more drugs to the streets, which is making the drug supply cheaper, so there are now more drugs on the streets. It has become more affordable for those trying to purchase them.

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There is a B.C.-based physician who says that, before safe supply, before the government's program, 8 milligrams of hydromorphone tablets sold for \$10 in Vancouver's downtown east side. The doctor says it now costs between 50¢ and a dollar.

Dr. Vincent Lam, the medical director of Coderix Addiction Therapy, provided insight into the situation in downtown Toronto, so we are going from Vancouver to Toronto. According to his patients, 8 milligrams of the same drug tablets that used to go for \$20 on the street now sell for between two dollars and five dollars, and sometimes as little as one dollar.

A doctor in Ottawa said that 24 milligrams of hydromorphone, which they believe came from the city's safe supply facilities, sells for two dollars on the street. Before safe supply, they were selling for \$20 to \$30. A representative from the Nanaimo Area Network of Drug Users said that the system is broken. They estimated that up to 80% of safe supply drugs in Nanaimo, B.C., are currently being diverted. The system definitely is broken. It is not working.

What is happening is that those who are struggling with these addictions are selling the drugs they are receiving from the government. They are selling them because they need stronger drugs. These ones do not work any more. They are selling them at such a low cost that even our young Canadians, children and youth, are able to buy them for one or two dollars a hit. We are creating a cycle where more and more Canadians are getting more addicted rather than breaking that addiction.

This crisis has left Canadians struggling right across the country, and it does not see background or religion. I have talked to many parents in South Asian communities who have seen their children go through these addictions and go through the struggle.

I visited a gurdwara in Surrey where the head of the gurdwara said that they have sent home international students, and we are talking hundreds across the country. They have had to send home their bodies. Many of them have stresses. There are pressures that they face, having come to Canada. They are young, and it is different, so there is loneliness. There are pressures on them, financial stress. Many of them have become addicted to drugs, and many of them have overdosed. This itself has become a pandemic and a serious crisis in the community.

All of this, addictions, the use of drugs and the supply of drugs, have also led to more gang activity as well, which has led to more of our young people dying. They are being killed in gang activity. Conservatives' common-sense plan would end taxpayer dollars for drugs and put people in addiction, treatment and recovery programs. Conservatives will bring our loved ones home, drug-free.

• (1225)

Ms. Julie Dabrusin (Parliamentary Secretary to the Minister of Natural Resources and to the Minister of Environment and Climate Change, Lib.): Madam Speaker, it seems there is conflation of a lot of issues, when I hear the member opposite speak. I was looking at a study from U of T about safe consumption sites, and it says that there was a city-wide overdose mortality reduction of 42% between the time when we started, before we had safe consumption sites, and now. Not only that, but in neighbourhoods that are 500 metres around a safe consumption site, the overdose mor-

tality rate decreased by 67%. In the Canadian Medical Association Journal, there was also a study from London, Ontario, that showed that mortality decreased with safe supply.

While I am not denying that there is, in fact, an opioid crisis and that there are fentanyl deaths, does the member opposite not agree that there is medical evidence that safe supply is actually saving lives?

Hon. Tim Uppal: Madam Speaker, the unfortunate part of this debate is that the government has chosen to pick certain facts to go on and it ignores other facts. The fact of the matter is that deaths have been going up. Opioid overdoses have gone up. Drugs supplied by the government to those struggling with addiction are now available on the streets, and the cost of drugs has been reduced, so they can be purchased by our young people. That is the reality. That is what is happening across our country, and that is what is making this crisis worse.

That is why we are saying that we need to stop the taxpayer-funded drugs and help these Canadians suffering from addictions with treatment.

[*Translation*]

Mr. Martin Champoux (Drummond, BQ): Madam Speaker, I can hear the Conservatives' concern. As my colleague from Longueuil—Saint-Hubert said earlier, we are addressing an extremely sensitive and important issue, but they are not providing effective and vetted solutions. The Conservatives' approach is very similar to that of the Americans. It has been said before. We have been saying it since this morning. The results in the United States are not very encouraging. Quite the opposite. The number of opioid-related deaths has dramatically increased since 2015. The Conservatives' suggestion is to focus more on rehabilitation centres, centres to help addicts get off drugs. Those already exist and they are working, but the crisis keeps getting worse.

Does my colleague not think that it is time to focus on new ways of dealing with drug addiction, as has proven to be successful elsewhere in the world, unlike the American approach, which has shown to be ineffective?

[*English*]

Hon. Tim Uppal: Madam Speaker, it is true that we do have recovery programs in Canada, but the problem is that we need more of them; they need to be more available. I talk to many parents whose children are suffering from these addictions about recovery programs. There are long wait times, and some of these programs are extremely expensive, so they are not able to get their children into these programs, nor their family members, their friends or whoever they may be.

Our plan is to stop giving taxpayer-funded hard drugs to those with addictions, and it is to put all that money the government has been providing to that into addiction programs to help those struggling with addictions through treatment. That is what would help Canadians right across the country.

Business of Supply

• (1230)

Ms. Lindsay Mathysen (London—Fanshawe, NDP): Madam Speaker, in his speech, the member said that Conservatives want to meet people where they are at. However, repeatedly we have said that people need options. Safe supply, treatment and abstinence programs offer different approaches and services, and they give people in those situations choices. In order to save lives, it is about the choice they need. Supporters of safe supply do not think that safe supply is a panacea, by any means, to solve all addiction problems, but in this place of privilege in which we sit it is our obligation to provide choices.

How can the member possibly say that he and his party are working to meet people where they are at, when they do not provide all the choices that we know consistently, with facts and statistics, do just that?

Hon. Tim Uppal: Madam Speaker, this is about facts and statistics, and the very sad fact is that opioid deaths have been going up, especially after the government started this program of so-called safe supply. Just in B.C. alone, there has been a 330% increase in overdose deaths. Those are the facts. That is why we need to change the system. It is not working. The government's plan does not work. We need a better plan. A Conservative plan would focus on treatment and compassionate care.

Ms. Michelle Ferreri (Peterborough—Kawartha, CPC): Madam Speaker, after eight years of the Prime Minister, everything feels broken. Life costs more, work does not pay and housing costs have doubled. The Prime Minister divides to control the people. Worst of all, crime and chaos, drugs and disorder rage in our streets. Nowhere is this worse than the opioid overdose crisis, which has expanded so dramatically in the last several years.

This is a really tough subject, and it is very tough when we are challenging what many people thought they knew. Addiction is a ruthless, cold-blooded thief. It is a vile disease that destroys families and lives. It is a disease that preys on its innocent host in unimaginable ways. Addiction will make the victim say and do anything to anyone in order to eliminate the pain.

That is where we need to focus our efforts, and that is what our opposition motion today does. Instead of putting a band-aid on the gushing wound, Conservatives are saying, let us treat the trauma and let us destroy the predator and save the host. Conservatives are calling on the Liberals to redirect their taxpayer money from safe supply to treatment and recovery and bring our loved ones home. Conservatives are asking to invest in understanding why and to fund recovery. Conservatives want to give people suffering with addiction back their life, their family and their body.

I believe safe supply is one of the most powerful marketing campaigns ever released. Let us be honest. If a loved one had a life-threatening disease, people would buy or agree to anything that would keep them alive. They would not ask questions. They would just hear that it would keep them alive and sign the dotted line. The idea of safe supply has sold a whole culture of people a falsehood, a hope that they will save their loved ones, but the reality is that safe supply just keeps them where they are. It allows addiction to continue to prey on its innocent host. Honestly, it is a hell of a business model. Why not keep the customer coming back for more?

There is a distinct difference between OAT and safe supply, and it is critical that everyone watching listens to the difference, because once they do, I believe they will understand that Conservatives are the only party offering a compassionate solution to the biggest crisis our country has ever suffered.

Evidence-based medication refers to opioid agonist therapy, or OAT. It includes drugs such as Suboxone, Sublocade and methadone. This is different from Canada's safe supply, which includes drugs like hydromorphone. Hydromorphone is equivalent to heroin.

OAT is a recovery-oriented therapy that addresses the torturous and sometimes deadly withdrawal symptoms that opioid addicts experience when they stop using their drugs. These symptoms are a major barrier to recovery if left untreated. I highly recommend everyone watch *Dopesick*. It is one of the best public education tools out there to understand this.

I have many friends who have lived a full life or who live a full life in recovery thanks to OAT. With OAT, those in recovery are given long-lasting, milder opioids that stave off withdrawal without providing any high or euphoria, helping patients live free of narcotic impairment. The administration of OAT is tightly controlled. Patients generally must come to a clinic every day for supervised consumption. Take-home use is strictly monitored.

In contrast to OAT, safe supply drugs are intended to mimic the highs of illicit substance use, not manage withdrawal. Safer supply does not move patients toward a drug-free life. It is, in theory, intended to prevent overdoses and death until one is ready to begin their recovery journey.

Many people who are not on board with our solutions will say that it is the deadly supply of fentanyl on the streets that is killing people, and they are absolutely correct, but guess how those dealing with addiction are getting that deadly, toxic dose of fentanyl? They are selling their government-funded safe supply. Why are they selling their government-funded safe supply? It is because they need a stronger high. Never before have we had such powerful drugs. The physiological dependence on these drugs cannot be overstated.

• (1235)

It turns out that hydromorphone is too weak to get fentanyl users high, and, for this reason, many safer supply recipients simply sell ("divert") their government-provided hydromorphone on the street, at rock-bottom prices, to purchase more street fentanyl. Safer supply doesn't dissuade illicit fentanyl consumption—it subsidizes it.

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That is a direct quote from Adam Zivo from the National Post.

The type of studies they (safer supply advocates) are doing are the weakest. The bottom line is that they're not comparing—this is the unethical part—they're not comparing hydromorphone programs to the standard of care, which is methadone.... That would be more ethical.

That was said by Dr. Lori Regenstreif.

...it's very common for my patients to tell me that they know people who sold most, if not all, of their prescriptions for PSADs [public supply of addictive drugs]. Unfortunately, that means that the hydromorphone is going somewhere else.

That was said by Dr. Vincent Lam.

How do we prevent overdoses? We must invest in prevention, in naloxone and in programs that treat the “why” in addiction. Until people who are addicted understand why they are using, they will never be free. Until people have the support they need, they are stuck. Conservatives are asking this House and demanding that the Liberals redirect funding from safe supply to treatment and recovery.

Canada is in the midst of an opioid crisis that has killed over 35,000 people since 2016, and that number does not account for the collateral damage that addiction leaves for families. How many kids are traumatized because their parent is stuck in the grip of addiction or has lost a parent, a sister, a mother, a daughter, a brother, an aunt to addiction?

Since 2017, the federal government has spent over \$800 million on its failed Canadian drugs and substances strategy, including over \$100 million in funding for hard-drug supply projects across Canada, and plans to spend an additional \$74 million to scale up these projects over the next five years. Since tax-funded drug supply was ramped up in 2020, opioid deaths have only gone up, according to the Public Health Agency of Canada. In 2021, more than 8,000 people died of opioid overdoses, while less than 3,000 died of overdoses in 2016. It is not working.

I just cannot explain a more horrible disease than addiction. There are parents at home right now who are waiting for a phone call because they had a bright, amazing child who maybe got hurt and was prescribed opioids or maybe had trauma and used drugs to escape the pain. They are waiting for a phone call saying their child has died. Imagine if the Liberals committed to spending \$800 million on treatment and recovery instead of drugs that are funding drug dealers. I know this is hard. So many people got sold an idea and it was wrong. Again we see an example of the government spending money in all the wrong places.

The path out of addiction takes full commitment, and access to treatment and recovery must be available instantly. Seconds matter. We need housing away from the life that will put them back where they were, and we need to invest in prevention. Mentally healthy, resilient kids turn into mentally healthy, resilient adults. Treating the problem with the problem is not a solution. Safe supply is killing our children. The data is in, and overdoses are up 300%.

Today the Conservatives are asking the House to call on the government to immediately reverse its deadly policies and redirect all funds from taxpayer-funded hard-drug programs to addiction treatment and recovery programs. Let us be leaders and invest in recovery and treatment, and let us bring everyone's children home safely.

• (1240)

Ms. Julie Dabrusin (Parliamentary Secretary to the Minister of Natural Resources and to the Minister of Environment and Climate Change, Lib.): Madam Speaker, I will agree with the member opposite that there is much more beyond prescribed harm reduction to resolve the issues we are facing with the opioid crisis. Where I disagree is that the British Columbia coroners office specifically stated, “There is no indication that prescribed safe supply is contributing to illicit drug deaths.” It is British Columbia's coroner who said that.

How does the member opposite respond to that fact from what I would think is a respected source?

Ms. Michelle Ferreri: Madam Speaker, again, the statistics speak for themselves. Overdoses are up 300%; that is just the reality of it.

I really want to touch on a critical point, and that is the fear that has been instilled in experts who are on the ground. I am going to read something from somebody who has worked for three decades in treatment and recovery. This person, for the record, is not a Conservative.

This person says, “I have to agree with the leader 100%... But for people speaking out against it, you become vilified, like we don't care about people. Hydromorphone doesn't even come close to the strength of fentanyl. I had one young fellow tell me, if someone dies from an overdose, people are trying to find out who the dealer is so they can purchase from them because of the strength. We are just throwing—

The Assistant Deputy Speaker (Mrs. Alexandra Mendès): I have to give the same time for the question and the answer.

Questions and comments, the hon. member for Beauport—Limoulo.

[*Translation*]

Mrs. Julie Vignola (Beauport—Limoulo, BQ): Madam Speaker, I will seize on what my colleague just read. I believe it is important to have a holistic and comprehensive view of the situation in order to support people with addictions and help them find a way out, while ensuring that we undercut the black market and resellers.

I would like my colleague's opinion about the importance of investing in mental health and support for people with addictions and making investments to deal with the black market.

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[English]

Ms. Michelle Ferreri: Madam Speaker, that is such a great question, because it is exactly what we are saying. That is why we really hope we get the Bloc's support on this.

Imagine we redirected the funds that are going into funding drug dealers, because that is ultimately what safe supply is doing, and put it into mental health supports. There is a Mental Health Commission report from 2016. How much has been done on that? Nothing.

We have people with mental disorders living on the streets. Why? Because we have nothing from the Liberal government to help people with mental disorders and addictions. That is the reality. That is what we are asking for today.

• (1245)

Mr. Gord Johns (Courtenay—Alberni, NDP): Madam Speaker, what the Conservative motion today would do is have everybody who uses drugs go to the streets. They would get unregulated, toxic drugs, which are flooding our streets.

It is not safe supply that is killing people. Safe supply is still in its infancy. Very few people are on it or could even access it.

Again, I want to go back to the OAT and the safe supply conversation. I really appreciated the member talking about that. OAT is critical and absolutely essential, but people who feel it is not strong enough are going to the street to top up. This is where we need to have safe supply, and work with OAT in cohesion.

Also, this is supported by the Police Chiefs of Canada. This is supported by Gwen Boniface, the former OPP police chief who has a bill in the Senate. This is supported by Vancouver police, who called out the Leader of the Conservative Party this morning in *The Globe and Mail* for misinformation.

Why are the Conservatives railing against the police, when they are the tough-on-crime party?

Ms. Michelle Ferreri: Madam Speaker, I hope my colleague votes in favour of this today, because I know how much he cares about this.

Dr. Koivu, a doctor who was a massive advocate for safe supply, said that several patients voluntarily left their homes to move into tents located in a parking lot near a pharmacy that dispensed safe supply drugs. They wanted to be close to the action, to buy hydro-morphone early in the morning when it was the cheapest on the black market for consumption and profitable resale. She is now convinced that safe supply exacerbates homelessness.

If the House, the NDP and the Liberals care about homelessness, mental health and helping people, then they should vote in support of this motion.

Ms. Arielle Kayabaga (London West, Lib.): Madam Speaker, I will be splitting my time with the member for Winnipeg North.

I am grateful for this opportunity to speak today to discuss the ongoing toxic drug overdose crisis. While I do that, my thoughts are on the many people we have lost in London, Ontario, a lot of friends and family, to this overdose crisis, which continues to exact

a heartbreaking toll on individuals, families and communities across the country.

As the representative for London West and the former municipal representative for the downtown core of London, I have had the opportunity to see first-hand the hard work and dedication that our frontline workers have put into saving lives and improving outcomes for Londoners experiencing addiction.

I want to take this opportunity to thank them and to thank the Middlesex-London Health Unit, the Regional HIV/AIDS, the London InterCommunity Health Centre and anyone else who has dedicated their time, our volunteers, to helping the most vulnerable people experiencing this disease that has put them through unimaginable situations.

This dual pandemic has impacted people from all walks of life, ages, education levels and party lines, including many of us in the House today. We can no longer say that it is a stranger or that it is happening over there, because it is happening in all our communities. We are talking about our children, our friends, our parents and our neighbours, which is why I cannot understate the importance of a compassionate, collaborative and integrated response to reducing substance harms and saving lives.

Since 2016, Dr. Andrea Sereda of the London InterCommunity Health Centre has been running a safer supply program that has saved countless lives. Thank God, she is doing this work as an experienced doctor. We are not taking opinions from op-eds or online news; we are actually looking at studies that have been conducted by experts in the field. However, the program received federal funding in March of 2020.

Between April 1, 2020 and March 31, 2021, overdoses in the area dropped from 59% to 23%, 44% of the clients had not committed a crime to pay for drugs since beginning the program and one third of clients stopped using IV drugs. This is only one small piece of the empirical evidence that a safer supply actually works.

Prevention, harm reduction, treatment and enforcement make up the four internationally-recognized pillars of drug policy. Sadly, the Conservative Party does not understand the importance of the harm reduction pillar, preferring instead to ignore hard evidence and research, and is taking us back to the failed ideology of the Harper-era drug policy, which was costly, ineffective and deadly.

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We are hearing from experts themselves, especially in communities like London, Ontario, where we know that a safer supply is working, that we need to continue to explore all avenues to address this ongoing crisis.

Our government, on the other hand, is committed to responding to this crisis from a whole-of-system and evidence-based approach. To date, we have launched many actions and investments to address the overdose crisis, including increased naloxone access, increased options for opioid agonist treatment, supervised consumption sites, which we have in the community of London, Ontario, and safer supply programs, whose importance, sadly, continues to be negated by the opposition.

An integral part of our response is ensuring that we have the best research evidence to inform our health policies and practices, and ultimately lead to better health and safety outcomes for all Canadians. This is where the incredible work of the Canadian Institutes of Health Research, or CIHR, comes in.

Over the last five years, CIHR has invested more than \$179 million in research related to substance use, including \$75 million in research related to opioid use alone. With its help, our government is supporting priority research initiatives that are now helping policy-makers and health care providers identify effective solutions for addressing the overdose crisis.

I want to begin by highlighting a pan-Canadian research network that is focused on substance use, the Canadian Research Initiative in Substance Misuse, or CRISM, which connects researchers, service providers, decision-makers and people with lived experience of substance use from across Canada.

- (1250)

CRISM's overall objective is to translate evidence-based interventions for substance use into clinical practice, community-based prevention, harm reduction and health system changes. The network is now recognized as a critical network that responds to the policy and evidence needs of decision-makers.

With ongoing support from the federal government, CRISM is able to conduct clinical trials, develop national treatment guidelines, promote the effective implementation of evidence-based interventions into clinical and community settings, and provide key evidence for decision-makers, like ourselves.

In June 2022, our government announced that it would be renewing CRISM with an investment of \$17 million over six years to build and expand on the success of the initiative's first phase, including by increasing the number of regional nodes from four to five to enhance geographic coverage.

This renewed investment also includes \$5 million over four years for CRISM to undertake a national controlled trial in the management of methamphetamine-use disorder. The expertise and guidance that CRISM provides is integral to improving the quality of care and quality of life for people in Canada who use substances.

Outside of this investment, in 2019, CIHR also invested \$1.5 million to support the evaluation of interventions implemented across Canada in response to the opioid crisis. This included evaluation of overdose prevention sites, rapid access addiction medicine

models of care and naloxone programs, just to name a few. It also included research to evaluate non-pharmacological interventions for pain management.

Research to address the toxic drug and overdose crisis became even more critical during COVID-19, which exacerbated the existing crisis to a devastating extent. As part of the pandemic response, our government committed to, through CIHR, launching a funding opportunity in 2019 to support the evaluation research into harm-reduction approaches and to address the opioid crisis in the context of COVID-19. We know that this has grown since COVID-19.

This funding opportunity provided \$2.2 million to support five research projects to assess the implementation and impact of safer supply interventions and supervised consumption sites, thereby addressing pressing evidence needs of decision-makers and knowledge-users in the area of harm reduction.

Additionally, CIHR mobilized CRISM to rapidly develop six national guidance documents to support people who used drugs, decision-makers and care providers during COVID-19, for example, guidance on telemedicine support for addiction services. We are also prioritizing bold policy changes to help people who use substances on their journey.

Last year, our government announced a time-limited exemption from the Controlled Drugs and Substances Act to the province of British Columbia, allowing for the personal possession of small amounts of certain illegal substances. Through this exemption, we will be able to reduce the stigma, the fear and the shame that keeps people who use drugs silent about their use, or using alone, and help more people access life-saving support and treatment.

Notably, the exemption included requirements related to comprehensive monitoring and evaluation. In addition to efforts led by B.C., our government is supporting an arms-length evaluation of this exemption.

This five-year evaluation project, led by CRISM, will study the impacts of the exemption and help us understand the full impacts of decriminalization in B.C., including the health and socio-economic impacts. This scientific evidence will be critical to ongoing decision-making as it relates to the overdose crisis.

We are also supporting critical research through CIHR's investigator-led programs, which supports world-class research submitted by scientists at universities and research institutions across the country.

In addition to supporting the translation of research into improved programs and policies related to substance-use treatment and prevention, we will also be supporting research focused on improving health human resources related to substance use.

For example, CIHR is currently funding a project led by Dr. Kathleen Leslie and Dr. Mary Bartram at Athabasca University that will provide better information about policy options and stakeholder priorities to help create a pan-Canadian mental health and substance-use workforce strategy. This strategy will support the development of a high-quality, sustainable, diverse and culturally competent workforce that will have the capacity to provide equitable access to mental health and substance-use services for all Canadians.

● (1255)

Mrs. Rosemarie Falk (Battlefords—Lloydminster, CPC): Madam Speaker, I am disappointed to hear partisan rhetoric coming from the member across the way.

The member for Cumberland—Colchester, who gave his remarks this morning, actually has experience specializing in chronic pain. He is a doctor. He talked about the people struggling with addictions as real people who need community, who need connectedness and who need hope.

I did not hear the member talk about wraparound services. I just wonder whether she sees value and importance, like the Conservatives do, in housing, counselling and even psychotherapy for people who are struggling with addictions. Can the member let us know whether that is of importance to her, and not just say that Conservatives do not care about people? We do.

Ms. Arielle Kayabaga: Madam Speaker, I would like to start by saying that, as I stand in the House to speak on behalf of people in London, Ontario who have lost their lives to this crisis, it is tone-deaf for the member opposite to say that we are speaking in rhetoric. It is the Conservatives who are making this a very partisan issue, when we have people from across the country. This is an issue that has no party lines, and the Conservatives have chosen to make it a partisan issue.

Unfortunately for this member, we are sent here to make sure we can speak on behalf of those who can no longer speak on their own behalf. It is important that we continue to talk about how safe supply has saved lives in London, Ontario.

[Translation]

Mr. Denis Trudel (Longueuil—Saint-Hubert, BQ): Madam Speaker, my colleague mentioned a million programs that help people, including with the problem we are discussing this morning, but there is one she did not talk about.

I am currently touring Quebec on the topic of the housing crisis. We are hearing that in this post-pandemic period, and it is connected to addictions, there is more homelessness than there was before and in places where we did not see any before. I am talking about

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places such as Shawinigan, Rimouski or small towns north of Joliette, where there are absolutely no services.

People always think that homelessness is limited to big cities like Montreal, Vancouver and Toronto, but the fact is that we are now seeing visible homelessness, not just hidden, in places like small rural municipalities. There is a severe shortage of funding for homelessness in this country.

My colleague does not seem to realize that we are in a severe housing crisis, which is very much related to the topic we are discussing this morning. Does my colleague not think it is high time for the government to address the root cause of this problem and launch a Marshall-type plan to deal with the housing crisis and homelessness?

● (1300)

Ms. Arielle Kayabaga: Madam Speaker, I am sorry to have annoyed my colleague opposite for mentioning all the work we are doing to ensure that we deal with this very important crisis affecting the entire country, a crisis that is affecting everyone with children and families.

That said, there are always opportunities to do more and to ensure that we do so in areas that have not yet received funding.

If earlier I mentioned the list of things we have done, it was not to annoy my colleagues, it was to reiterate that we are ready to continue making these investments so that Canadians find themselves in a healthier situation.

[English]

Ms. Lindsay Mathyssen (London—Fanshawe, NDP): Madam Speaker, being from London, I am so incredibly grateful that the hon. member talked about the incredible work of Dr. Andrea Sereda, who is doing fantastic and life-saving work in London, Ontario. Among the things that she and I spoke about, she said that harm reduction has to be about more than safe supply; it needs to be about conversations in terms of why people turn to things that dull the pain they feel. One of the examples Dr. Sereda gave was housing.

I would like to hear from the member about when the Liberal government will place a moratorium on the financialization of housing, which the New Democrats have been asking for; when the government will directly return to the original mandate of the CMHC to build and create truly affordable housing, as dictated by 30% of income and rent geared to income; and when we can expect the Liberal Party to come out and support my colleague's private member's bill on a guaranteed basic livable income.

Ms. Arielle Kayabaga: Madam Speaker, when I talk about how this is an issue that has no party lines, I think my colleague from London—Fanshawe and I can agree that we have worked together to respond to this crisis when I was a city councillor and even now, as members of Parliament.

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Not too long ago, my colleague from London—Fanshawe and I were at a wraparound service housing initiative that had been invested in by the government. We invested in Indwell, and she and I just recently made an announcement together at Indwell. This is to show that we continue not only to care about investing in response to this crisis but also to respond to the entire system, the ecosystem that—

The Assistant Deputy Speaker (Mrs. Alexandra Mendès): We have to resume debate.

The hon. parliamentary secretary to the government House leader.

Mr. Kevin Lamoureux (Parliamentary Secretary to the Leader of the Government in the House of Commons, Lib.): Madam Speaker, we are hearing a lot about stats and numbers. The one that really sinks in for me personally is the fact that we have seen reversed overdoses through safe consumption sites, to the tune of over 45,000 since 2017. Let us think about the profound impact that has had on thousands of lives. That is the number that comes to my mind. It is a very real and tangible number. All one needs to do is listen to what people near safe consumption sites have to say and what the first responders and the many different experts are saying.

A number of years ago, when I was sitting with third party status, we had a big debate about consumption sites. The reason we were debating them then was that the Conservative Party wanted to shut down Insite, a consumption site located in downtown east Vancouver. They wanted to shut it down. If it had not been for a Supreme Court of Canada decision, they might have been successful at shutting it down. Because the Supreme Court gave a wake-up call to Stephen Harper, ultimately that site was able to survive.

If we take a look at how that site came to be, I think it amplifies or exemplifies why it is that we need to recognize that it is not just about one government alone. It takes a community. Individuals, the province, the municipality and first responders all came to the table and articulated a wide spectrum of reasons and rationale as to why consumption sites are important. That happened many years ago. It was about two decades ago. What we saw was that Stephen Harper attempted to shut it down. He was the prime minister, and he attempted to shut it down. That is—

Some hon. members: Oh, oh!

• (1305)

The Assistant Deputy Speaker (Mrs. Alexandra Mendès): I would remind the hon. members that this is not a conversation. This is a speech, and there will be questions and comments.

The hon. parliamentary secretary.

Mr. Kevin Lamoureux: Madam Speaker, the then prime minister was unsuccessful.

Now we will take a look at the current leader of the Conservative Party. I have argued in the past that his party is more to the right. It is about as extreme as one can get with respect to the right wing, if we listen to some of the things Conservatives say. Just yesterday, they were being accused of misrepresentation of facts. Once again, what we see is opposition parties outside of the Conservatives, and the government, correcting the opposition.

A previous question to my colleague suggested that we are politicizing it. Is that really true? Members should read the motion and listen to some of the speeches. We have had several Conservatives stand up, and what are they saying? They are following the lead of their leader. I printed out what their leader said. Here is how he started off his comments in moving the motion. He stated, “After eight years of the Prime Minister, everything feels broken. Life costs more. Work does not pay. Housing costs have doubled. The Prime Minister divides to control the people.” Other members have stood up and said the same thing. Like a bunch of lemmings and seals, they follow suit and support whatever it is the Conservative leader says. Facts do not mean anything.

An hon. member: Not true.

Mr. Kevin Lamoureux: Yes, it is true, Madam Speaker.

At the end of the day, we need to recognize the impact this is having in our communities. Even without the provincial government, the federal government worked with Sunshine House in Manitoba so we would have a mobile overdose prevention unit for the city of Winnipeg. I could talk about areas in Winnipeg North, like Point Douglas and others, where there is a real and tangible need with respect to the impacts this has on real people. Conservatives want to throw all of it away, even though they know full well that it has been successful in saving lives. They try to tie other things to it in order to simplify it in one way and complicate it in another for their bumper stickers. That is where their concern lies.

The following quotes from Ben Perrin are interesting. Many of the current Conservatives may not know who Ben Perrin is. They can do a quick Google search and will find he was a senior policy adviser to the Prime Minister's Office when Stephen Harper was the prime minister. He dealt with issues like public safety, immigration and justice. He was the primary adviser to Stephen Harper.

This is what Ben Perrin has to say about today's Conservative Party: “[They are] rehashing Conservative, war-on-drugs tropes that have been long since discredited and have been found to be not only ineffective but costly and deadly.” He also stated, “There is no indication that prescribed safe supply is contributing to illicit drug deaths.”

Members will love this one from Ben Perrin, published in *The Hill Times*:

...no public figure should use real human misery as the backdrop for a political pitch. If he insisted on doing so, how much better it would it have been if he'd stayed a night in the tent city, and talked to the people who live there. That way, he could have told them how he would improve their lives, and perhaps gain a better understanding of their problems. Using them as props to peddle his snake oil was disgraceful.

That is from Ben Perrin, a significant policy adviser under Stephen Harper.

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• (1310)

We have things like the Supreme Court of Canada and even top Conservatives and advisers, real people. We have law agencies. We have other jurisdictions and levels of government, like the Province of B.C. Do the Conservatives understand everything that has gone into place in order to make those consumption sites a reality? It is not just that the federal government says it is going to pop some here and there. There is a great deal of effort that is put into these sites, which are located in different places in Canada.

Let there be no doubt, as I started off my comments, that there were 45,000-plus instances where we have actually seen a reverse, when someone was literally dying, and because of their getting medical attention, they were able to reverse that overdose. It has saved thousands of lives, and the Conservative Party wants to get rid of them. That is what they are saying today, then they say there are other aspects they want to invest in. The government is already investing in those. The Government of Canada is working with provinces, municipalities and other stakeholders to ensure that, as much as possible, there is a coordinated approach to dealing with what are very serious issues.

I only wish I had enough time to be able to talk about the impacts, whether they are on the individual who is addicted, the family members, the communities or the many different systems. This is very much a health issue, and it needs to be treated as such. Individuals need to be supported, and this government, with the co-operation of at least some of the opposition parties, will be able to continue to move in that direction.

Mr. Todd Doherty (Cariboo—Prince George, CPC): Madam Speaker, I listened to this debate intently for the last couple of hours, and this is controlled frustration, anger and seething. I have been vocal and very upfront about how this crisis has impacted my family personally. I lost a brother-in-law. My brother is on the street, gripped with addictions.

The Liberal Party's talking point today is that their program has saved 45,000 people. Safe consumption sites and safe supply are two different things. There are many tools in the tool box.

Of those 45,000 people who overdosed and were brought back, how many are still alive today? I ask, because the first responders I am meeting with are saying they will save somebody in the morning, and then a few hours later that very same person is overdosing again. Those numbers are false, because they do not take into account whether those people are still alive.

What we are saying today is that we have to do more to save these people. Safe supply is one tool in the tool box, but it is not working. We cannot prescribe one without the whole tool box.

Mr. Kevin Lamoureux: Madam Speaker, the member is looking for a hard and fast number. What I know and feel very confident in is that thousands of lives have been saved, not just for a 24-hour period of time. What we hear from the Conservatives is that those lives do not matter. We—

An hon. member: No one is saying that.

Mr. Kevin Lamoureux: That is what they are saying. They are saying to shut down the consumption sites.

Some hon. members: Oh, oh!

• (1315)

The Assistant Deputy Speaker (Mrs. Alexandra Mendès): Order.

I invite the hon. parliamentary secretary to be a little moderate with accusations.

Mr. Kevin Lamoureux: Madam Speaker, if the Conservatives are all that offended, they can stand up and say they will support the consumption sites. If they are not prepared to say that, they should bite their tongues.

[*Translation*]

Ms. Sylvie Bérubé (Abitibi—Baie-James—Nunavik—Eeyou, BQ): Madam Speaker, I have to say that the purpose of this motion is not to increase safe supply.

Based on everything we have heard this morning, including some powerful testimony and a mixed bag of speeches that were nonetheless telling, the point is that what we really need is the health transfers. Today, the Coalition des psychologues du réseau public québécois, Quebec's coalition of publicly funded psychologists, said that it is impossible to meet mental health needs.

People who are struggling with addictions need adequate support and services. How will the government go about transferring the money to the provinces as promised?

[*English*]

Mr. Kevin Lamoureux: Madam Speaker, that is one of the reasons why I say that a part of this is recognizing that it is just not the federal government alone. That is what I like about Insite. With Insite, what we saw was the Province of British Columbia, the City of Vancouver and Ottawa working with many different stakeholders, making sure that we would be able to have a successful consumption site. It has been exceptionally successful over the last couple of decades.

There is a need to go beyond that, because we can talk about health treatment. That is why we have seen a national government invest in mental health and give generational support, somewhere close to \$200 billion over the next 10 years, so that we will be able to have a quality health care system. It is very much a health care issue. We have a national government that is investing billions of dollars in housing and supporting provinces and being able to provide appropriate housing.

There are all sorts of—

The Assistant Deputy Speaker (Mrs. Alexandra Mendès): We have time for one more question.

The hon. member for Cowichan—Malahat—Langford.

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Mr. Alistair MacGregor (Cowichan—Malahat—Langford, NDP): Madam Speaker, where I disagree with the Conservatives on this issue is that I personally believe, backed up by evidence in the field, that safe supply and safe consumption have to work in conjunction with treatment and recovery programs. They are part of a continuum of care. We have to meet patients where they are at.

Where I do agree with the Conservatives, though, is with their sense of frustration. That is very real. The situation is not getting better. The numbers on the ground are a stark reminder of how the government has failed to step up to the plate.

Numerous people who are working on the streets, trying to combat this situation, have repeatedly asked the government to step up, commit the funding and commit the resources necessary to fight this epidemic on par with COVID-19 and with the AIDS crisis. That is the criticism that is being levelled at the government today.

Why has it not stepped up and, at the very least, declared this a national health emergency?

Mr. Kevin Lamoureux: Madam Speaker, the government has stepped up in working with the different stakeholders. We deal with prevention, enforcement, treatment and harm reduction. We are working the best we can, not only from a financial point of view but also from a legislative point of view, in order to save lives and do the right thing.

I am still waiting for one Conservative to stand up and say they actually support consumption sites.

Mrs. Tracy Gray (Kelowna—Lake Country, CPC): Madam Speaker, I will be splitting my time with the member for Cariboo—Prince George. Today, I stand before members to express my deep concerns about Canada's mental health and addiction crisis.

After eight years of the Prime Minister, everything feels broken. Life costs more. Work does not pay. Housing costs have doubled. The Prime Minister divides to control the people. Worst of all, crime and chaos, drugs and disorder rage in our streets. Nowhere is this worse than the opioid overdose crisis that has expanded so dramatically in the last several years.

Many Canadians continue to be repeatedly traumatized by the Liberal government and its failed policies. As a result, we are dealing with a mental health and addiction crisis. Canadians struggling with addiction deserve compassion with access to appropriate treatments and a plan for recovery.

Addiction is a public health issue and Canada's drug laws must target individuals who prey on Canadians struggling with addictions, more specifically those who engage in trafficking and the sale of illegal drugs. My Conservative colleagues and I oppose removing deterrence measures for those who exploit Canadians struggling with addiction.

Expanding access to treatments and recovery programs should be a health care priority to get help to people struggling with addiction. While the Liberals continue to push their own narrative, there is not even one real definition of "safe supply". How are dangerous, toxic drugs safe?

The safe supply is continuing to destroy lives. It has led to more addiction, more deaths and more despair. We believe that we must

stop taxpayer-funded hard drugs, and instead fund treatment and recovery, and bring home our people drug-free.

Liberal safe-supply policies do nothing to bridge people toward recovery. Instead, people are being trapped in a cycle of addiction. In March of 2020, an article titled "Is All 'Safe Supply' Safe?" was published by the Canadian Society of Addiction Medicine. The Liberal-NDP coalition has given up on Canadians struggling with addiction and has essentially put them straight into palliative care.

The greater societal cost is playing out with this experiment in British Columbia. The Minister of Mental Health and Addictions referred, in this place, to following proper indicators without saying what they are. I am not sure what those indicators are because according to the Public Health Agency of Canada, since tax-funded drug supply was ramped up in 2020, opioid deaths have only gone up.

In 2021, more than 8,000 people died of opioid overdoses, while fewer than 3,000 people died of overdoses in 2016. In British Columbia alone, yearly drug overdose deaths have increased by 330% between 2015 and 2023.

In addition, just ahead of the seventh anniversary of B.C. declaring a public health emergency, B.C. Emergency Health Services released grim statistics last month. B.C. set records in March, two months ago, for the most overdose calls in one day, the highest 30-day average of overdose calls and the most consecutive days where paramedics attended 100 or more poisonings. Our first responders are overburdened and exhausted.

This is with drug decriminalization and so-called safe supply in place. B.C. is apparently also on pace to set a new record for poisoning calls in a year and match its annual record for the most naloxone doses administered to reverse the effects of opioids. Those are the facts.

Recently, a Global News reporter in east Vancouver was able to buy 26 hits for \$30, in just 30 minutes, of a dangerous and highly addictive opioid that is distributed in tax-funded drug supply programs. It is flooding our streets with cheap opioids.

A new black market has been created and this is perpetuating the cycle of addiction. It has been reported that physicians are saying this is even leading to a rise in new addictions, particularly among youth and those recovering from addictions. Those are the facts.

These are the results of the Liberal drug policies. These are more lives lost. Our streets are less safe and people are dying. The other day, here in the House of Commons, I was appalled by the shouting and applause that the Liberal and NDP MPs showed as I mentioned the terrible effects of open drug use in parks and playgrounds, which they support. I had to start my question three times because of the disruption. These are policies that harm children's safety, as people are getting high and leaving syringes and other drug paraphernalia in playgrounds.

• (1320)

Open drug use in parks and playgrounds where children play is unacceptable, and it is evident that the federal Liberal government is not taking public safety seriously.

On this side of the House, we do take this issue very seriously. We recognize the need to approach these issues with compassion. That is why we will continue to advocate for stopping the flood of dangerous drugs on our streets and also advocate for recovery, treatment and rehabilitation.

This is some of what my private member's bill, Bill C-283, the end the revolving door act, sought to do. It sought to create a common-sense framework for the commissioner of Correctional Service Canada to be able to designate all or a part of a federal correctional facility as an addiction treatment facility. If individuals met certain parameters at the time of sentencing, a judge could offer the choice to be sentenced to participate in a mental health assessment and addictions treatment inside a federal penitentiary while they served out their sentence.

Bill C-283 was in line with the House of Commons support for Bill C-228 in the previous Parliament to establish a federal framework to reduce recidivism, where healing is the best path toward reducing recidivism in Canada.

I received much positive feedback and support on this bill from across the country, from business groups, from those working in criminal justice and from those working in recovery, like the founder of Freedom's Door. I also received unanimous support through a resolution of the City of Kelowna.

This common-sense legislation was voted down by the Liberal and NDP members. They are not focusing on recovery and treatment and are quite fine with the status quo.

After eight years of Liberal incompetence, Canadians are suffering. I hear from parents in my riding all the time who want their child to access support and rehabilitation. It is heartbreaking the government has given up on some of the most vulnerable in our society and has put them straight into what one could consider perpetual addiction and palliative care.

In B.C., it is unbelievable, due to how open drug use is now rampant and playing out in our communities, that we even need to have a conversation that open drug use should be banned from playgrounds and parks. These drug decriminalization policies have affected neighbourhoods in B.C., as this three-year drug decriminalization experiment is playing out.

Municipal governments across B.C. have been forced to look at how to make their communities more safe for their citizens, and in

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particular in parks and playgrounds. Municipalities that have either already implemented bylaws, were looking at bylaws and/or have advocated to the provincial government include Kamloops, Kelowna, Sicamous, Campbell River, Nanaimo, Maple Ridge and Prince George, and there may be others.

However, it is not just at the human level that the Liberals refuse to show compassion. The Prime Minister refuses to stand up to the greedy pharmaceutical companies that cynically marketed addictive drugs as pain medication. That is why we in the official opposition are committed to bringing home justice for the victims of addiction.

Our Conservative leader announced months ago a commitment to launching a massive federal lawsuit against big pharma and their consultants, and to joining the active B.C. lawsuit to cover the costs of the epidemic to our border security, courts, the criminal justice system, indigenous programs, lost federal tax revenue and massively expanded treatment programs. The intention with this is the money recovered from this massive lawsuit will fund treatment and recovery programs for people struggling with addiction. It is from big pharma that originally safe supply came from.

The Conservatives are focused on turning hurt into hope by presenting common-sense solutions to address the addictions crisis facing our communities and the revolving door in our justice system. While the Liberal-NDP group has turned its back on society's most vulnerable, the Conservatives will continue to advocate for support, compassion and rehabilitation so we can bring home our family members and fight back against this horrible addiction crisis, which the Liberals have fuelled by their failed policies.

• (1325)

Ms. Julie Dabrusin (Parliamentary Secretary to the Minister of Natural Resources and to the Minister of Environment and Climate Change, Lib.): Madam Speaker, one of the things I have been having trouble with in the debate today is that there are certain elements of an entire spectrum of care required for the opioid crisis, but one is being pulled out as if it is the only one being proposed by the government, which is not true.

Also, the experience in my community seems to be very different from what I hear from the members opposite. In 2022 in Toronto, 1,900 overdoses were reversed because of safe consumption sites. They actually saved the lives of almost 2,000 people in my home city. There is a safe consumption site in my own community, and our experience with it is that it has provided a place of safety to people in need. We are not seeing the same impacts being described.

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Does the member opposite not see any value in saving lives, as I have said are being saved in Toronto, and in ensuring we provide an entire continuum of services?

Mrs. Tracy Gray: Madam Speaker, what we are talking about today is safe supply. As I spoke about in my intervention, in British Columbia we have been seeing what is playing out on our streets between safe supply and decriminalization.

Mayors from all over the province have come forward to put together bylaws in order to attempt to make their cities more safe. People are afraid to take their kids to parks and playgrounds. That is what is actually playing out on the streets.

As I was mentioning, we are seeing people taking that safe supply and selling it out on the streets. It is creating this whole black market where people are taking that money and buying more dangerous drugs, like fentanyl. It is perpetuating a more difficult situation, and the numbers are increasing. The facts are what they are.

• (1330)

[Translation]

Mr. Sébastien Lemire (Abitibi—Témiscamingue, BQ): Madam Speaker, I would like to take a moment to acknowledge the presence of students from Rivière-des-Quinze school, who have come all the way from Témiscamingue.

I would like to acknowledge the presence of the mayor—

The Assistant Deputy Speaker (Mrs. Alexandra Mendès): I would remind the hon. member that one must not draw attention to people present in the House.

Mr. Sébastien Lemire: Madam Speaker, I never imagined I would see people like the mayor of Latulipe-et-Gaboury here among us. They came here to learn.

Now, to get back to the opioid crisis debate, I had a chance to talk with these students. We were wondering about a question that I would now like to ask my colleague who was with me yesterday at the entrepreneur caucus meeting. I know she has a special interest in many issues related to personal development. Could we take action in the areas of education and guidance?

In relation to the housing crisis, could we address the opioid crisis more effectively if we were able to provide more accommodation?

[English]

Mrs. Tracy Gray: Madam Speaker, as I mentioned at the very outset of my speech, people are in a really desperate space. It is leading to this addiction and mental health crisis.

People cannot afford to live. They cannot afford to feed themselves. They cannot afford medicines. The price of everything is going up. Inflation is affecting people's everyday lives. I hear about this in my riding. People cannot even afford their rent or mortgage. Everything has doubled. Rents and mortgages have doubled. People are getting into a very desperate space.

This is fuelling the addiction and mental health crisis. We need to deal with the economic side, while we also deal with this very serious addiction issue.

Ms. Lori Idlout (Nunavut, NDP): *Uqagtittiji*, from my understanding, medical practitioners, the Canadian Chiefs of Police and other experts support safe supply.

Could the member tell the House who the Conservatives are hearing from who do not support safe supply, which we know is a vitally important life-saving service for Canadians?

Mrs. Tracy Gray: Madam Speaker, I have people reaching out to me all the time, people who have boots on the ground and are seeing the results of this. They are reviving people who are taking safe supply over and over again.

There is a lot written about this. I know people can be selective in what they are reading. I mentioned one of the articles about safe supply in my intervention. There are many articles about this. My time is up, but I have—

The Assistant Deputy Speaker (Mrs. Alexandra Mendès): Not only is the member's time up, but we cannot use props.

Resuming debate, the hon. member for Cariboo—Prince George.

Mr. Todd Doherty (Cariboo—Prince George, CPC): Madam Speaker, I have to take a breath and calm down a bit. This debate is a powder keg. People on all sides of the House have incredible feelings toward this.

Our colleague from the Bloc, the member for Beauport—Limoilou, spoke passionately about this. Our colleague from Saskatchewan spoke passionately about this. My colleague for Kelowna—Lake Country spoke passionately about this. We all know someone, perhaps very close to us, who has been impacted by this.

However, it is very clear that what is taking place today is not working. It is broken. After eight years of trial and error, the record shows that the government has broken the system, and that should not surprise us. Everything the Prime Minister touches breaks. What he does is divide Canadians. Why does he divide Canadians on issues, whether it is vaccines, or the opioid crisis or other things? Because if we are fighting among each other, we are not focused on his blunders. It is dodge and deflect.

Here are the facts. Since 2016, over 35,000 Canadians have lost their lives because of the opioid crisis. In a crisis of incomprehensible scale, the death toll due to illicit drug overdoses rose 300% in my province of British Columbia during the first three months of 2023. That is 596 lives lost in just three months of this year. That is 596 sons, daughters, mothers, fathers, sisters and brothers. Their dreams and hopes are lost. As parliamentarians, we have failed them. Canadians are suffering, Canadians are dying, and we have done nothing.

What is the real issue we are talking about today? It is the opioid crisis, the fentanyl crisis. This drug seemingly floods through our borders, and we are powerless to stop it. I have stood in the House so many times over the last seven and a half years to talk about the opioid crisis, a crisis that at least on this side of the House all across the way we can agree is a national crisis, but the government fails to declare it so.

Why are we so angry and frustrated? Because the Liberals like to conflate things. We are talking about safe supply. What are they talking about? They are talking about supervised consumption sites. It is so frustrating.

The Liberals made promises on the mental health side of things before getting elected in 2021. They were going to pledge \$4.6 billion in a mental health transfer to provinces to help combat mental health and addiction. What happens when they get into government? They renege on that and rethink their promise. This is impacting real people.

In a period of great economic uncertainty, the Prime Minister is spending hundreds of millions of dollars giving out free drugs.

Since 2017, the federal government has spent over \$800 million on its failed Canadian drugs and substances strategy, including \$100 million in funding for hard-drug supply projects across Canada and an additional \$74 million to scale-up these projects over the next five years. That is nearly \$1 billion spent on this pilot project.

However, what has this emphasis on safe supply achieved? There are 20 opioid deaths in Canada a day; a 173% increase from where the opioid epidemic began in 2016. Where is the investment on recovery?

• (1335)

The Minister of Mental Health and Addictions has placed that financial burden purely on the provinces and territories. She said earlier today in her speech that they hope that the provinces will see their way to support recovery and create those beds. They hope.

There are no new treatment centres or beds. While somebody who is addicted to drugs is waiting up to a year or more, they can go to a vending unit and get the drugs that they want. Let us talk about vending units for a second. During the gun debate, the Liberals would have members believe that, through the Conservatives' reckless gun laws and policies, people could go to a vending unit and get guns and ammo. Those are pretty simple terms. That is exactly what this Prime Minister tells Canadians and tells the world.

In fact, the Liberals have created a system where pop-up booths in my province are selling crack, cocaine and other drugs on the street. Health Canada approved an organization to produce and distribute cocaine. That is true. Not only that, but vending units are popping up all across our province where people who are struggling with addictions can go and plunk in their coins and get drugs. However, the drugs they are getting are not strong enough for them, so they peel off the labels and sell the drugs so they can get the money to buy the harder drug that they want, fentanyl.

Fentanyl is 50 to 100 times stronger than morphine. A dose the size of a grain of sand can kill 1,000 people. It is flooding our

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streets and it is killing our sons, daughters, fathers and mothers and we are doing nothing about it. Why are we frustrated? I heard the Bloc members speak about a dogmatic approach and make comments like that. This is a non-partisan issue for me, but I get frustrated when all we do is stand up here and we pour our hearts out. We want to do better for Canadians.

I have talked about our legacy in mental health and addictions time and again in this House. What do members want their legacy to be when they leave this House? I know I want my legacy to be that I made a difference each and every day in the mental health and well-being of Canadians and that I have used my time here so that we can save lives. I believe hope is always possible. I believe recovery is possible. I do not believe in giving up on someone by just handing them another drug. The Liberals are saying "Are we not keeping them alive?" We are perpetuating their addiction.

My brother was shot twice in June 2021 with a shotgun. We would think that would knock him straight, but that addiction is so strong. Two days later, he was back on the streets. My brother-in-law was killed by an overdose. A player I coached, Chad Staley from the Prince George Spruce Kings, got his tooth knocked out in a hockey game. One of his co-players thought he was giving him oxycodone to help with the pain. Chad was at home with his family, took this pill and was dead within an hour.

That is why we are angry. We are doing nothing.

We will bring hope to these families. We will bring our families home, safe, sound and healthy.

• (1340)

[*Translation*]

Mr. Denis Trudel (Longueuil—Saint-Hubert, BQ): Madam Speaker. It is a bit odd, because at one point my colleague said that this is really a non-partisan issue, yet he spent 10 minutes criticizing the Liberals, the Bloc Québécois and the NDP. I agree that it is somewhat partisan, but it is primarily a public health issue. At least, that is the Bloc's take on this. Addiction is a mental health and public health issue.

As soon as we talk about health care, we are talking about funding for the health care system. The federal government may not pay doctors, train nurses or run hospitals, but it has the means to help the provincial health care systems deal with crises like the opioid crisis we are experiencing right now.

I have never really heard the Conservatives take a position on health care funding or on the provinces' demands for health transfers. I would like to hear what my colleague has to say about that.

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Mr. Todd Doherty: Madam Speaker, my hon. colleague obviously has selective hearing. I talked about this being non-partisan and then I took offence to the dogmatic comments that we heard from the Bloc.

I did talk about the promise from the Liberals prior to the election for a \$4.6-billion mental health funding transfer that they forgot about once they became government. This is about doing the right thing for Canadians. I have said so many times that there are so many tools in the tool box, but it does not work if only one part of it is done. Providing and perpetuating addictions is not helping without any avenue for recovery. There has to always be that avenue for recovery, and we are not seeing it.

Jurisdictions that people talk about are Portland, Seattle and Portugal. Portugal did not have a fentanyl or opioid crisis when it launched its decriminalization. Portland and Seattle are failing because they did exactly what Canada did; they did nothing. They put no services in place for recovery, and that is the honest to goodness truth.

• (1345)

Hon. Carolyn Bennett (Minister of Mental Health and Addictions and Associate Minister of Health, Lib.): Madam Speaker, I thank the member, as always, for his very poignant explanation of the importance of this mental health crisis in Canada.

There is no disagreement that there need to be four pillars of a drug policy, including treatment. I was wondering if the member would help us as we develop the bilateral agreements with the provinces and territories, the \$25 billion that will be there.

For that third pillar on mental health and substance use, other than just wait times on mental health needs, are there other indicators that the member thinks would be helpful, like treatment beds or adequate aftercare, the kinds of complex care for people who we know have serious mental illness and substance use? What would be some of the indicators the member thinks should be in the action plans of the provinces and territories so we can work through all orders of government to address this crisis?

Mr. Todd Doherty: Madam Speaker, my hon. colleague talks about indicators. Indicators involve two different things. Indicators are what is working and what is not working, but there are measures we can take that will help. Let us put dollars and cents into recovery, making sure beds are available when they are needed, whenever they are needed. Let us make sure that we have trained professionals available at all times. If it is the first point of contact with primary care physicians, we should make sure they have a team approach. If somebody is facing a mental health issue, whether it is suicide prevention, mental illness or addictions issues, there should be someone there so that primary care physicians are not getting burned out. That is a team approach. The minister knows this. We have talked about this specifically.

I differ with my hon. colleague, which she knows because we have had great discussions on this, because I think we should be spending more money on recovery rather than just safe supply. Perpetuating addiction does nothing. It may keep somebody alive to-

day, but what about the next day or the next day? We have to get these people into recovery.

Ms. Lori Idlout (Nunavut, NDP): *Uqaqtittiji*, I know the member genuinely cares.

I wonder whether the member agrees that we need to have better services for indigenous peoples. Indigenous peoples are overrepresented in the opioid crisis. Does he agree that we need to have better healing and reconciliation programs to help uplift indigenous peoples so that too many of them are not entering this crisis?

Mr. Todd Doherty: Madam Speaker, the feelings are likewise. I truly appreciate when the member for Nunavut stands up and represents her community.

In our previous election, our platform talked about culturally based treatment programs working within our indigenous communities, funding beds and treatment centres within those communities that were culturally related, and working with indigenous leaders and elders to make sure that we are doing this where it is needed and helping those who are less fortunate.

• (1350)

Mr. Brendan Hanley (Yukon, Lib.): Madam Speaker, I am splitting my time with the member for Richmond Centre.

I am pleased to speak in the House once again on the opioid epidemic in Canada, an issue that has long been close to me personally both as a northern public health physician and as Yukon's former chief medical officer of health. I always appreciate the opportunity to bring the issue to Parliament, so I appreciate the efforts of the official opposition, although I cannot agree with the motion itself at hand. It is blatantly ignoring the recommendations made by health and social service professionals, law enforcement leaders and both national and international best practices.

I know how busy the hon. Leader of the Opposition has been of late and perhaps the hon. leader has not found the time in his schedule to review the most up-to-date data on best practices to respond to the opioid crisis. We know he has had trouble with scheduling of late, but I am happy to take some time to give him a bit more information on the subject matter.

Let us start with the beginning of this motion. Yes, Canada, we are in the midst of a devastating toxic drug crisis and one that hits my territory of the Yukon particularly hard. In Yukon we are struggling with the highest per capita rate of toxic drug-related deaths in Canada. While the loss of any life is keenly felt around them in smaller and remote communities, when not only one person but sometimes two or more are succumbing at once, it hits all of us in a way that is difficult to describe. Yukon's chief coroner reported 25 deaths last year attributed to toxic substances. On a per capita basis, this is worse than B.C. About two-thirds identified as first nations, so they are greatly overrepresented in these tragic figures. Our government did introduce a substance use and addiction strategy in 2017 and we have invested heavily in it, including in harm reduction, which was excluded in the drug strategy of the previous Conservative government, in which the hon. member served as a minister.

The approach our government has taken to the crisis is much more comprehensive and multi-faceted than simply handing out legal drugs. The approach has been to support all pillars of the response: prevention; harm reduction, including safe supply; treatment; and enforcement. A multiplex approach like this is far more effective at saving lives than simply locking up people up. Treatment is one important part of the solution but not the entire solution.

While a comprehensive approach includes harm reduction, including safe supply, it also focuses on education, access to life-saving treatments such as naloxone, and reducing stigma. It is connected to investments made in culturally appropriate treatment and prevention programs across multiple government departments, including working with public safety to ensure border services and law enforcement to identify and detect toxic drugs illegally before they get onto our streets. Is it enough? No, clearly not, not while we continue to lose 20 Canadians per day from toxic drug overdoses.

Let me be clear. Canadians are dying from a market awash in illegal drugs. Safe supply is not causing deaths. Safe supply is part of a life-saving treatment. Data from coroners in both B.C. and Ontario have found no link between prescribed hydromorphone and drug-related overdose deaths. The opposition leader's story on a link appears to be entirely speculative and we know that this speculative tendency is often within his purview.

What safe supply, as one of the many responses to the crisis, achieves is for those people who use, diverting use of the drugs from the unregulated street supply and thereby reducing overdose risk. What else is achieved? Here are many benefits, according to a recent review: improved control for that person over drug use so that they can control their dosing, avoid withdrawal symptoms and manage pain; lower costs for health care; better engagement in retention and health care programs and housing; improved physical and mental health; fewer emergency department visits and hospitalizations; decrease in infections and complications; improvements in social well-being and, guess what, decline in health care costs. It all works, but we need to scale up the efforts along with all of the other pillars to match the scale of this epidemic.

During this debate and others, there is also far too little consideration of the urgency that we need to apply to prevention. What does that mean? That means equipping our children, our youth, our citi-

Business of Supply

zens to avoid dangerous, risk-taking and addictive behaviours, not by saying no to drugs but by starting life with quality early child care and parental support; avenues for organized physical activity and recreations throughout life; cultural connection and mental support at all transition points in life. In this vein, our government's investment in quality early learning and child care is transformational and, when combined with other aspects of prevention, will have an enduring impact.

Now some words about decriminalization. I was proud last year to support the hon. member for Courtenay—Alberni's Bill C-216, which called for a national drug strategy and called for Canada to move toward decriminalization. That bill did not pass, but I still support its intent.

● (1355)

The other day, the hon. Leader of the Opposition referenced the Portuguese model quite favourably, and he is quite right. Portugal's drug-related deaths have been below the EU average since 2001, and there are many other markers of success. It is a model, but its success hinges upon the decriminalization of simple possession of drugs, non-mandatory access to treatment and harm reduction.

I am wondering if the Leader of the Opposition endorses, through his fondness for the Portuguese model, its central tenets of decriminalization of personal possession and substance use; harm reduction, including opioid substitution; and needle exchanges. I would suggest that the answer is no. Decriminalization is another one of those concepts that members of the opposition want to weaponize and use to make it seem like those who support decriminalization want to let criminals run amok, but that simplistic reasoning is not the case.

Portugal pursued decriminalization in the early 2000s. Illegal drugs in Portugal are still confiscated, and possession still results in penalties such as fines, community services or recommended intervention, but penalties for simple possession are redirected from the criminal justice system to district-level panels to determine the best course forward for the individuals. There are 30 countries around the world that have adopted aspects of decriminalization, including Australia and Chile, in addition to Portugal.

Statements by Members

Public health experts have long called for fundamentally changing our approach from the criminal justice approach. The Canadian Association of Chiefs of Police noted in 2020 that evidence from around the world suggests that our current criminal justice approach to substance use could be enhanced using health care diversion approaches proven to be effective.

I wonder if the Canadian Association of Chiefs of Police are among the hon. Leader of the Opposition's "pie-in-the-sky theorists" or purveyors of the "misery industry". I think parents, children and first responders who have witnessed loved ones and patients die of toxic drugs before their eyes might have another opinion.

I know there are Conservative Canadians who do get it. For example, I refer my colleagues to the fact check Ben Perrin has been doing on the Leader of the Opposition's motion this morning. Mr. Perrin is a lawyer and a UBC law professor who was an adviser on justice-related issues to former prime minister Harper. Over the past number of years, he has written extensively about why and how his position on decriminalization has changed. As Perrin notes, in a 2022 article in the Calgary Herald, "There isn't any evidence to back Kenney and [the Leader of the Opposition]'s 'war on drugs' policies. Their ideologically driven crusade is cruel, costly, ineffective and deadly."

Under a system of decriminalization, those who are using can get help, and under safe supply, drug users are at least using substances less likely to lead to death. This also offers a chance for intervention when they are ready and better health outcomes.

Let us not go back to the 1980s and the days of "just say no", which sounds so simple and tempting. The war on drugs, a gauntlet which, with this motion, the Leader of the Opposition wants to take up again, has long been lost, and we need to look at evidence, not emotion and rhetoric, to address it.

Some months ago, in the health committee, I brought forward a motion to study the opioid epidemic in Canada, specifically responses to it including B.C.'s trial focused on decriminalization. I hope to see the study move forward in the fall. Perhaps bringing together some of the evidence in one place will help adjust the hearts and minds of those across the aisle on this issue.

The hon. members opposite know that they are misleading Canadians by trying to connect the government's policies to the toxic drug crisis. This approach is frankly shameful. I suggest that, in the interest of defending the lives and families of Canadians, the opposition party seriously reconsider its ill-founded approach.

As devastating as the toxic drug crisis is, there is another issue at play here and that is the dismissing of evidence and scientific analysis when the evidence is not convenient. Our job as politicians is to make decisions based on what the evidence, and its ever-evolving journey, is telling us and to adapt our decisions when the evidence changes. If we are changing science on a political whim, then we are heading into a dangerous world.

We have seen the shuttering of science under a previous Conservative regime. Especially in an age when false information is so cheap, we must not let that happen again.

Mr. Stephen Ellis (Cumberland—Colchester, CPC): Mr. Speaker, it is interesting that, once again, our colleagues across the aisle are trying to make this a crazy partisan issue with their inflammatory language.

This study is actually what the member is quoting from. This is very different from the \$3.5 million that the Liberal government has spent on dispensing machines for hydromorphone, three in Vancouver and one in Victoria. I wonder if the member has a comment because the paper that he is quoting from talks about comprehensive social services, medical care, housing supports and social supports.

It is interesting because, on this side of the House, that is what we are talking about. On that side of the House, they are talking about giving away drugs to people without any accountability. People can use fake names. What does the member have to say about that?

• (1400)

Mr. Brendan Hanley: Mr. Speaker, my friend and medical colleague from across the aisle and I can agree on the need for a comprehensive approach, which I spoke to in my speech. Harm reduction, including safe supply, is one of the pillars of that approach. We need to support and scale up safe supply to use it when it is indicated. That is part of the overall approach.

STATEMENTS BY MEMBERS

[English]

LEADER OF THE CONSERVATIVE PARTY OF CANADA

Mr. Adam van Koeverden (Milton, Lib.): Mr. Speaker, it is shameful how misinformation is being peddled by the leader of the Conservative Party.

Last week, when the Minister of Families, Children and Social Development spoke of the horrible wildfires in Alberta, the leader of the Conservative Party of Canada, the member of Parliament for Carleton, yelled across the aisle, "Started by your government".

The former leader of the Conservative Party of Canada said not that long ago that it seemed as though of his party had gone a little too far down the rabbit hole of conspiracy theories during the pandemic, referring to comments by some of MPs as being not helpful and spreading a lot of uncertainty. Sadly, it seems that the member for Carleton is doing the same thing. He is spreading distrust and fact-free conspiracy rhetoric with respect to the deadly opioid epidemic.

Statements by Members

This week, when the Minister of Mental Health and Addictions, a physician, was standing up for science and an evidence-based approach to saving lives with harm reduction, supervised consumption and safe supply, the leader of the Conservative Party aggressively repeated that she was killing people. This is to a doctor who has taken the Hippocratic oath.

It is beyond the pale. Canadians deserve honest representation and leadership. I would say the leader of the Conservative Party should be ashamed of himself, but it is clear that he has no shame.

* * *

PROVINCIAL JUNIOR HOCKEY LEAGUE

Mr. Chris Lewis (Essex, CPC): Mr. Speaker, hockey is Canada's game.

Men's and women's hockey bring families together at rinks and around televisions across the country to cheer on our favourite teams. These athletes have dedicated parents and team owners, great coaches, fantastic teammates, dedicated fans and fabulous volunteers to support them on their journey.

The Provincial Junior Hockey League of Ontario provides an opportunity to showcase our amazing young athletes. Seventeen hockey clubs make up the western division of the PJHL, including three from my riding of Essex: the Amherstburg Admirals, Essex 73's and the Lakeshore Canadiens.

Although I am dating myself, I was a proud goaltender for the Kingsville Comets junior C hockey club back in the day, and these clubs were my rivals. Today, I stand to congratulate the Lakeshore Canadiens for winning the western conference championship. Although the Schmalz Cup was not in the cards this year, we are all proud of them. Let us bring it home next year.

* * *

PHIL ST. LUKE

Mr. Gord Johns (Courtenay—Alberni, NDP): Mr. Speaker, Parksville has lost a legend.

Phil St. Luke was lovingly known throughout the community as Flyin' Phil. He brought joy to all who knew him, and most people did, whether through waving during his daily walks through the streets of Parksville, working with him as a community volunteer, cheering him on during the annual Canada Day parade or chatting with him in a local coffee shop or at community events.

Flyin' Phil represented the very best in humanity, and his kind, loving and uplifting spirit is greatly missed. He succumbed to cancer in January at the age of 70. Our community will gather to celebrate his life next month, and funds are being raised for a public statue so his spirit will live on.

Rest in peace, Flyin' Phil. He enriched the lives of an entire community, and for this we are forever grateful.

[*Translation*]

LE CERCLE DES FERMÈRES DE SAINT-CYRILLE

Mr. Martin Champoux (Drummond, BQ): Mr. Speaker, the Cercle de fermières de Saint-Cyrille is celebrating its 85th anniversary. The year 2023 is a historic year for the group. Our farm women will have plenty of opportunities to showcase their many talents.

The group consists of 36 extraordinary volunteers, dedicated to improving the living conditions of women and families, and to passing on their cultural and artisanal heritage. They are women of boundless generosity, whose actions have an impact throughout the community.

I would like to acknowledge the commitment of some long-standing members of the Cercle des fermières for their exceptional contribution. Congratulations to the longest-serving member, Cécile Langelier, member since 1975, as well as Jeanne Descoêteaux, France Houde, Annette Faucher and Gisèle Boudreault.

Without these women and their successors, our traditions would surely disappear. I am feeling happy and reassured to see that Quebec's rich history and the continuity of our artisanal heritage are in good hands.

We will be kicking off the festivities this evening at the Lauzière heritage house. Happy 85th anniversary to the Cercle des fermières de Saint-Cyrille.

* * *

● (1405)

[*English*]

MULLIVAIKKAL REMEMBRANCE DAY

Ms. Annie Koutrakis (Vimy, Lib.): Mr. Speaker, on May 18, the Tamil community celebrates the day of remembrance, Mullivaikkal, which commemorates the lives lost during the 25-year civil war in Sri Lanka. As we honour the victims of this tragedy, we are reminded of the strength and resilience of the Tamil community in Canada and around the world.

During the Mullivaikkal massacre in 2009, Tamils held rallies and protests in Canadian cities, raising awareness of the violence taking place and calling for action to prevent further death and destruction.

[*Translation*]

I have met many Tamil Canadians who survived the civil war in Sri Lanka but lost loved ones. Despite all the adversity the Tamil community has faced, it has made a rich and valuable contribution to our country.

[*English*]

I thank the Tamil community for its commitment to denouncing the human rights abuses and atrocities committed. As we reflect on the pain of these events, we continue to look towards healing and making the world a safer place for all.

*Statements by Members***NATURAL RESOURCES IN ALBERTA**

Mr. Greg McLean (Calgary Centre, CPC): Mr. Speaker, this week, Alberta's NDP MPs in the House teamed up with their Liberal partners to amend the Canadian Environmental Protection Act, creating a duplication of regulations on tailings ponds and hydraulic fracturing. Going forward, the resource industry will need to go through two regulatory bodies. So much for reducing regulations on the mining industry to get mines producing in less than 20 years.

This is a flip-flop by Liberals on their position at the environment committee. This is no surprise, I suppose. However, the last thing we need is more jurisdictional clashes caused by the federal government overstepping its constitutional bounds.

It is shocking for the Alberta NDP to work hand in hand with the Liberals to override provincial jurisdiction. If it is not obvious, let us be clear in saying this: Notley's NDP is colluding with the Liberal government to restrict Alberta's resource development.

* * *

END OF THE SCHOOL YEAR

Mr. John Aldag (Cloverdale—Langley City, Lib.): Mr. Speaker, at this time of year, we celebrate the academic achievements of those who have finished their studies for the year. This includes those who are done another year of post-secondary studies, such as my daughter Hattie, and those who have convocated.

We also celebrate the achievements of elementary and secondary schools in Cloverdale—Langley City. I congratulate all grade 12 students who are preparing to celebrate the significant milestone of graduation, including my daughter Kalani.

As these students pursue post-secondary education, trades training and entry into the workforce, I would like to acknowledge their hard work and accomplishments in pursuit of their passions and life goals.

Congratulations go to the graduating and convocating classes of 2023. I look forward to seeing these graduates shape our future ideas, policies and investments as they become leaders in our country.

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GAELIC NOVA SCOTIA MONTH

Mr. Kody Blois (Kings—Hants, Lib.): Mr. Speaker,

[Member spoke in Gaelic]

[English]

What I just said is that May is Gaelic month in Nova Scotia. This is an opportunity to celebrate Nova Scotia's rich history and connection to Scotland and the Gaelic language.

Like thousands of Nova Scotians, I can trace my family's history to Scotland. The contribution of Scottish Gaels to Canada, particularly Nova Scotia, is significant; the language has been spoken there for almost 250 years. Our province is home to one of the largest Gaelic-speaking populations outside of Scotland itself. Gaelic cultural identity continues to be a vibrant part of Nova Sco-

tia's diverse peoples and communities. I want to thank the Gaelic community, which continues to promote the language today.

This month, and always, we should celebrate the unique connection that exists between Canada and Scotland, especially in Nova Scotia. This year's theme is "Say Yes to Gaelic". In that spirit, I say this: *Dualchas na Gàidhlig, 's ann leibhse a tha e.*

* * *

OPIOIDS

Mr. Marc Dalton (Pitt Meadows—Maple Ridge, CPC): Mr. Speaker, after eight years under this Prime Minister, everything feels broken. Life is more expensive, work does not pay and housing costs have doubled. The Prime Minister devised a way to control the people. Worst of all, crime, chaos, drugs and disorder rage in our streets. Nowhere is this worse than in the opioid overdose crisis that has expanded so dramatically in the last several years.

When I walk outside in Maple Ridge's downtown core, more often than not, I see men and women strung out on drugs. It is tragic and heartbreaking, and it is the same in cities across B.C. Needles are everywhere, and thousands are dying. In B.C. alone, yearly overdose deaths have spiked 300% since the Liberals came into power.

The Liberal-NDP solution is to have more free drugs and death. Why does the government cling so stubbornly to its failed drug policies—

• (1410)

The Speaker: The hon. member for Scarborough—Rouge Park.

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TAMIL GENOCIDE REMEMBRANCE DAY

Mr. Gary Anandasangaree (Scarborough—Rouge Park, Lib.): Mr. Speaker, I rise today to mark Tamil Genocide Remembrance Day. Tamils around the world stand in solidarity with victims, survivors and their families in the north and east of Sri Lanka to ensure that we find the truth, hold those responsible for atrocities accountable, and attain justice and peace.

This past January, our government imposed sanctions on four Sri Lankan officials, including Mahinda Rajapaksa and Gotabaya Rajapaksa. They have both been credibly accused of war crimes, crimes against humanity and genocide. These past presidents of Sri Lanka have blood on their hands and cannot evade justice.

As part of our Indo-Pacific strategy, Canada reaffirms our resolve to ensure accountability on the island. Canada will continue to demand accountability by working with multilateral partners, including the United Nations Human Rights Council.

Statements by Members

As we mark this day, let us also ensure that the Tamils' inherent right to self-determination in their homeland is entrenched and that they attain peace and security.

* * *

[Translation]

CARBON TAX

Mr. Richard Martel (Chicoutimi—Le Fjord, CPC): Mr. Speaker, I want to paint a picture of what Canada looks like after eight years under this Prime Minister. It is not pretty, even though the Prime Minister thinks that everything is fine.

Canada is experiencing the worst inflation in 40 years. Housing is unaffordable and food banks cannot keep up with demand. The Liberals have been hurting the Canadian economy for the past eight years.

The least they could do is scrap the carbon tax, which is already costing Canadians 41¢ more per litre of gas, but no. We just learned that, instead, they are going to add a second tax on top of that. The two taxes combined will mean that Quebeckers who are already unable to make ends meet will have to pay 61¢ more a litre. That just adds insult to injury. The second tax will apply in Quebec and will cost Quebeckers an average of \$436 a year—and the Bloc Québécois supports it.

There is a glimmer of hope, however. Once the leader of the Conservative Party takes office, he will bring back common sense by scrapping both carbon taxes and putting Canadians back in control so that they no longer have to choose between putting clothes on their backs, food on the table or a roof over their heads.

* * *

[English]

CARBON TAX

Mr. Warren Steinley (Regina—Lewvan, CPC): Mr. Speaker, the reckless Prime Minister, along with his NDP-Liberal carbon tax coalition, is secretly implementing a second carbon tax, carbon tax 2. We all know the sequel is far worse than the original. The first carbon tax cost Canadians an additional 41¢ per litre at the pumps. Carbon tax 2 will force Canadians to pay even more for gas, groceries and home heating.

A PBO report released today shows that Saskatchewan families will be hit the hardest in the country by carbon tax 2, paying more than \$1,100 a year. This is on top of the \$1,500 from the original carbon tax. The Liberals are targeting families, farmers and small businesses, while missing every environmental target they have.

A Conservative government will make work pay again by putting more money back into the pockets of Canadians. The more the current Prime Minister goes woke, the faster Canadians go broke. It is time to bring home common sense and axe the carbon tax.

[Translation]

HAITI

Mr. Emmanuel Dubourg (Bourassa, Lib.): Mr. Speaker, for our country, for our ancestors, united let us march. *Nan mitan n pa fèt pou gen trèt.* For the flag, for our country, let us toil joyfully. *Nou gen on drapo tankou tout Pèp. Se pa kado, blan te fè nou. Se san Zansèt nou yo ki te koule.*

[Member spoke in Creole]

[Translation]

These words come from *La Dessalinienne*, the national anthem of the Republic of Haiti, which is celebrating the 220th anniversary of its flag today.

Today, Haiti needs all of its daughters and sons. This May 18, I call on all of the country's key players to set aside their personal interests and join forces to rebuild Haiti with dignity. This May 18, I ask the criminal gangs to lay down their weapons and end the violence in Haiti.

Long live Haiti.

* * *

● (1415)

[English]

PERIOD PROMISE CAMPAIGN

Ms. Bonita Zarrillo (Port Moody—Coquitlam, NDP): Mr. Speaker, in my community of Port Moody—Coquitlam, Anmore and Belcarra, we support the work to end period poverty.

On May 28, as part of the Period Promise campaign, Soroptimist International of the Tri-Cities will highlight this important cause by hosting a fundraiser and donation drop-off.

With a 6% increase in the price of personal health care products, even more Canadians cannot afford menstrual products like pads, tampons and cups. Lack of hygiene products causes B.C. residents who experience menstruation to miss school, work and social gatherings. The United Way's Period Promise campaign is working to address this inequity.

I will be stopping in at Como Lake Village in Coquitlam on Saturday, from 1 p.m. to 4 p.m., to support the Soroptimists, who collected 700,000 units to end period poverty last year.

I raise my hands to the work of every community organization that has made the period promise. Their work is invaluable.

Oral Questions

[Translation]

DIANE DUFRESNE

Mrs. Caroline Desbiens (Beauport—Côte-de-Beaupré—Île d'Orléans—Charlevoix, BQ): Mr. Speaker, Canada has just realized that long before the Madonnas and the Lady Gagas of this world shocked audiences with their extravagance and filled stadiums with their voices, there was the great Diane Dufresne.

Yes, the great Diane Dufresne will be inducted into the Canadian Music Hall of Fame tonight, after 60 brilliant years of magnificent music. She is the first Quebecker to be inducted in 45 years. There is no doubt that this belated but well-chosen recognition of Quebec songs will breathe some life into the Hall of Fame.

On behalf of the Bloc Québécois, I want to congratulate this great ambassador of culture and of Quebec's soul. This honour is so well deserved. Calgary is in for a treat when she performs tonight. She said in an interview that she plans to put on her Diane Dufresne clothes and go for a stroll. Yes, Calgary is in for a treat, especially if she sings, in French, one of the signature songs from her famous show *Magie Rose*.

My congratulations to Diane Dufresne. Quebec shines brightly every time she is honoured.

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[English]

CARBON TAX

Mrs. Anna Roberts (King—Vaughan, CPC): Mr. Speaker, the Liberal government tried to sell Canadians a bill of goods, stating that they would get back more than they pay in carbon tax. However, Liberals' own study proved them wrong.

Now, the Liberals want to impose a second carbon tax. These two taxes combined would create approximately \$2,000 in net new costs, above and beyond any rebates. This is at a time when many seniors are having to rely more and more on local food banks. A local Toronto food bank has seen its yearly food budget of \$1.8 million become their monthly food budget. With the Liberals' second tax grab, their annual food budget would increase to \$43 million.

The PBO report released this morning revealed that the carbon tax would have a greater impact on lower-income households. Our Conservative Party would cut the tax and bring hope back to seniors.

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SEMICONDUCTOR INDUSTRY

Ms. Jenna Sudds (Kanata—Carleton, Lib.): Mr. Speaker, when the pandemic impacted our semiconductor supply chain, one thing became very clear, which is that Canada needs to nearshore this critical economic sector. I am proud that our government is working to do exactly that by building a semiconductor corridor across North America.

Canada is in a unique position. We have the resources, the critical minerals and the talent to get the job done. Just look at the innovators in my riding of Kanata—Carleton, such as CMC, Ranovus,

Marvell, Alphawave Semi and GaN Systems. This is just to name a few innovators; they are designing, assembling and testing semi-conductors that are smaller and faster than ever before.

Building out this ecosystem promises to be a transformative step for Canada's economy. We will not let this once-in-a-generation opportunity pass us by.

ORAL QUESTIONS

[Translation]

CARBON PRICING

Hon. Pierre Poilievre (Leader of the Opposition, CPC): Mr. Speaker, the Parliamentary Budget Officer revealed today that this Prime Minister is imposing a second carbon tax on Quebeckers, on top of all the taxes Quebeckers must pay on gas. It will add another 17¢ to the sales tax for a total of 20¢ per litre, for each Quebec family, each farmer and each business.

How much will every Quebec family have to pay?

● (1420)

Hon. Steven Guilbeault (Minister of Environment and Climate Change, Lib.): Mr. Speaker, I believe that Quebeckers listening to us today know how important it is to fight climate change. They know that, on this point, the Conservatives have nothing to say; they have no plan and they have no measures, despite the promises they made in the last election campaign. In fact, they do not even believe that climate change is real, in spite of the flooding in Quebec and Ontario and the record forest fires in Alberta.

I believe that Canadians want a government that has a responsible plan to address climate change. Unfortunately, they will not get that with the Conservatives.

Hon. Pierre Poilievre (Leader of the Opposition, CPC): Mr. Speaker, this minister will say just about anything.

Quebeckers are already the greenest people in the world and this Liberal government is blocking the construction of dams and other green hydroelectricity projects. In the meantime, it wants to force Quebeckers to pay another 20¢ a litre, or \$500 per family. The government is planning to do this with the support of the “woke” Bloc.

Only the Conservative Party has the common sense to want to eliminate this regressive tax. Will the government listen to common sense and get rid of the tax?

Hon. Steven Guilbeault (Minister of Environment and Climate Change, Lib.): Mr. Speaker, I will leave it to my hon. colleagues in the Bloc to answer the question of whether they are or are not woke. I do not think that is my call.

What I will say, however, is that once again the leader of the opposition is saying things that are simply not true. What we are putting in place is a mechanism to ensure that the refineries that made record profits in the past few years will do their part to fight climate change. I think that everyone expects every sector of the economy in the country to do its part to fight climate change.

[English]

Hon. Pierre Poilievre (Leader of the Opposition, CPC): Mr. Speaker, it is not me who is saying these things. It is the Parliamentary Budget Officer, who the government appointed.

Just yesterday, the finance minister said that we should believe the Parliamentary Budget Officer. What did he say? He revealed that the first carbon tax would cost 41¢ a litre, and now there is a second carbon tax of 17¢ a litre. When we add the HST on those two taxes, we get a total new tax increase of 61¢ a litre, which will cost \$2,000 a family.

How are Canadians going to be able to pay their bills after this new and latest Liberal tax hike?

Hon. Steven Guilbeault (Minister of Environment and Climate Change, Lib.): Mr. Speaker, I would like to quote from the Parliamentary Budget Officer's analysis, which states, "does not attempt to account for the economic and environmental costs of climate change." The Parliamentary Budget Officer is looking at one part of the ledger without looking at the other side of the ledger.

We know that climate change is already costing Canadians billions of dollars every year. In fact, it is tens of billions of dollars every year. Of course, members of the Conservative Party of Canada do not believe in climate change and they do not care about those costs to Canadians. Unfortunately, facts are facts, and those costs are real to all Canadians.

Hon. Pierre Poilievre (Leader of the Opposition, CPC): Mr. Speaker, climate costs are real, but they will not be reduced as a result of this tax.

The minister's argument leads to a dead end. The Parliamentary Budget Officer said that carbon tax 1 would cost 41¢ a litre. Now carbon tax 2 is 17¢ a litre. The Liberals then want to tax the tax on the tax by putting HST on top of all that, so it is going to be 61¢ a litre in carbon taxes. We already have one in five Canadians skipping meals because they cannot afford the price of food.

How many people are going to go hungry when the government imposes this tax hike?

Hon. Steven Guilbeault (Minister of Environment and Climate Change, Lib.): Mr. Speaker, unfortunately, the Leader of the Opposition is wrong yet again, because our plan is working. This has led to reducing emissions and climate change pollution by more than 50 million tonnes between 2019 and 2021 beyond COVID. In fact, it was called a pandemic because it was happening all over the world, yet Canada, in 2020 and 2021, had the best performance of all G7 countries.

Oral Questions

• (1425)

HEALTH

Hon. Pierre Poilievre (Leader of the Opposition, CPC): Mr. Speaker, emissions only went down when the government actually locked down the country for COVID, if it wants to do that forever.

The Prime Minister decriminalized crack, heroin and other hard drugs on January 31. He has flooded the streets with taxpayer-funded hydromorphone, and today we have learned the tragic results. The report from British Columbia shows that seven people are dying every day of overdoses. In April, overdose rates were up 17%.

This experiment has failed. When will the Prime Minister get common sense, get drugs off our streets and get our people into treatment?

Hon. Carolyn Bennett (Minister of Mental Health and Addictions and Associate Minister of Health, Lib.): Mr. Speaker, our hearts are with all the families that have lost a loved one to this terrible crisis caused by a poisoned drug supply. The B.C. coroner has said that there is no evidence that safe supply has been implicated in any of these drug deaths.

We have to use every tool in our tool box to stop this terrible tragedy and that includes prevention, harm reduction, treatment and enforcement.

* * *

[Translation]

DEMOCRATIC INSTITUTIONS

Mr. Alain Therrien (La Prairie, BQ): Mr. Speaker, the Bloc Québécois has been calling for an independent public inquiry into Chinese interference every day since February. Every day, the Liberals hid the truth. They knew that China was interfering in the elections, but they hid it. They knew that China had suspicious ties to one of their MPs, but they hid it. They knew that China was hobnobbing with the Trudeau foundation, but they hid it. More importantly, they knew that China was threatening elected officials and their families, but they hid it. Most importantly, they did nothing. That is unforgivable.

When will there be an independent public inquiry?

Hon. Dominic LeBlanc (Minister of Intergovernmental Affairs, Infrastructure and Communities, Lib.): Mr. Speaker, I did not realize that hiding information involved putting it in a public report from a Canadian intelligence agency. On the contrary, our government acted quickly to implement measures to counter foreign interference, including China interference. That did not exist before we formed the government.

We will strengthen those measures. We have taken steps to ensure that no member of Parliament is threatened by this interference, as my colleague said. We intend to stay the course.

Oral Questions

Mr. Alain Therrien (La Prairie, BQ): Mr. Speaker, his answer proves that we need an independent public commission of inquiry, a commission whose chair will be selected by the House, a commission whose mandate will be as broad as possible to get to the bottom of this matter, a commission with a clear timeline, a commission that will begin its work quickly, not in the fall, not when pigs fly, but now.

That is the only acceptable recommendation that can come from the rapporteur, who is actually not that special and certainly not independent. It is time the Liberals stopped muddying the waters.

Right here, right now, will they commit to launching this investigation?

Hon. Dominic LeBlanc (Minister of Intergovernmental Affairs, Infrastructure and Communities, Lib.): Mr. Speaker, I am a former fisheries minister. Far be it from me to muddy any waters.

What is very clear is that our government has decided to seek the advice of an independent expert, the Right Hon. David Johnston. Next week, Mr. Johnston will be tabling his report on this very issue, an independent inquiry into foreign interference. We look forward to reading Mr. Johnston's recommendations.

I would ask the hon. member to wait until Mr. Johnston submits his report next week.

* * *

[English]

PUBLIC SERVICES AND PROCUREMENT

Mr. Gord Johns (Courtenay—Alberni, NDP): Mr. Speaker, the Liberals gave over \$100 million worth of federal contracts to their friends at McKinsey since 2015, despite McKinsey playing a major role in pushing opioids to vulnerable people. That was \$100 million to a company that worsened the toxic-drug crisis. The government even knows McKinsey is terrible, as it has joined a lawsuit to hold the company accountable.

Therefore, why do the Liberals not stop giving money to McKinsey and use that money to appropriately respond to combatting the toxic-drug crisis that is killing people in our country?

Hon. Helena Jaczek (Minister of Public Services and Procurement, Lib.): Mr. Speaker, Public Services and Procurement Canada is always committed to an open, fair and transparent procurement process while also obtaining the best value for Canadian taxpayers.

In the case that the member opposite has alluded to, we also have an integrity regime that we consult regularly. It is clear in that integrity regime that civil litigation is not a ground for suspension or departure from the existing integrity regime, which was actually put in place by the previous government.

* * *

● (1430)

HOUSING

Ms. Jenny Kwan (Vancouver East, NDP): Mr. Speaker, giant housing corporations are treating people's homes like a stock market and evicting long-time tenants to jack up rents. The Minister of

Housing thinks a 1% tax on empty homes and a two-year ban on foreign investments will solve the housing crisis. He is wrong.

The housing advocate says these Liberal half-measures are dangerous and short-sighted. Financial firms already own 20% to 30% of the rental stock.

Will the Liberals stop corporations from getting their hands on more low-cost rental homes with a moratorium and help non-profits secure these homes with an acquisition fund?

Hon. Ahmed Hussen (Minister of Housing and Diversity and Inclusion, Lib.): Mr. Speaker, the hon. member is denying the fact that we are the party in office that brought in the Canada housing benefit, a plan to support renters across the country that is currently helping tens of thousands of vulnerable renters. In addition to that, we have legislated an annual 1% tax on vacant non-Canadian residential real estate as well as a two-year ban on foreign investments in Canadian residential real estate. We are also reviewing the tax treatment of real estate investment trusts.

* * *

CARBON PRICING

Mr. Jasraj Singh Hallan (Calgary Forest Lawn, CPC): Mr. Speaker, carbon tax scam one costs on average \$1,500 net on Canadian families after phony rebates. The Liberals just pile drove Canadians with a second scam that will cost Canadians another \$500 without any rebates. They hid the facts, but their own budgeting officer exposed these scams. They made the cost of gas, groceries and home heating more expensive. The first scam hit the most vulnerable indigenous populations hard. The second scam is going to cripple lower-income households even further. This is just so the Liberals can look more woke while more Canadians go broke.

When will the Liberals scrap the scam and stop gaslighting Canadians?

Hon. Steven Guilbeault (Minister of Environment and Climate Change, Lib.): Mr. Speaker, the truth is that the Conservatives have absolutely no plan to do anything to fight climate change and will set our country back on making promises toward a cleaner economy.

Oral Questions

When it comes time to ask the oil companies to reinvest their record profits in the innovative solution in clean technologies, the Conservatives immediately back down. We are proud to support the clean fuel regulation, which has already contributed more than \$2 billion in the last year alone to the Canadian economy.

Mr. Jasraj Singh Hallan (Calgary Forest Lawn, CPC): Mr. Speaker, let me sober up the out of touch, orange jumpsuit wearing minister. Yesterday, food banks said that those accessing food charity quadrupled since the Liberal-made inflationary crisis. The Liberals already made rents and mortgages double, and to continue down their woke climate zealot ideology, they will take another \$2,000 out of the pockets struggling Canadians, while failing to meet any climate targets.

How much more woke do they need to go? How much more broke do Canadians need to go before the Prime Minister wakes up?

Hon. Steven Guilbeault (Minister of Environment and Climate Change, Lib.): Mr. Speaker, I am told that orange is the new black. To expand on the benefits to the Canadian economy of the clean fuel standard, let me talk about the Tidewater \$342-million plant in British Columbia. This year, Imperial Oil—

Some hon. members: Oh, oh!

The Speaker: I am going to have to interrupt. We are starting to get noisy. It started off really well and I was impressed. I just want to make sure that we continue and that everybody is quiet so we can hear the answer.

The hon. minister, from the top, please.

Hon. Steven Guilbeault: Mr. Speaker, I am told that orange is the new black. I would like to further expand on the examples I wanted to give, like the Tidewater \$342-million plant in B.C.; Imperial oil, all privately funded, \$720-million plant for cleaner fuels in Alberta; Federated Co-op's \$2-billion plant in Saskatchewan; the Braya's plant in Newfoundland, which received an added \$300 million of private financing in the last month alone.

Hon. Tim Uppal (Edmonton Mill Woods, CPC): Mr. Speaker, after eight years of the Prime Minister, Canadians' lives have become more unaffordable. They already have one Liberal carbon tax that is costing Canadians 41¢ per litre. Now there is a second carbon tax that will cost Canadians 17¢ per litre. Once tax is added on that tax, it is going to cost Canadians 61¢ per litre, making everything more expensive.

Why do the Liberals continue to force Canadians to pay for their failed policies?

Hon. Steven Guilbeault (Minister of Environment and Climate Change, Lib.): Mr. Speaker, if the Conservatives are going to oppose the clean fuel regulations, which they supported during the last election campaign, they should explain to Canadian farmers, particularly canola growers in western Canada, why they oppose something that will increase domestic canola demand by over five million metric tonnes and support a strong canola price in our country.

Canadians do not need short-term scare tactics. What they are looking for is long-term affordable solutions to the climate crisis, and that is exactly what we are doing on this side of the House.

• (1435)

Hon. Tim Uppal (Edmonton Mill Woods, CPC): Mr. Speaker, the Liberals' failed carbon tax has not achieved one environmental target they set. They need to get out of their ideological bubble and talk to real Canadians who drive for a living. They need to talk to truck drivers, delivery drivers, cab drivers and some farmers, who will tell them the real cost of the Liberals' failed policies.

On July 1, the second carbon tax will cost Canadians an average of \$573. That is on top of the first carbon tax, which will cost \$1,500. Do Liberals really believe that Canadians can afford over \$2,000 for carbon tax 1 and carbon tax 2?

Ms. Rachel Bendayan (Parliamentary Secretary to the Minister of Tourism and Associate Minister of Finance, Lib.): Mr. Speaker, just this week, the Parliamentary Budget Officer stated that the effects of climate change bit a \$20-billion-sized hole out of Canada's economy in 2021 alone. I understand that the Conservative Party of Canada does not believe in climate change, but it pretends to believe in economic responsibility. Why is it that the Conservative Party wants to cancel a market-based mechanism that is putting a price on pollution?

[*Translation*]

Mr. Luc Berthold (Mégantic—L'Érable, CPC): Mr. Speaker, the new carbon tax will cost the average Quebec household another \$436. That will come right out of Quebecers' pockets.

More and more people are having trouble paying for groceries and putting gas in the tank. They have to make tough choices to get by. For eight years, Canada has been led by a Prime Minister who makes other people foot the bill for his expenses and his vacations. He has not even had to fill his own gas tank for 10 years.

Will he back off and stop making life harder for Quebecers who are struggling?

Hon. Steven Guilbeault (Minister of Environment and Climate Change, Lib.): Mr. Speaker, I would like to set the record straight about a question that the Conservatives asked yesterday in the House about a Quebec tax.

The member sent us the report on this here tax. The report talks about something called SPEDE, which is actually Quebec's cap and trade system. That is the system operating in Quebec, not the federal system.

Oral Questions

Mr. Luc Berthold (Mégantic—L'Érable, CPC): Mr. Speaker, that is 17¢ per litre. The new clean fuel regulations are going to cost Quebecers \$436 more per year. That is the second carbon tax that the minister does not seem to want to repeat.

No one believes this minister when he says that it does not cost Quebecers more and that we are not subject to the carbon tax. When someone goes to the grocery store and pays for goods that were transported across the country, they see that it does cost more. We are not crazy, we see the impact of the carbon tax.

Why is the government now targeting Quebec with a second tax?

Hon. Steven Guilbeault (Minister of Environment and Climate Change, Lib.): Unfortunately, Mr. Speaker, my colleague's statement is false.

What we are doing is ensuring that refineries that made record profits in the past few years pay their fair share. That is a 25¢ increase in the refining margins for every litre of gas between 2019 and 2021. We believe that refineries have the means to collaborate on the fight against climate change.

Quebeckers watching us expect all sectors of society, all political parties and all parliamentarians in the House to work to fight climate change.

* * *

IMMIGRATION, REFUGEES AND CITIZENSHIP

Mr. Alexis Brunelle-Duceppe (Lac-Saint-Jean, BQ): Mr. Speaker, last year, the federal government rejected 72% of francophone students from Africa who were selected by our universities to study in Quebec. That is according to the Institut du Québec. This is not a new problem. The same thing happened in 2020 and 2021, to the point where the Department of Immigration, Refugees and Citizenship had to acknowledge, last October, that there was racism within the organization.

What has changed since then? Absolutely nothing has changed, nothing at all.

When will this government stop discriminating against foreign students from Africa selected by Quebec?

Mrs. Marie-France Lalonde (Parliamentary Secretary to the Minister of Immigration, Refugees and Citizenship, Lib.): Mr. Speaker, we understand that prospective students and the schools that accepted them are disappointed when applications are rejected.

I want the House to know that last year I was in Tunisia where, during the Sommet de la Francophonie, I had the chance to meet with several leaders and players in our francophonie to come up with solutions to this problem.

I would also like to point out to the House that the approval rate for francophone students from Africa went from 27% in 2022 to 35% this year.

• (1440)

Mr. Alexis Brunelle-Duceppe (Lac-Saint-Jean, BQ): Mr. Speaker, an application refusal rate of 72% is more than triple that in Ontario.

Beyond all of these individuals' shattered dreams, the Institut du Québec is concerned that Quebec's activity is threatened. In other words, the federal government is pushing francophones to go study elsewhere when they could be making an invaluable contribution to Quebec. Those who leave after their studies become the most extraordinary ambassadors in the Francophonie that Quebec could ever imagine. Those who stay become a dynamic force in our labour market.

When will the federal government stop standing in their way?

Mrs. Marie-France Lalonde (Parliamentary Secretary to the Minister of Immigration, Refugees and Citizenship, Lib.): Mr. Speaker, I agree with my colleague in the sense that we need these people who come here.

That is why we implemented the student direct stream for Senegal and Morocco to expedite the processing of applications. The approval rate has improved, but we know that there is still work to be done. We recognize the major social, cultural and economic advantages that international students bring to Quebec and Canada.

We are doing everything possible to make it easier for students to come to Canada.

Mr. Alexis Brunelle-Duceppe (Lac-Saint-Jean, BQ): Mr. Speaker, how infuriating, especially since the government has spent all week acting like it has something to teach Quebecers. Meanwhile, people look at what the government is doing, and I guarantee they are struggling mightily to be polite.

This government is breaking the rules, and its only excuse is that these students are from Africa. That is truly appalling. When we prove that its decisions make no sense, even when the government itself admits that biases inform its senseless decisions, years go by and the injustices never end.

When will this government put as much energy into treating people fairly as it does into its fancy speeches?

Mrs. Marie-France Lalonde (Parliamentary Secretary to the Minister of Immigration, Refugees and Citizenship, Lib.): Mr. Speaker, as I said, international students make an important contribution to Canada. We have heard that loud and clear.

That is why we started extending expired and expiring post-graduate work permits. As a result, nearly 100,000 international graduates have been able to continue working across the country. We also scrapped the 20-hour work week cap, and nearly 500,000 international students have been able to work off campus while studying.

Canada is, and always will be, a destination of choice.

*Oral Questions**[English]***CARBON PRICING**

Mr. John Barlow (Foothills, CPC): Mr. Speaker, I would to encourage the Minister of Environment to go talk to a farmer, because I have not spoken to a single one who supports the first carbon tax, let alone carbon tax number two.

The agriculture minister admitted yesterday that she has no idea what impact carbon tax 2.0 will have on farmers or the cost of food. Here is what we do know: When the Liberals triple their first carbon tax, fuel goes up 41¢ a litre, diesel goes up 15¢ a litre, and the cost of food goes up 34%. When they implement carbon tax number two, the cost on fuel goes up 61¢ a litre and diesel 25¢ a litre.

Could the Minister of Agriculture confirm that coloured farm fuel would be exempt from carbon tax 2.0?

[Translation]

Hon. Marie-Claude Bibeau (Minister of Agriculture and Agri-Food, Lib.): Mr. Speaker, once again, it is important to understand that farmers are the first to feel the impacts of the climate crisis. They have always done a great deal to make agriculture as sustainable as possible.

We are there to help them improve their practices, to be able to acquire new equipment and to conduct research and innovation in that vein. We are there to support our farmers.

While the Conservatives take farmers for granted, we have a vision for their future.

[English]

Mr. John Barlow (Foothills, CPC): Mr. Speaker, here is the problem: The minister has no idea what impact carbon tax 2.0 is going to have on the cost of food: the cost to farmers, the cost to transport that food, or the cost for Canadians to actually buy that food.

The first carbon tax is already sending Canadians to the food banks in shocking numbers. The number of trips to the food bank is up 60% from 2003. That is eight million Canadians going to the food bank every single month.

How much will Canadians have to pay to put food on the table when the Liberals implement carbon tax 2.0?

[Translation]

Hon. Marie-Claude Bibeau (Minister of Agriculture and Agri-Food, Lib.): Mr. Speaker, just a few weeks ago, I announced an additional \$10 million for the local food infrastructure fund. I invite all non-profit organizations, such as food banks, community gardens and greenhouses, to apply because this will help them acquire new equipment to strengthen our local food systems.

• (1445)

Mr. Richard Martel (Chicoutimi—Le Fjord, CPC): Mr. Speaker, Liberal inflation has made it so that Canadians' paycheques are no longer stretching far enough to make ends meet. The Liberals already have a carbon tax that has raised the cost of gas by 41¢ a litre. Now we find out that they are going to add another tax on top of the first. The two taxes combined will add up to

an extra 61¢ per litre of gas, driving up the cost of food and transportation even higher.

When will the Liberals get rid of the two carbon taxes so that Canadians can take a breather? Right now, they feel like they are being strangled.

Hon. Steven Guilbeault (Minister of Environment and Climate Change, Lib.): Mr. Speaker, I would like to remind my hon. colleague that Quebec has its own carbon pricing system, a cap-and-trade system. This type of system is completely different than the federal system, which puts a price on pollution. If the member would like a technical briefing from my department on how the Quebec system works, I would be happy to offer him one.

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*[English]***HOUSING**

Ms. Bonita Zarrillo (Port Moody—Coquitlam, NDP): Mr. Speaker, the average rent in Coquitlam is now \$2,800, the third-highest in the country. Seniors, single mothers and people with disabilities are being evicted, as their long-time rental homes are being replaced with luxury condos. I met a single mom whose rent went up 50%, just so she could stay in her community after she was displaced by a for-profit developer. This is unacceptable.

What the Liberals are doing now is not working. What are they going to do to keep rents affordable?

Hon. Ahmed Hussen (Minister of Housing and Diversity and Inclusion, Lib.): Mr. Speaker, the hon. member knows, or should know, that rent control is under provincial jurisdiction. However, we on this side of the House believe that the federal government has a role and should play a role in helping renters. That is why we introduced the Canada housing benefit. That is why we partnered with political parties on this side of the House to make sure that we top up the Canada housing benefit, which is going to every vulnerable renter across Canada who needs it. It is a cost-share program, and we are proud of that record.

Ms. Laurel Collins (Victoria, NDP): Mr. Speaker, the average rent for a one-bedroom in Victoria is a whopping \$2,000, and a two-bedroom is \$2,600. Young people, seniors and those on fixed incomes cannot afford these enormous rents. People in my riding are being hit hard. Many are without a home, are in housing that does not meet their needs, are facing renovation or are unable to save for the future. For every one affordable unit built, we are losing 15 affordable homes.

Oral Questions

Why do the Liberals refuse to take on giant housing corporations and why are they failing to increase the supply of affordable rentals?

Hon. Ahmed Hussen (Minister of Housing and Diversity and Inclusion, Lib.): Mr. Speaker, I know that the NDP loves to bring up provincial jurisdiction issues. However, we do believe that the Government of Canada has a role to support renters. That is why we introduced the Canada housing benefit.

As far as building more rentals is concerned, we are the government that introduced the rental construction financing initiative, which is about building more rental supply in Canada, including affordable rentals. We are now moving forward with the housing accelerator fund, which is about building more supply, including more affordable housing and also more affordable rentals.

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DISASTER ASSISTANCE

Mr. Parm Bains (Steveston—Richmond East, Lib.): Mr. Speaker, temperatures in western Canada remain high and so do the fire risks. Thousands remain evacuated in Alberta, and we have seen more evacuation orders in recent days from communities in the Northwest Territories and in my home province of British Columbia. We have seen the government step up when Alberta reached out for help, providing CAF and other federal support, but this is just the start of Canada's wildfire season.

Can the Minister of Emergency Preparedness update the House on what he and the government are doing to help currently affected communities and ensure all regions have the support they need?

Hon. Bill Blair (President of the King's Privy Council for Canada and Minister of Emergency Preparedness, Lib.): Mr. Speaker, I would like to begin by acknowledging the incredible work of firefighters, first responders and volunteers who have stepped up and are supporting those who have been displaced.

Here today, we have heard a lot about the cost of fighting climate change, but we have evidence before us this week of the cost of inaction. When we fail to respond, we can see that literally tens of thousands of people are displaced from their homes, over 700,000 hectares of forest are burned, and the cost of assisting those people through recovery is unsustainable. We have to take action and we are.

* * *

● (1450)

CARBON PRICING

Mrs. Shelby Kramp-Neuman (Hastings—Lennox and Addington, CPC): Mr. Speaker, the news from the PBO this morning is shocking: a second carbon tax that would add another 17¢ on a litre of gas, increasing it from 41¢ to 61¢. As the adage goes, fool me once, shame on me; fool me twice, shame on you. Canadians are no fools, and the government should be ashamed of its campaign of punitive raids on the bank accounts of Canadians who are bankrolling the government's historic debt.

With the cost of gas, heat and groceries ballooning, does the out-of-touch government really think Canadians can afford this debilitating hit to their finances?

Hon. Steven Guilbeault (Minister of Environment and Climate Change, Lib.): Mr. Speaker, when the Conservative Party of Canada, in the 2021 election, campaigned on bringing carbon pricing to \$170 a tonne or putting in place clean fuel regulations, were they trying to fool Canadians? Is that what we are to understand?

Mr. Clifford Small (Coast of Bays—Central—Notre Dame, CPC): Mr. Speaker, the finance minister has been dodging questions about her second carbon tax ever since she came back to work. Now, we finally have the answer, thanks to the PBO. This additional 17¢ a litre is even going to be charged on fuel used by our fishermen. For families in Newfoundland and Labrador, it is going to be an extra \$850 a year. Combined with her original carbon tax, it is going to be \$2,000 per year for those families.

When is the Liberal government going to stop trampling on the people of Newfoundland and Labrador, and axe this useless carbon tax?

Hon. Steven Guilbeault (Minister of Environment and Climate Change, Lib.): Mr. Speaker, first, our plan is working. We have reduced carbon pollution by more than 50 million tonnes. Canada has the best emission reduction profile of all G7 countries in 2020 and 2021. What we are doing for the great people of Newfoundland is helping them land investment of more than \$300 million in the last month alone in the new Braya biorefinery.

[Translation]

Mr. Gérard Deltell (Louis-Saint-Laurent, CPC): Mr. Speaker, the minister in 58th place just said something that is not entirely accurate. He said his plan is working.

His plan is working so well that the United Nations released a document last fall that ranked Canada 58th out of 63 countries in the fight against climate change. Still, he has the nerve to say that everything is fine. What the minister in 58th place is saying does not hold up.

It gets worse. Today, the Parliamentary Budget Officer confirmed in a report that the second Liberal carbon tax will cost Quebec families an average of \$436. Meanwhile, one in five families in Montreal is struggling to eat.

Does the minister from Montreal understand why Canadians are tired of paying too much?

Hon. Steven Guilbeault (Minister of Environment and Climate Change, Lib.): Mr. Speaker, I could name a long list of independent organizations that have publicly attested that our plan is working and that greenhouse gas emissions have begun to decline.

Oral Questions

I could mention Climate Action Network, the International Institute for Sustainable Development, Equiterre, Ecojustice and Environmental Defence, all of which have publicly stated that our climate change plan is beginning to work.

I will be the first to admit that we still have a lot of work to do. However, it is working.

The last thing we need is the Conservatives taking us back 20 years in the fight against climate change or when it comes to investments in clean technology.

Mr. Gérard Deltell (Louis-Saint-Laurent, CPC): Mr. Speaker, the minister in 58th place seems to have a rather short memory. He quoted Equiterre. Let us remember that he founded Equiterre 30 years ago.

What did Equiterre do on May 6, 2022? It filed a lawsuit against the Minister of the Environment stating, and I quote, “those promises are more talk than action”. It is not me that is saying that. It is Equiterre, the group that the minister himself founded.

Beyond that rhetoric, the reality is troubling for Quebec families. They will be paying \$436 more.

How can the member from Quebec support an additional charge for all Quebeckers?

The Speaker: I am sorry, but I want to make a brief comment.

I want to remind members of the House that we must refer to other members by their title or their riding name, not by a made-up title. I know that sometimes members can get really creative, but those are the rules.

The hon. Minister of Environment.

• (1455)

Hon. Steven Guilbeault (Minister of Environment and Climate Change, Lib.): Mr. Speaker, I will share some quotes with my colleague.

“We welcome the additional investments that were announced [in this plan], which will double the amounts available in the climate solutions fund”, said Alice-Anne Simard, of Nature Québec.

“The 2030 Emissions Reduction Plan offers greater detail and transparency than any Canadian climate plan to date”, said Caroline Brouillette of Climate Action Network Canada.

Bruno Marchand, the mayor of Quebec City said, “The City of Quebec welcomes this major announcement. The fight against climate change is key to the future of our cities and the well-being of future generations. Municipal governments also have a hand in reducing greenhouse gas emissions.”

These are all allies of the federal government. Unfortunately, they are not allies of the Conservative Party.

* * *

THE ENVIRONMENT

Mr. Jean-Denis Garon (Mirabel, BQ): Mr. Speaker, there is an illegal dump in Kanesatake that for years has been contaminating the drinking water source of one million people. Obviously it is a

complex problem, but it is a serious and urgent one that needs to be addressed.

It is unacceptable to watch the federal government in the media abdicate its responsibilities and offload them to the Sûreté du Québec. The government has been playing hot potato long enough. We are talking about drinking water for one million people and the federal government cannot continue to let the situation deteriorate.

What meaningful action is the Minister of Environment and Climate Change taking on this urgent matter?

Hon. Steven Guilbeault (Minister of Environment and Climate Change, Lib.): Mr. Speaker, I thank my colleague for the question. I have had several conversations with him and with the minister responsible for first nations and Inuit relations in Québec, as well as my colleague, the Minister of Crown-Indigenous Relations, and the Minister of Indigenous Services.

It is a complex problem to which we cannot apply simple or simplistic solutions. Everyone has a role to play. The band council has a role to play. The Government of Québec, through the Sûreté du Québec, has a role to play. The federal government certainly also has a role to play. We are in talks with the band council and the Government of Québec to find a lasting solution to this problem.

Mr. Jean-Denis Garon (Mirabel, BQ): Mr. Speaker, the government needs to stop playing hot potato and show some leadership.

In an interview with Radio-Canada, the Minister of Crown-Indigenous Relations made these regrettable comments, and I quote: We must let go of this idea that every time there are two or three indigenous people involved in an issue, it is a federal problem.

The community of Kanesatake is asking for help, and that is an unacceptable response. Oka is asking for help, the entire region is asking for help. The federal government can clean up this mess. Yes, it is very much the federal government's problem.

When will Ottawa bring the communities together in order to come up with a quick, concrete solution?

Hon. Steven Guilbeault (Minister of Environment and Climate Change, Lib.): Mr. Speaker, the only party playing hot potato with this issue is the Bloc Québécois.

I myself acknowledged yesterday in an interview with La Presse that the federal government has a role to play and that it will do just that. Just yesterday, the Minister of Indigenous Services spoke with the community's chief. We are committed to finding a solution.

While the Bloc plays hot potato, we on this side of the House will be working to find a solution.

Oral Questions

[English]

HEALTH

Mr. Stephen Ellis (Cumberland—Colchester, CPC): Mr. Speaker, the Liberal government has now spent \$3.5 million on vending machines for its failed unsafe supply experiment. These vending machines are dispensing hydromorphone, which is more potent than heroin. There are three of these machines in Vancouver and one in Victoria. The sad reality is that opioid deaths have continued to increase. In the last two years, they have gone up 17%.

When will the Minister of Addictions stop this failed experiment and give way to compassionate treatment for those suffering from addictions?

Hon. Carolyn Bennett (Minister of Mental Health and Addictions and Associate Minister of Health, Lib.): Mr. Speaker, yet again the failed Conservative policies surface. Without harm reduction, people do not live long enough to get to treatment. Polarizing the difference between treatment and harm reduction is really unhelpful. We need all aspects of internationally accepted drug policy: prevention and education, harm reduction, treatment, and enforcement. Diversion is illegal.

Mr. Brad Vis (Mission—Matsqui—Fraser Canyon, CPC): Mr. Speaker, since the decriminalization of hard drugs by the Liberals and NDP, we have seen a record number of opioid deaths in the province of British Columbia. Not only that, the government has failed to uphold its part in the agreement as it relates to the protection of children. Why has the government not done more to protect kids from exposure to crack pipes and needles at schools and parks across British Columbia, despite its still being illegal?

Hon. Carolyn Bennett (Minister of Mental Health and Addictions and Associate Minister of Health, Lib.): Mr. Speaker, I think every member of the House understands that the increase in opioid deaths is because of the extraordinarily toxic drug supply that came in after the reduction of deaths in 2019 in British Columbia, so this is hugely important. The exemption we have approved in British Columbia specifically states that playgrounds attached to schools and day cares are not exempt and must be enforced.

* * *

● (1500)

JUSTICE

Hon. Kerry-Lynne Findlay (South Surrey—White Rock, CPC): Mr. Speaker, Conservatives know that a healthy recovery is the answer to the captivity of addiction. There are 34,000 Canadians who have died from opioids from 2016 to 2022 alone.

Today, we are told Ottawa plans to join a B.C. class action accusing its favourite \$100-million consultant McKinsey, which turbocharged the opioid sales, of reckless opioid marketing. This is a copycat of what Conservatives called for on March 14.

Why did it take the Liberal government two years after the U.S. settlement to sue McKinsey and big pharma?

Hon. Carolyn Bennett (Minister of Mental Health and Addictions and Associate Minister of Health, Lib.): Mr. Speaker, once again, the opposition is behind the times. Since 2018, we have been

working with British Columbia on the litigation against big pharma and those who enabled it, and we were part of the Purdue settlement in June 2022. At our request, B.C. also amended its legislation to reinforce the federal government's participation in these class actions. Canada has also addressed big pharma's predatory practices by further restricting the marketing of opioids and increasing the maximum financial penalties.

* * *

[Translation]

CARBON PRICING

Ms. Viviane Lapointe (Sudbury, Lib.): Mr. Speaker, let us talk about the Conservative Party's pollution pricing flip-flop. In 2007, the Harper government proposed a \$15 carbon tax. In 2008, that same government promised to introduce a cap-and-trade system. In 2011, the Conservatives ditched that idea along with every other climate measure. During the 2021 election campaign, they once again supported carbon pricing.

Can the Minister of Environment and Climate Change tell the House about the ambitious climate measures our government is proposing to—

The Speaker: The hon. Minister of Environment and Climate Change.

Hon. Steven Guilbeault (Minister of Environment and Climate Change, Lib.): Mr. Speaker, I thank my hon. colleague for his question.

When it comes to climate change, Canadians expect the government to do the right thing and take action. That is exactly what we are doing with pollution pricing that has prompted industry to reduce emissions by over 50 million tonnes in recent years, an emissions reduction plan for all sectors of the economy, an oil and gas emissions cap and a national climate change adaptation strategy.

Meanwhile, the Leader of the Opposition, the Conservative Party leader, has still no plan to fight climate change and even continues to deny the crisis.

PUBLIC SAFETY

Mr. Pierre Paul-Hus (Charlesbourg—Haute-Saint-Charles, CPC): Mr. Speaker, Quebec's minister of higher education has asked universities to cancel their partnerships with Huawei, which is a threat to Canada's security. Since this is a matter of federal public safety, she also asked the Prime Minister to provide the provinces with guidelines for banning Huawei from provincial institutions. She has asked for this, but this Liberal government still refuses to respond.

From the very beginning, the Prime Minister has been dragging his feet when it comes to Chinese interference. The danger is real.

When will he respond to Minister Déry?

[English]

Mr. Andy Fillmore (Parliamentary Secretary to the Minister of Innovation, Science and Industry, Lib.): Mr. Speaker, national security is everyone's responsibility: federal and provincial governments, universities and researchers. In February, we made our position clear on the protection of Canadian research and intellectual property. We have introduced new and much more rigorous approaches. We expect all partners to take measures as well. We will continue working to promote an open and collaborative research system while safeguarding national security.

* * *

FOREIGN AFFAIRS

Hon. Michael Chong (Wellington—Halton Hills, CPC): Mr. Speaker, the World Health Assembly will be meeting next week in Geneva. Taiwan had an exemplary response to the recent global COVID-19 pandemic and has much to contribute to pandemic preparedness and global health initiatives.

Does Canada support Taiwan's participation at next week's World Health Assembly?

Mr. Maninder Sidhu (Parliamentary Secretary to the Minister of Foreign Affairs, Lib.): Mr. Speaker, Canada reconfirms our support of Taiwan's meaningful participation in international organizations. Its absence would be detrimental to global interests. That is why we support Taiwan's participation in the World Health Assembly and the World Health Organization. Taiwan's participation would benefit both the people of Taiwan and those around the world. We will continue to invest in our relationship with Taiwan while working to enhance peace and civility across the strait.

• (1505)

Hon. Michael Chong (Wellington—Halton Hills, CPC): Mr. Speaker, G7 leaders will meet this weekend in Hiroshima, Japan, where the nuclear bomb was first used. They are expected to meet survivors of that bomb. They are also expected to issue a joint statement on the use of nuclear weapons, in light of Russia's threats against Ukraine and the west.

Will the government take this opportunity at the G7 to urge our closest ally, the United States, to resume the strategic stability dialogue on nuclear weapons with Russia?

Mr. Maninder Sidhu (Parliamentary Secretary to the Minister of Foreign Affairs, Lib.): Mr. Speaker, I would like to thank Japan for prioritizing this as part of the G7. Canada believes in a

Oral Questions

world free of nuclear weapons, and the current arsenals around the world remain far too large.

We call on Russia to fulfill its international obligations, including under the New START Treaty. Putin's rhetoric is dangerous and reckless. Russia needs to end its unjustified war and come to the table for peace talks. We will continue to work with our allies toward this very crucial goal.

* * *

THE ENVIRONMENT

Mr. Mike Morrice (Kitchener Centre, GP): Mr. Speaker, Ontario's Greenbelt is a crown jewel, protecting nearly two million acres of environmentally sensitive land, yet Doug Ford calls the Greenbelt a "scam". It is clear he is working to parcel it off to his developer friends. We cannot let him do that.

What does the Minister of Environment think of Premier Ford calling the Greenbelt a scam, and will he stand up for the Greenbelt with every tool available?

Hon. Steven Guilbeault (Minister of Environment and Climate Change, Lib.): Mr. Speaker, I profoundly disagree with the characterization that the Premier of Ontario has made about the Greenbelt. Protecting green spaces, so that our kids and grandkids can have access to green spaces, clean air and clean water, is no scam. Working to ensure that our kids and grandkids continue to have a bright future is no scam.

The federal government will use all of its available tools to ensure that we can continue protecting the lands in the Greenbelt, as well as jewels like Rouge National Urban Park.

* * *

HEALTH

Mr. Don Davies (Vancouver Kingsway, NDP): Mr. Speaker, a new report shows the number of Canadian teenagers regularly vaping is now shockingly among the highest in the world. This puts the health and lives of youth at great risk, and experts say it is Liberal inaction fuelling this growing crisis. The government's refusal to take on big tobacco is allowing it to use flavoured products to hook a new generation of Canadians.

Why are Liberals standing back while big tobacco uses flavours like cotton candy to lure teenagers into becoming addicted to nicotine?

Government Orders

Hon. Jean-Yves Duclos (Minister of Health, Lib.): Mr. Speaker, I am grateful for this question. We have met with a number of key stakeholders in the area, including this morning with the Canadian Cancer Society. We are grateful for all of its input. We know how tremendous the impact of vaping and smoking is in our society, including for younger Canadians and youth. That is why we have already put into place strong regulations over the last few years on packaging, publicity and content of vaping products, and we will be doing more.

* * *

THE ENVIRONMENT

Ms. Elizabeth May (Saanich—Gulf Islands, GP): Mr. Speaker, moments ago, the Minister of Environment said he will use every tool available to the federal government. Those tools are lying idle while Doug Ford is revving up the bulldozers.

We know that we could use endangered species legislation or look at impact assessments, but the strongest tool is probably the international, legally binding agreement of the Great Lakes annex to prohibit the movement of water within the Great Lakes from basin to basin. Eight U.S. states, two Canadian provinces and two federal governments stand behind that annex.

When will the federal government stand up and demand that the Ontario government, under which Mike Harris signed that accord, live up to its terms?

Hon. Steven Guilbeault (Minister of Environment and Climate Change, Lib.): Mr. Speaker, as the member knows, we can use the Species at Risk Act once projects are proposed. No such projects have been proposed so far. We have already started an impact assessment review of the impacts of said development on Rouge National Park. We did not wait. We are already acting and we are looking at other areas of Ontario where we could launch similar studies to look at the impacts of de-zoning the Green Belt plans on federally protected lands.

* * *

PRESENCE IN GALLERY

The Speaker: I wish to draw the attention of members to the presence in the gallery of the 2023 Killam Prize laureates, which are awarded to Canadian scholars who have distinguished themselves through sustained research, excellence in science and innovation. We have Pieter Cullis, Ajay Heble, Praveen Jain, Sarah Otto and Charles M. Morin.

Some hon. members: Hear, hear!

● (1510)

[*Translation*]

Mr. Gérard Deltell: Mr. Speaker, I rise on a point of order.

I believe that there is unanimous consent in the House for me to table the report entitled “A Distributional Analysis of the Clean Fuel Regulations”, which indicates on page 24 that Quebecers will pay \$436 more.

Some hon. members: No.

The Speaker: I do not believe there is unanimous consent. I know the member is surprised.

* * *

[*English*]**POINTS OF ORDER**

ORAL QUESTIONS

Ms. Julie Dabrusin (Parliamentary Secretary to the Minister of Natural Resources and to the Minister of Environment and Climate Change, Lib.): Mr. Speaker, during question period, the member for Calgary Forest Lawn referred to the Minister of Environment and Climate Change in a derogatory way. Calling someone names like that is unparliamentary. I would ask that the member opposite withdraw that comment and apologize.

The Speaker: I will look at Hansard and come back to the House should I see it necessary.

GOVERNMENT ORDERS[*English*]**CRIMINAL CODE**

The House resumed from May 17 consideration of the motion that Bill C-21, An Act to amend certain Acts and to make certain consequential amendments (firearms), be read the third time and passed, and of the amendment.

The Speaker: It being 3:10 p.m., pursuant to order made on Thursday, June 23, 2022, the House will now proceed to the taking of the deferred recorded division on the amendment to the motion at third reading stage of Bill C-21.

[*Translation*]

The question is on the amendment.

● (1525)

[*English*]

(The House divided on the amendment, which was negatived on the following division:)

*(Division No. 332)***YEAS**

Members

Aboultayf	Aitchison
Albas	Allison
Arnold	Baldinelli
Barlow	Barrett
Berthold	Bezan
Bloek	Bragdon
Brassard	Brock
Calkins	Caputo
Carrie	Chambers
Chong	Cooper
Dalton	Dancho
Davidson	Deltell
d'Entremont	Doherty
Dowdall	Dreeschen
Duncan (Stormont—Dundas—South Glengarry)	Ellis
Epp	Falk (Battlefords—Lloydminster)
Falk (Provencher)	Fast
Ferreri	Findlay

Government Orders

Genius
Goodridge
Gray
Jeneroux
Kitchen
Kram
Kurek
Lake
Lawrence
Lewis (Essex)
Liepert
Lobb
Martel
McCaughey (Edmonton West)
Melillo
Morantz
Motz
Nater
Patzer
Perkins
Redekopp
Richards
Rood
Scheer
Seeback
Shipley
Soroka
Stewart
Stubbs
Tochor
Uppal
Vecchio
Vien
Vis
Wagantall
Waugh
Williams

Godin
Gourde
Hallan
Kelly
Kmiec
Kramp-Neuman
Kusie
Lantsman
Lehoux
Lewis (Haldimand—Norfolk)
Lloyd
Maguire
Mazier
McLean
Moore
Morrison
Muys
O'Toole
Paul-Hus
Poilievre
Reid
Roberts
Ruff
Schmale
Shields
Small
Steinley
Strahl
Thomas
Tolmie
Van Popta
Vidal
Viersen
Vuong
Warkentin
Webber
Williamson— 110

NAYS

Members

Aldag
Ali
Anandasangaree
Arseneault
Ashton
Bachrach
Bains
Barron
Battiste
Beech
Bennett
Bérubé
Bittle
Blair
Blanchette-Joncas
Blois
Boulerice
Brière
Cannings
Chabot
Chahal
Chatel
Chiang
Collins (Victoria)
Coteau
Damoff
DeBellefeuille
Desilets
Dhaliwal
Diab
Dubourg
Duguid

Alghabra
Anand
Angus
Arya
Atwin
Badawey
Baker
Barsalou-Duval
Beaulieu
Bendayan
Bergeron
Bibeau
Blaikie
Blanchet
Blaney
Boissonnault
Bradford
Brunelle-Duceppe
Casey
Chagger
Champoux
Chen
Collins (Hamilton East—Stoney Creek)
Cormier
Dabrusin
Davies
Desbiens
Desjarlais
Dhillon
Dong
Duclos
Dzerowicz

Ehsassi
Erskine-Smith
Fillmore
Fonseca
Fortin
Fraser
Fry
Garon
Gaudreau
Gerretsen
Gould
Guilbeault
Hanley
Hepfner
Housefather
Hussen
Iacono
Ien
Johns
Julian
Kelloway
Khera
Kusmierczyk
Lalonde
Lametti
Lapointe
Lattanzio
LeBlanc
Lemire
Long
Louis (Kitchener—Conestoga)
MacDonald (Malpeque)
MacKinnon (Gatineau)
Martinez Ferrada
Mathysen
May (Saanich—Gulf Islands)
McGuinty
McKinnon (Coquitlam—Port Coquitlam)
McPherson
Mendicino
Michaud
Morrice
Murray
Ng
Normandin
Oliphant
Pauzé
Petitpas Taylor
Powlowski
Rayes
Rodriguez
Romanado
Sajjan
Samson
Savard-Tremblay
Schieffe
Sgro
Sheehan
Sidhu (Brampton South)
Sinclair-Desgagné
Sorbara
Ste-Marie
Sudds
Taylor Roy
Thompson
Turnbull
Van Bynen
Vandal
Vignola
Virani
Wilkinson
Zahid
Zuberi— 209

El-Khoury
Fergus
Fisher
Fortier
Fragiskatos
Freeland
Gaheer
Garrison
Gazan
Gill
Green
Hajdu
Hardie
Holland
Hughes
Hutchings
Idlout
Jacek
Jowhari
Kayabaga
Khalid
Koutrakis
Kwan
Lambropoulos
Lamoureux
Larouche
Lauzon
Lebouthillier
Lightbound
Longfield
MacAulay (Cardigan)
MacGregor
Maloney
Masse
May (Cambridge)
McDonald (Avalon)
McKay
McLeod
Mendès
Miao
Miller
Morrissey
Naqvi
Noormohamed
O'Connell
O'Regan
Perron
Plamondon
Qualtrough
Robillard
Rogers
Sahota
Saks
Sarai
Scarpaleggia
Serré
Shanahan
Sidhu (Brampton East)
Simard
Singh
Sousa
St-Onge
Tassi
Therrien
Trudel
Valdez
van Koeverden
Vandenbeld
Villemure
Weiler
Yip
Zarrillo

Government Orders

PAIRED

Members

Drouin
Gladu

Généreux
Joly— 4

The Speaker: I declare the amendment defeated.

The next question is on the main motion.

If a member of a recognized party in the House wishes that the motion be carried or carried on division, or wishes to request a recorded division, I would invite them to rise and indicate it to the Chair.

The hon. member for Longueuil—Charles-LeMoynes.

Mrs. Sherry Romanado: Mr. Speaker, I request a recorded division.

• (1535)

(The House divided on the motion, which was agreed to on the following division:)

(Division No. 333)

YEAS

Members

Aldag	Alghabra
Ali	Anand
Anandasangaree	Angus
Arseneault	Arya
Ashton	Atwin
Bachrach	Badawey
Bains	Baker
Barron	Barsalou-Duval
Battiste	Beaulieu
Beech	Bendayan
Bennett	Bergeron
Bérubé	Bibeau
Bittle	Blaikie
Blair	Blanchet
Blanchette-Joncas	Blaney
Blois	Boissonnault
Boulerice	Bradford
Brière	Brunelle-Duceppe
Cannings	Casey
Chabot	Chagger
Chahal	Champoux
Chatel	Chen
Chiang	Collins (Hamilton East—Stoney Creek)
Collins (Victoria)	Cormier
Coteau	Dabrusin
Damoff	Davies
DeBellefeuille	Desbiens
Desilets	Desjarlais
Dhaliwal	Dhillon
Diab	Dong
Dubourg	Duclos
Duguid	Dzerowicz
Ehsassi	El-Khoury
Erskine-Smith	Fergus
Fillmore	Fisher
Fonseca	Fortier
Fortin	Fragiskatos
Fraser	Freeland
Fry	Gaheer
Garon	Garrison
Gaudreau	Gazan
Gerretsen	Gill
Gould	Green
Guilbeault	Hajdu

Hardie	Hepfner
Holland	Housefather
Hughes	Hussen
Hutchings	Iacono
Idlout	Ien
Jaczek	Johns
Jowhari	Julian
Kayabaga	Kelloway
Khalid	Khera
Koutrakis	Kusmierczyk
Kwan	Lalonde
Lambropoulos	Lametti
Lamoureux	Lapointe
Larouche	Lattanzio
Lauzon	LeBlanc
Lebouthillier	Lemire
Lightbound	Long
Longfield	Louis (Kitchener—Conestoga)
MacAulay (Cardigan)	MacDonald (Malpeque)
MacGregor	MacKinnon (Gatineau)
Maloney	Martinez Ferrada
Masse	Mathysen
May (Cambridge)	May (Saanich—Gulf Islands)
McDonald (Avalon)	McGuinty
McKay	McKinnon (Coquitlam—Port Coquitlam)
McPherson	Mendès
Mendicino	Miao
Michaud	Miller
Morrice	Morrissey
Murray	Naqvi
Ng	Noormohamed
Normandin	O'Connell
Oliphant	O'Regan
Pauzé	Perron
Petitpas Taylor	Plamondon
Powlowski	Qualtrough
Robillard	Rodriguez
Rogers	Romanado
Sahota	Sajjan
Saks	Samson
Sarai	Savard-Tremblay
Scarpaleggia	Schiefke
Serré	Sgro
Shanahan	Sheehan
Sidhu (Brampton East)	Sidhu (Brampton South)
Simard	Sinclair-Desgagné
Singh	Sorbara
Sousa	Ste-Marie
St-Onge	Sudds
Tassi	Taylor Roy
Thériault	Therrien
Thompson	Trudel
Turnbull	Valdez
Van Bynen	van Koeverden
Vandal	Vandenbeld
Vignola	Villemure
Virani	Weiler
Wilkinson	Yip
Zahid	Zarrillo
Zuberi— 207	

NAYS

Members

Aboultatif	Aitchison
Albas	Allison
Arnold	Baldinelli
Barlow	Barrett
Berthold	Bezan
Block	Bragdon
Brassard	Brock
Calkins	Caputo
Carrie	Chambers

Chong	Cooper
Dalton	Dancho
Davidson	Deltell
d'Entremont	Doherty
Dowdall	Dreeshen
Duncan (Stormont—Dundas—South Glengarry)	Ellis
Epp	Falk (Battlefords—Lloydminster)
Falk (Provencher)	Fast
Ferreri	Findlay
Genuis	Godin
Goodridge	Gourde
Gray	Hallan
Hanley	Jeneroux
Kelly	Kitchen
Kmiec	Kram
Kramp-Neuman	Kurek
Kusie	Lake
Lantsman	Lawrence
Lehoux	Lewis (Essex)
Lewis (Haldimand—Norfolk)	Liepert
Lloyd	Lobb
Maguire	Martel
Mazier	McCauley (Edmonton West)
McLean	McLeod
Melillo	Moore
Morantz	Morrison
Motz	Muys
Nater	O'Toole
Patzer	Paul-Hus
Perkins	Poillievre
Redekopp	Reid
Richards	Roberts
Rood	Ruff
Scheer	Schmale
Seebach	Shields
Shipley	Small
Soroka	Steinley
Stewart	Strahl
Stubbs	Thomas
Tochor	Tolmie
Uppal	Van Popta
Vecchio	Vidal
Vien	Viersen
Vis	Vuong
Wagantall	Warkentin
Waugh	Webber
Williams	Williamson
Zimmer— 113	

PAIRED

Members

Drouin	Généreux
Gladu	Joly— 4

The Speaker: I declare the motion carried.

(Bill read the third time and passed)

* * *

● (1540)

POINTS OF ORDER

ORAL QUESTIONS

Mr. Adam van Koevreden (Parliamentary Secretary to the Minister of Health and to the Minister of Sport, Lib.): Mr. Speaker, I rise on a point of order. Addiction is a complex issue and the deadly opioid epidemic, which has been fuelled by a poisoned drug supply, requires a compassionate, evidence-based approach to save lives.

Points of Order

Recently, members of the Conservatives, including the MP for Saskatchewan—

The Speaker: Is there a Standing Order that has been contravened? If you can start with that and then prove why, that would be wonderful.

Mr. Adam van Koevreden: Mr. Speaker, I believe we can disagree on policy matters without resorting to derogatory name-calling and referring to other members as murderers.

The Speaker: That is a good point to bring up. What the hon. member is saying is that we do not call each other names in this chamber, and I want to remind everyone not to call each other names. The use of the term he referred to, as far as I am concerned, is to call someone a name.

The hon. member has brought up a point that is very valid. Calling each other names does not lead to good debate. It is more a schoolyard type of action we do not want to have in the chamber. I want to remind both sides, for the rest of the very emotional debate that will be taking place tonight, or whatever debate we are having in the House, not to call each other names or make up names for each other. I am sure members do it with affection for each other, but it is not allowed in the chamber.

I thank the hon. member for Milton for bringing that up.

Ms. Lindsay Mathyssen (London—Fanshawe, NDP): Mr. Speaker, I rise on a point of order in relation to the vote that just occurred. Apparently, there were two members who voted with their app but no photo appeared, so we would like clarification on the validity of their vote, and this is for future context as well. It was the member for Fredericton and the member for Prince George—Peace River—Northern Rockies.

The Speaker: In consulting with the table, I understand that this normally has to be brought up before the results are announced. That is why the whips have the information, and they are supposed to get back to us with that, but what we are going to do is look into it and find out exactly what was there.

In future, if someone's photo was not clear, I would ask them to bring it up as soon as we stop, because once I stop, we usually go to the next step, which is asking for the results of the vote. That is normally when it would be brought up during the vote.

[*Translation*]

Mr. Luc Berthold: Mr. Speaker, I would like to point out that the current rules allow a period of time when each of the whips can inform the Speaker and the House of any problems arising during a vote. These problems should have been raised when you asked members to report any problems that occurred during the vote. I think the Standing Orders are very clear in this regard.

The Speaker: I thank the member. He said it much more eloquently than me.

I hear noise from the other side. I do not know if it is coming from the hallway or the lobby.

It seems to have stopped.

*Speaker's Ruling**[English]*

I wish to inform the House that because of the deferred recorded division, Government Orders will be extended by 26 minutes.

* * *

*[Translation]***BUSINESS OF THE HOUSE**

Mr. Luc Berthold (Mégantic—L'Érable, CPC): Mr. Speaker, just before we go back to our ridings for a week, after a five-week marathon where we sat until midnight several times, I think that we can pat ourselves on the back for the work that we have done and the efforts that we have made on behalf of our constituents in our ridings.

I would like the government leader to tell us what we can expect the week we return from our ridings, because most of us will already be back in our ridings tomorrow.

Will we have work? Will we have enough resources in the House and for committees? Will we have enough resources to do our work? Most importantly, what does the government have on the agenda upon our return to the House?

● (1545)

Hon. Ginette Petitpas Taylor (Minister of Official Languages and Minister responsible for the Atlantic Canada Opportunities Agency, Lib.): Mr. Speaker, when we return the Monday after the week in our ridings, the agenda will include debate at third reading of Bill S-5, an act to amend the Canadian Environmental Protection Act.

Tuesday and Thursday will be opposition days. On Wednesday, we will resume debate at second reading of Bill C-42, an act to amend the Canada Business Corporations Act.

On Friday, we will begin debate on Bill C-40, miscarriage of justice review commission act, also known as David and Joyce Milgaard's law.

I would also like to take this opportunity to inform members that we have posted the position of law clerk and parliamentary counsel in the House of Commons. I encourage members to share that job posting so that we can be sure to find a permanent law clerk as soon as possible to support the important work that we do as parliamentarians.

[English]

Again, we have done the process in French and English.

With that, I would like to wish all parliamentarians a wonderful constituency week. I know that we are going to be busy in our ridings.

Mr. Ben Lobb: Mr. Speaker, I am rising on a point of order. I do not bring points of order up very often, but I just had a phone call from the member for Prince George—Peace River—Northern Rockies. There was a little confusion about his vote, with the picture not coming up on his mobile app. He is in his riding, and he is participating in dealing with the fires that are up there. I think it is already clear that his vote was recorded as a no, but that is just a

little context as to why it was maybe a bit of a problem in his geography.

The Speaker: Yes, we already said that we would look into it, and we will get back to the House with some kind of an answer on that.

The hon. Minister of Official Languages is rising.

Hon. Ginette Petitpas Taylor: Mr. Speaker, I forgot to mention part of the important work for next week. If you would allow me to continue, I want to make sure all members of the House are fully aware of the work to be done when we return.

Pursuant to Standing Order 81(4), I would like to designate Monday, May 29, for consideration in committee of the whole of all votes under the Department of Finance in main estimates for the fiscal year ending March 31, 2024.

Furthermore, in relation to this upcoming debate, I would like to ask for unanimous consent to adopt the following motion. I move:

That, notwithstanding any standing order, special order, or usual practice of the House, during the debate on the business of supply pursuant to Standing Order 81(4) on Monday, May 29, 2023:

(a) the time provided for consideration of the Main Estimates in committee of the whole be extended beyond four hours, as needed, to include a minimum of 16 periods of 15 minutes each;

(b) members rising to speak during the debate may indicate to the Chair that they will be dividing their time with one or more other members; and

(c) no quorum calls, dilatory motions or requests for unanimous consent shall be received by the Chair.

The Speaker: All those opposed to the hon. minister's moving the motion please say nay. Agreed.

The House has now heard the terms of the motion. All those opposed to the motion will please say nay.

(Motion agreed to)

* * *

POINTS OF ORDER

AMENDMENT TO BILL C-281 AT COMMITTEE STAGE—SPEAKER'S RULING

The Speaker: I am now prepared to rule on the point of order raised yesterday, May 17, by the parliamentary secretary to the government House Leader regarding an amendment adopted by the Standing Committee of Foreign Affairs and International Development during the clause-by-clause consideration of Bill C-281, an act to amend the Department of Foreign Affairs, Trade and Development Act, the Justice for Victims of Corrupt Foreign Officials Act (Sergei Magnitsky Law), the Broadcasting Act and the Prohibiting Cluster Munitions Act.

The parliamentary secretary explained that the committee adopted an amendment to clause 2 of the bill that creates a new obligation on the minister to develop and maintain a government-wide international human rights strategy. According to the parliamentary secretary, this amendment proposes a new concept that exceeds the scope of the bill as adopted at second reading. The parliamentary secretary argued that, for this reason, the amendment in question should be struck from the bill as reported by the committee.

● (1550)

[Translation]

When this amendment was proposed at the Standing Committee on Foreign Affairs and International Development, the committee chair ruled the amendment inadmissible on the grounds that it was beyond the scope of the bill. The decision was challenged and overturned. The committee then debated the amendment and adopted it.

When considering legislation, the House and its committees are guided by specific procedural rules that have been long established. In relation to the scope of a bill, *House of Commons Procedure and Practice*, third edition, states the following on page 770:

An amendment to a bill that was referred to a committee *after* second reading is out of order if it is beyond the scope and principle of the bill.

[English]

Bill C-281 does amend several acts, and it does create certain new obligations on the minister in relation to human rights. However, after a close reading of the bill, the new responsibilities for the minister are limited to specific areas, including communicating with families of prisoners of conscience and producing formal responses to House and Senate committees.

[Translation]

After careful consideration, it is the opinion of the Chair that the amendment creates a new obligation requiring the designated minister to develop and maintain a government-wide international human rights strategy. The Chair of the committee correctly concluded that the amendment is beyond the scope of the bill, as it introduced a new concept not envisioned in the bill when it was adopted by the House at second reading.

When a committee considers a bill at clause-by-clause, the committee chair must ensure that the proceedings on the bill conform to the procedural rules governing the consideration of amendments to bills. This includes ensuring that the committee's review of the bill falls within the scope and principle as established by the House at second reading.

[English]

When a committee fails to adhere to the will of the House as it pertains to bills, it oversteps its authority, as delegated to the committee by the House. Speaker Milliken said it well when, on May 11, 2010, at page 2650 of the Debates, he explained:

As has been frequently noted, the Speaker's involvement in committee matters is limited except in cases where a committee has exceeded its authority. The adoption of amendments that are beyond the scope of a bill is such a case...

While some members may be of the opinion that a different bill, perhaps broader in scope, ought to have been introduced, I must base my decision on the bill that actually was introduced and approved by the House at second reading.

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As such, the Chair rules the amendment adopted by the Standing Committee on Foreign Affairs and International Development null and void and orders that it no longer form part of the bill as reported by the committee. The Chair also orders a reprint of the bill at the earliest opportunity for use by the House in its consideration of subsequent stages of the bill. However, given that the House is scheduled to consider Bill C-281 at report stage later this day, so as not to disrupt the business currently before the House, report stage will proceed based on the version of the bill as reported back from committee, with the understanding that when the bill will be reprinted, the text of the inadmissible amendment in question, at clause 2, will not be included.

I thank members for their attention.

* * *

● (1555)

[Translation]

BUSINESS OF SUPPLY

OPPOSITION MOTION—OPIOID CRISIS

The House resumed consideration of the motion.

Mrs. Julie Vignola (Beauport—Limoulu, BQ): Mr. Speaker, on the motion that we are debating today, I get the impression that no one is budging from their position.

When I was teaching I used a book as an analogy. If I describe a cover and the person across from me describes the other cover, we will not have the same description. However, in the end, what matters are the pages between those two covers. Here, the objective is to find and implement everything we can to help people who have an addiction, whether that is services, protected sites or safe supply.

I would like my colleague to talk about the importance of health transfers for ensuring adequate service delivery to people who are addicted.

Mr. Brendan Hanley (Yukon, Lib.): Madam Speaker, I thank my colleague for the question, which is very important.

I am pleased that we are in the process of implementing bilateral agreements with the provinces and territories, including the Yukon territory, which I represent.

I also want to ensure that mental health and addictions services are a priority in these agreements.

[English]

Ms. Lori Idlout (Nunavut, NDP): *Uqaqtittiji*, I appreciate the member's willingness to make sure that more indigenous peoples get the supports they need.

A couple of weeks ago, I met with members of the Kluane First Nation, which has been seeking supports and assistance from the federal government for quite a few years now. Could the member describe what supports are being provided in this kind of area for places like the Kluane First Nation?

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Mr. Brendan Hanley: Madam Speaker, given the disproportionate impact that first nations people in Yukon are feeling from the toxic drug crisis, that is a very important question from the hon. member for Nunavut.

I am in conversation with Kluane First Nation and many others to help support their needs and their requests, such as on-the-land treatment and more wraparound social supports, including not only mental health counselling availability but also prevention. The territorial government is also involved in these discussions.

Mr. Wilson Miao (Richmond Centre, Lib.): Madam Speaker, I rise in this chamber today to speak on this motion.

In my riding, the community of Richmond Centre, I have heard of many heartbreaking incidents. Michael, an artist, an empath and a gentle, compassionate young individual passed away at age 26 from a tainted supply of drugs. Curtis was an intelligent, caring and adventurous person. He was 36 when he passed away from drug overdoses and poisonings. Countless incidents like these happen in British Columbia and across Canada. It breaks my heart to see mothers, fathers, friends and families lose their dearly loved ones.

Last year, in Richmond, 29 people died of drug poisoning, and 2,314 died in British Columbia. On CBC news today, it said that in British Columbia 206 people were suspected to have died of toxic drugs in April alone this year.

Let us talk about the link between mental health and substance use. We know that mental health and substance use is affecting more and more Canadians and requires collaboration across all levels of government as well as with other partners in our community. It is for that reason that, in 2021, Canada's first-ever ministry of mental health and addictions was created, and showed the interconnected nature of mental health with substance use.

It has also highlighted our government's commitment to take action through an integrated approach on these issues that have significantly impacted individuals, their families and communities. It is important to stress that mental illness and substance use often go hand in hand. People with mental illnesses are twice as likely to have a substance use disorder compared to the general population.

Substance use can also increase the underlying risk of mental health issues and can exacerbate the symptoms of existing mental health issues. In fact, 50% of people in treatment for substance use also live with mental illness. We know that childhood trauma, low income, lack of access to stable housing, discrimination, racism, and the historical and ongoing effects of colonization and the residential school system on indigenous communities all play a major factor.

There are many challenges faced by Canadians experiencing mental illness and harms from substance use. These include a lack of available services and supports close to home, care that is not comprehensive or responsive to an individual's needs, and the experience of stigma and discrimination, both in seeking care and in society.

Youth and young adults, indigenous peoples, Black Canadians and those identifying as LGBTQ2S+ are among those Canadians impacted the most. As a result of unmet or under-addressed mental

health and substance use needs, individuals and communities face significant health, social and economic burdens. This includes paying out of pocket for services, increased emergency department visits and public safety concerns.

Our government has long recognized that Canadians with mental health and substance use needs require ongoing supports to meet a complexity of needs. We have seen the record of the Conservatives on this issue. They stand up in the chamber and use stigmatizing language to try and play politics with this issue, and act like they are not misleading Canadians with a bias or one-sided perspective on this crisis.

Canadians have spoken of the complexity of these mental health and substance use issues, and how often they are interconnected with other social issues, such as homelessness.

● (1600)

For example, we know that up to 75% of women experiencing homelessness also experience mental illness. In British Columbia, 67% of people experiencing homelessness or housing instability identified substance use issues, and 51% identified mental health as a concern.

Accessing appropriate housing options that provide ready access to needed wraparound supports can be a significant challenge, due to housing shortages and maintenance issues with existing housing; insufficient community-based, trained provider capacity; and silos between health, housing and social sectors.

This is why our government is investing in affordable housing for Canadians, including \$4 billion through the rapid housing initiative, aimed at quickly creating new affordable housing for individuals who have severe housing needs and are at risk of being homeless.

Ensuring Canadians have access to housing, social supports and the health services they need is a major preoccupation of municipal and community leaders. Our government is working with them, and with the provinces and territories, to break down silos, so Canadians can have access to the integrated supports they need.

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We are also committed to working with indigenous governments and communities to support access to a comprehensive range of evidence-based, culturally appropriate and trauma-informed services and supports needed to support mental health and substance use issues that individuals are facing, including the opioid overdose crisis, and to advance whole-of-society approaches to these issues.

Through the mental wellness program, Indigenous Services Canada is providing supports for substance use prevention, harm reduction, treatment and aftercare, psychosocial wraparound services and trauma-informed health supports to indigenous communities. In addition, our government has provided targeted supports for innovative community-based projects that address mental health and substance use issues.

The opposition members will stand up and say that the government is not putting resources into treatment, but since 2017, we have invested more than \$400 million in over 380 projects through the substance use and addictions program to support community-based organizations.

In 2018, our government committed \$150 million over five years to address the opioid crisis through the emergency treatment fund, which also had funds cost-matched by provinces and territories: over \$300 million in funding for substance use treatment across Canada.

This shows how much we are putting into treatments and how we should not be taking lessons from a party that wants to revert to Harper-era policies. Tackling the opioid overdose crisis requires a holistic and integrated approach that focuses on mental health and well-being. That is what this government has been doing, so that Canadians can be resilient and healthy now and into the future.

Enough is enough.

We will not be able to bring loved ones home if they are dead from toxic supplies. This is a fight that we must triumph. This is a non-partisan issue, and we will prevail with collaboration with provinces, territories, municipalities and local community organizations, such as, in my riding, the Richmond Addiction Services Society, Turning Point Recovery Society and Pathways Clubhouse.

I want to thank the Minister of Mental Health and Addictions for her continuous championship on this matter, and all the first responders, frontline workers and health care workers for all they do.

• (1605)

Mr. Stephen Ellis (Cumberland—Colchester, CPC): Madam Speaker, it is interesting. Earlier in the House we heard about vaping numbers going up. What we know in this opioid crisis is that the Liberal government is installing vending machines for high-potency drugs in Vancouver and Victoria. I wonder if the member opposite might think that it would be appropriate to give free vaping products in high school vending machines.

Mr. Wilson Miao: Madam Speaker, I would like to take a common-sense approach. Would anyone want their kids to access toxic drugs through a vending machine or want drugs to be accessible in the community, so that children have easy access to substances that are harmful to their health? I think our government is working very

hard to create more programs to support the people in need in this overdose crisis.

• (1610)

[*Translation*]

Ms. Kristina Michaud (Avignon—La Mitis—Matane—Matapédia, BQ): Madam Speaker, I thank my colleague for his speech. I read the Conservative motion and I noticed that it uses a rather harsh word. It refers to deadly programs.

Personally, I do not get the impression that the government is trying to kill people. I would like my colleague to comment on that. What is the actual purpose of these programs? I doubt it is to kill people.

[*English*]

Mr. Wilson Miao: Madam Speaker, I thank the hon. member her question. I hope she will excuse me for responding in English.

Our government is invested heavily in harm reduction with the four pillars recognized internationally as the necessary, successful substance use strategy, which is based on prevention, enforcement, treatment and harm reduction. However, if people die, there is no way for us to help them or offer them any treatments we provide. Therefore, it is important for us to understand what is needed in our communities to address this opioid crisis.

Ms. Jenny Kwan (Vancouver East, NDP): Madam Speaker, we know Conservatives are trying to mischaracterize the entire situation. One of the effects of the harm reduction approach that is being proposed is that it helps connect people to other health services, including the possibility of treatment and rehab. However, if they do not make that connection, that is never going to happen.

My question for the member is this. When Conservatives say we should eliminate harm reduction initiatives, such as safer supply, how on earth would we be able to successfully connect people to other services when we cannot even reach them?

Mr. Wilson Miao: Madam Speaker, I absolutely agree. To parse that, as a government, we need to look after Canadians, and it is important for us to really bridge the connection between mental wellness and substance use. It is important that we do not stigmatize this topic, because that would create fear in the community and we would be misleading Canadians. That will not help this opioid crisis. It is important for us to address the fact that we are here to prevent deaths in our communities because of the opioid crisis.

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Mr. Chad Collins (Hamilton East—Stoney Creek, Lib.): Madam Speaker, it is important to note that the Leader of the Opposition was part of a government that tried to muzzle scientists with respect to climate change. He was also part of a Conservative team that undermined public health officials with respect to the pandemic and all things related to the vaccine.

Now the Leader of the Opposition pretends to know more than trained professionals and doctors with respect to the opioid crisis we are dealing with.

My question for my friend and colleague is this. Can he reiterate why it is so important to rely on doctors and the medical profession as it relates to the response to this crisis?

Mr. Wilson Miao: Madam Speaker, I would say it is important for us to base our response on science and facts, not on quotes from media sources that offer no evidence behind them. It is important for us to understand what helps to minimize deaths in the community.

Hon. Kerry-Lynne Findlay (South Surrey—White Rock, CPC): Madam Speaker, I will be splitting my time with the hon. member for Sherwood Park—Fort Saskatchewan.

Today, we are addressing the health of our nation. After eight years of the Prime Minister, everything feels broken, especially in my home province of British Columbia. Drugs, disorder and violent crime are all on the rise in our neighbourhoods. People are lining up at food banks in record numbers because they cannot afford groceries. Many cannot afford a home, and, worst of all, the opioid crisis is claiming the lives of our sons and daughters. Under the watch of the Prime Minister, there have been 34,000 opioid deaths, and that number is growing by the day. In B.C. alone, overdose deaths are up 330%, by far the worst rate of all the provinces.

The B.C. coroner released a report today, saying that 206 people died of overdose in April. That is 206 people, including one at a safe injection site, who died in one month. The report said that 70% of victims were between the ages of 30 and 59. People in that age bracket should be buying a home, having children and enjoying a successful career. Instead, in the Prime Minister's Canada, they are chasing their next hit. Why is that? It is because all three levels of government, including the federal Liberals, the provincial NDP, this NDP caucus and left-wing mayors and councils, have decriminalized illicit drugs, flooded the streets with so-called safe supply and failed to create the treatment and connection needed for people suffering with addictions to build a drug-free life.

Over 800 people have died in the first four months of this year. If overdose deaths continue at this pace, we could lose up to 2,400 British Columbians this year. Death by overdose cannot be normalized. Instead, we need treatment and recovery. These programs will help those struggling with addictions and we need them now.

The Liberal-NDP coalition is flooding our streets with drugs and supercharging this opioid crisis. One Global News reporter took to the streets of Vancouver to find out where all these safe supply drugs are going. The reporter was able to buy 26 hits of safe supply drugs for only \$30, in just 30 minutes, in Vancouver's Downtown Eastside. Outreach workers in Vancouver's Downtown Eastside claim that the safe supply hydromorphone tablets can be bought for

as little as 25¢ per pill on the streets. It is no wonder that the B.C. coroner reports that seven people per day are dying from drug overdoses in my province.

This heavy amount of free drugs on our streets perpetuates the addiction cycle, prolongs suffering and prevents recovery. It is leading to more deaths, not fewer. How many more Canadians must die before the Prime Minister learns that treatment, not free drugs, saves lives? We need to help get people off drugs so that they can effectively address their addiction issues, enjoy improved health, reconnect with family, get jobs and become contributing members of society.

Let us be clear. The government's radical agenda is fuelling the opioid crisis. It uses the term "safe supply" as though it were a medical term, but, in truth, that phrase is nothing more than marketing jargon used by big pharma. Let us speak the truth. There is nothing safe about safe supply.

The Liberal and NDP drug pushers point to other jurisdictions that have decriminalized hard drugs to justify their radical agenda. For example, they say that Portugal set the gold standard for decriminalization of illicit drugs, but they forgot to mention that Portugal ensured that treatment and recovery services were expanded before they changed the laws. They also omit that health outcomes in Portugal have worsened since that country decreased treatment services.

What is worse is that they are ignoring a made-in-Canada model that is saving lives in Alberta. That province has become a beacon of hope for how lives can be turned around, with professional, caring drug treatment services. I hear members clapping; it is worth clapping for. Overdose deaths are down in that jurisdiction by 30%, while B.C. overdose deaths continue to climb.

● (1615)

We know that merely providing safe supply drugs will never get people out of an addiction cycle. When Conservatives form government, we will follow Alberta's example by building world-class recovery communities and implementing similar services around the country to save lives.

We also need to consider the impact that the so-called safe supply program is having on our youth. On the streets of Vancouver, people living with addictions are selling these cheap drugs to kids. They then use the money to buy stronger, deadlier fentanyl. Impressionable youth are accessing this cheap, plentiful supply of highly addictive drugs as a gateway to harder, more dangerous substances. In plain terms, the safe supply program is a direct threat to the lives of our youth.

A report from the B.C. coroner confirmed that overdose victims are trending younger and that opioid addiction among B.C.'s youth is increasing. Speaking as a mother, I say that we cannot allow the government to ignore the evidence when our teenaged sons and daughters are lying face down on a sidewalk in a zombie-like state. Safe supply drugs are putting youth on the path to hard-core addictions, and this needs to stop. Too many parents have lost children to drug overdoses in this country.

The story of Jack Bodie, from Burnaby, is far too common. Jack was a productive and active 17-year-old boy who was deeply loved by his family. Tragically, Jack snorted half a pill laced with fentanyl. Inhaling the drug slowed down Jack's breathing and heartbeat, and within minutes, his entire system shut down and he passed away. Jack's death sent his family into deep and profound grief. His dad, now a treatment and recovery advocate, maintains that the real tragedy is that there are thousands of families across Canada dealing with the same grief that he faced over the death of a child due to a drug overdose.

Police constable David Steverding works in Vancouver's Downtown Eastside, and he is a member of the Odd Squad, a group of dedicated police officers who provide drug use prevention education to youth throughout Canada. The constable has worked with hundreds of people living with addiction, and with their families. He said that people often say using drugs is a personal choice and a victimless crime, but that these comments overlook the friends and family members, who, he notes, are often completely helpless, standing by and watching while the drug user spirals downhill.

To the families that have tragically lost sons and daughters to a drug overdose, my message is this: We will make sure their child did not die in vain. We will scrap the dangerous social experiment of safe supply and ensure other kids who struggle with addictions get the treatment they need so they can come home to their families drug-free. The consultants and big pharma that turbocharge opioid marketing will pay for it. We will hold them to account as government policy.

Recovery, treatment and rehabilitation are how we are going to bring home our loved ones. It is how we will turn hurt into hope. It is the common sense of the common people. Hope is possible, and hope is on the way.

● (1620)

[Translation]

Mr. Jean-Denis Garon (Mirabel, BQ): Madam Speaker, the Conservative Party sometimes insinuates that the Liberal government wanted to legalize all drugs.

British Columbia, for example, decriminalized some substances so that people with addictions could be connected to the right resources and get the right care.

Would the Conservative solution not end up packing prisons with people who have a serious health problem, thereby reinforcing the social stigmas against these people who need help and who want to quit using?

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[English]

Hon. Kerry-Lynne Findlay: Madam Speaker, shame on that member for what he just stated. There was nothing in what I said that said anything about prisons. That is ridiculous. We are talking about treatment, recovery and support for those who are suffering from addictions. Shame on him.

Mr. Stephen Ellis (Cumberland—Colchester, CPC): Madam Speaker, I thank the great member for South Surrey—White Rock for such an interesting speech, and for taking a very complex subject and making it understandable for all Canadians.

Can the member comment briefly on the wisdom of spending \$3.5 million in taxpayer money on these vending machines, three of which are in Vancouver and one in Victoria, her home province, and increasing access to powerful opioid-type medications?

Hon. Kerry-Lynne Findlay: Madam Speaker, the member is a medical doctor, so he is always very knowledgeable on these subjects.

Of course I do not agree with this. The easier the access, the harder it is to deal with the problems that come from that easy access. These are young people whose brains are still developing. A brain is not fully developed until one is in their mid-20s. We know that, and we know the effects of drugs. Even so-called softer drugs, like marijuana, can lead to psychosis and paranoia and can unmask schizophrenia. Now, we are talking about drugs where a 17-year-old can snort half a pill and die. It is irresponsible and unreasonable to spend taxpayers' dollars to give young people access, such as at a vending machine, to hard drugs. It is unforgivable, actually.

● (1625)

Ms. Lori Idlout (Nunavut, NDP): *Uqaqtittiji*, there has been information collected that shows that, because of safe supply programs, there has been a significant decrease in hospitalizations for infectious complications among safe supply clients. Hospitalizations dropped from 26 in the year before the program to 13 in that year. I wonder how the member interprets such helpful data, which shows that these safe supply programs do work.

Hon. Kerry-Lynne Findlay: Madam Speaker, I have spent a fair amount of time in this space. I was the president of Little House, which is a recovery house in British Columbia, so I have some knowledge on the issue. A continuum of care, of course, has to be part of recovery, support and treatment. However, unlimited safe supply, where people receiving that safe supply are then selling it to kids cheaper and cheaper in order to then use that money for their own harder drugs, is a tragedy. People who run recovery houses like Last Door Recovery Society in New Westminster are on record saying that 100% of the people they deal with who have received safe supply drugs have never used all of the drugs they have received. They are selling them.

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Mr. Garnett Genuis (Sherwood Park—Fort Saskatchewan, CPC): Madam Speaker, after eight years of the Prime Minister, everything feels broken. Life costs more. Work does not pay, and housing costs have doubled. The Prime Minister divides to control the people. Worst of all, crime and chaos, drugs and disorder rage in our streets. Nowhere is this worse than the opioid crisis, and that has expanded so dramatically in the last several years.

Across the board, we see that the government is not working. That is why I am in full support of today's opposition motion, which proposes to reverse the damage being done by the Liberal government's drug policy and advances an authentically compassionate alternative approach to the opioid crisis.

Conservatives believe in universal and immutable human dignity. When it comes to those who are struggling with addiction, we believe in both meeting people where they are at, helping them pursue an ambition for recovery, and doing it successfully.

The approach of all of the other parties in this place reflects a basic pessimism about the potential of those struggling with addiction. They want to meet people where they are at, but leave them there, while we want to meet people where they are at and help them pursue recovery. Parents, brothers, sisters and friends do not just want to see those struggling receive a kind of palliative care. They want to see us take the steps that would allow those who are struggling to come home drug free.

This means that we need to make smart choices with scarce resources by investing those resources in treatment and recovery instead of spending those dollars to buy dangerous drugs and give them away. The approach of every other party in the House is to dramatically increase the supply of dangerous hard drugs into our neighbourhoods. They argue that this is an appropriate response to the drug supply being poisoned, and because of a poisoned drug supply, they want to offer cleaner versions of these drugs.

Let us be clear, hard drugs are poison. Giving away taxpayer-funded poison is not a solution to people being poisoned. Giving away less potent versions of these drugs ignores the nature of opioids themselves. Opioids have a tolerance-inducing effect, which means that people generally need higher and higher doses to achieve the same impact. If a person is on a course of treatment and recovery, where they are offered targeted alternatives with unique properties, then they can go the other way. However, absent the intentionality, the reflexive course of opioid use is a dangerous upward escalator. Free, government-funded opioids today would still lead to the use of even more potent, unregulated opioids tomorrow.

As we are seeing now, this policy of supplying government-funded hard drugs into neighbourhoods and communities does not just hurt those who are already facing addictions. It also makes these hard drugs more plentiful, more available and easier for vulnerable kids to access for the first time. We know this because of what we are seeing in B.C., where these so-called safe supply policies have been tried. We also know this because of the particular history of the opioid crisis. This is where I want to focus my remarks today.

Where did the current opioid crisis come from? The evidence shows us that most people who struggle with opioid use disorders did not start down this road by experimenting with street drugs.

They started down this road because a family-owned pharmaceutical company called, Purdue Pharma set out, starting in the 1990s, to revolutionize pain management through the aggressive marketing of OxyContin, and sought to make a lot of money in the process.

This history is well told in a number of books. I would recommend *Empire of Pain* by Patrick Radden Keefe, *Dreamland* by Sam Quinones and chapter seven of *When McKinsey Comes to Town*.

Here is the essential background: Opium is the original opioid, and there was a long-standing reluctance in the medical community to prescribe it, except in the most extreme cases. Purdue Pharma sought to create the impression that OxyContin, its new semi-synthetic opioid was less potent than opium. It was actually more potent. OxyContin also incorporated a controlled release technology. It was designed to facilitate a controlled release of opioid-related pain relief over a period of time. This also helped create an illusion of less risk.

However, OxyContin's controlled release mechanism was not tamper resistant. It could easily be modified to release all of the hit at once. It carried all of the same risks as, in fact greater risks than, opium. Purdue Pharma made unfounded claims minimizing the addiction risk associated with OxyContin and aggressively marketed it as the solution for all kinds of pain, not only acute pain following an extreme event but also ongoing chronic pain. It was marketed as a low-risk powerful pain relief option, and it was marketed very successfully.

As a result, many people with different levels of short-term and long-term pain had the opioid OxyContin prescribed to them. Then, because of the now well-known tolerance-inducing effect associated with opioids, people could not get the same level of pain relief at the same dose. They would seek higher and higher doses, and eventually transition away from just prescription drugs to street drugs as well.

• (1630)

For those here or elsewhere who have lost loved ones to opioid use disorders, many will recognize this story. There is pain, perhaps from a car accident or a long-running, unexplained, chronic pain, and then opioids are prescribed, followed by opioid addiction, and a subsequent spiral as higher and higher doses are sought to achieve the same effect. Perhaps, at some point, people seek treatment and recovery, but they find a complete lack of accessible services available.

Purdue Pharma's objective was to minimize any concern or stigma around its new product OxyContin. When it was released in 1996, OxyContin was a new drug, and indeed false claims were made to minimize its risk. It was also sold generally through regulated pharmacies.

This was not about stigma. It was not about unpredictability of supply or alteration of supply. This is actually a test case of what happens when drugs are easily available with little or no stigma. In effect, the overpromotion of opioids by Purdue and others with dangerous pharmaceutical-grade drugs made easily available was the original safe supply program, and that is what gave us the opioid crisis in the first place.

Needless to say, for pioneering this original safe supply program, Purdue is not getting any congratulations. It has become a global pariah and the name of the Sackler family, who owned Purdue, is being stripped off of the universities and art galleries they donated to. This original safe supply program is now seen for what it is. It was an elaborate scheme to market the problem of pain and then sell a solution that was far worse than the problem, undertaken contrary to the evidence and with the sole aim of making one family rich.

Conservatives have advanced a simple proposal in response to the wrongdoing associated with this first attempt at making big pharma rich through so-called safe supply. Our proposal is that Purdue Pharma, the Sackler family and all of the other bad actors involved, including McKinsey, pay compensation for the full cost associated with the opioid crisis and that the government spend 100% of the dollars collected through such litigation to fund treatment and recovery. The government needs to be ready to step up and help, yes, but let us make those responsible for this problem pay to fix it to fill the treatment and recovery gap.

I have not had time to review all of the history here, but there is one piece that I think is particularly noteworthy. The original formulation of OxyContin was said to go off patent in the United States in 2013. However, likely in an effort to extend patent exclusivity, Purdue Pharma released a new formulation of OxyContin with certain abuse-resistant features. It then filed papers with the FDA asking the agency to reject generic versions of the original pill on the grounds that the original version was unsafe. Purdue also pulled the original formulation from the U.S. market. The FDA concurred with the company and blocked generic re-formulations in the U.S. This led to the marketing of a new, somewhat safer, tamper-resistant product, but it also allowed Purdue Pharma to continue to have patent exclusivity in the United States and make even more money.

However, while both Purdue and the FDA said that the original formulation was unsafe, Purdue continued to sell the original, easier-to-abuse version here in Canada for a full year after the original OxyContin was off the shelves in the United States. In other words, Purdue was selling a drug in Canada which they had explicitly lobbied the FDA in the United States to be unsafe. Notably, sales rose dramatically in border areas, quadrupling in Windsor, suggesting that the company knew that the more dangerous versions of the drug were being sold in Canada and smuggled back into the United States. Purdue admitted that it was aware of the resulting spike in OxyContin sales in Canadian border towns. This is clear evidence

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of Purdue's extreme malice and of the particular impact that this has had for Canadians.

What can we learn from these events? First of all, we need to be constantly aware of the risk of large companies overmarketing potentially dangerous products. This is the cause of the opioid crisis, and we are seeing risks of this happening in other cases. We also must learn that so-called safe supply does not work. Trying to minimize the recognized risks associated with clearly dangerous products, making them widely available through pharmaceutical sales, clearly does not work. It did not work then, as it gave us the opioid crisis in the first place, and it is not working now.

To deter this kind of behaviour, we need to punish the perpetrators of this crime. The perpetrators are not those suffering from addiction, but the bad, elite actors who push these drugs onto people who are unaware of the risks, and who sought to minimize those risks. Therefore, I am pleased to support this motion and to move an amendment to it, which brings in this concept of holding bad actors responsible and of using the resources thus gathered to fund treatment and recovery.

I move, seconded by the member for—

• (1635)

The Assistant Deputy Speaker (Mrs. Carol Hughes): The member's time is up. I did indicate to the member the one-minute mark. The time is at zero now.

Mr. Garnett Genuis: Madam Speaker, I started reading it.

The Assistant Deputy Speaker (Mrs. Carol Hughes): I have checked with the officers. There were just a few seconds in between, so I will allow the hon. member to move his motion.

Mr. Garnett Genuis: Madam Speaker, I move:

That the motion be amended by adding the following:

"and to directly sue the companies responsible for causing and fuelling the opioid crisis for all damages associated with the crisis and direct all funds recovered through such litigation to prevention, treatment, and recovery programs."

The Assistant Deputy Speaker (Mrs. Carol Hughes): I would remind members to keep track of the time, and I did indicate that, because they can lose that opportunity.

It is my duty to inform hon. members that an amendment to an opposition motion may be moved only with the consent of the sponsor of the motion, or in the case that he or she is not present, consent may be given or denied by the House leader, the deputy House leader, the whip or the deputy whip of the sponsor's party.

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Since the sponsor is not present in the chamber, I ask the acting deputy whip if he consents to this amendments' being moved.

Hon. Rob Moore: Yes, Madam Speaker, I consent to the amendment's being moved.

[*Translation*]

The Assistant Deputy Speaker (Mrs. Carol Hughes): The amendment is in order.

The hon. member for Mirabel.

• (1640)

Mr. Jean-Denis Garon (Mirabel, BQ): Madam Speaker, I have wanted to tell my colleague for a long time how much I enjoy listening to him speak. He is a talented speaker and a passionate individual. Despite our political differences, he often appeals to values that we have in common. He started his speech by referring to universal human dignity. In our view, one way to achieve that is to have universal health care.

Right now, more than 20,000 people are waiting for mental health care, including people struggling with addictions who are trying to turn their lives around. In response to requests by the provinces for health transfers, the federal government has offered to pay one out of every six dollars that the provinces asked for.

The Conservatives are ahead in the polls. I would like to ask my colleague if the missing five out of six dollars will be paid to the provinces under a Conservative government.

[*English*]

Mr. Garnett Genuis: Madam Speaker, I do want to focus on the need for funding, as my friend and colleague alluded to, particularly in the area of treatment and recovery. This is something that Conservatives have been championing for a long time: the need for stronger engagement in funding, treatment and recovery.

We recognize, in the context of scarce resources, that the money is much better spent on treatment and recovery than it is on purchasing dangerous drugs and giving them away. Also, as we seek to fund health care, and as we seek to fund treatment and recovery, as well as mental health challenges that people face, holding bad actors who have caused this problem financially responsible and having them pay a greater share of those recovery bills, rather than taxpayers or the individuals who are victims, makes a lot of sense. Let us have the perpetrators pay for the treatment and recovery.

Ms. Jenny Kwan (Vancouver East, NDP): Madam Speaker, New Democrats absolutely support the idea that Purdue Pharma should be sued and made to pay. That is something the NDP called for the Liberal government to do a long time ago. I am glad that the Conservatives finally figured that out and are now on board.

However, to suggest that safer supply is somehow equivalent to what Purdue Pharma is doing is wrong. Purdue Pharma, by the way, was allowing for the drug to be made available and suggesting to doctors that this is an effective painkiller without acknowledging the addictive component of it.

With respect to safer supply, it is only applied to people at the highest risk who are already addicted, so it is a fundamentally different thing. Lisa Lapointe, the B.C. chief coroner, said that the

drug poisoning crisis is the direct result of an unregulated drug market. That is what is at issue. That is what safer supply is trying to deal with. Is Lisa Lapointe wrong?

Mr. Garnett Genuis: Madam Speaker, my hon. colleague spoke about the intention of the program. I do not deny that there are good intentions on all sides of the House when it comes to this issue. I am just interested in looking at the results.

The reason I see the Purdue program of overpromotion and of trying to minimize stigma about the substance to get more people to use it as very similar to, and in a substantive sense the same as, the safe supply program is that it was about flooding more supply of dangerous substances into the market, making them easier to access. At that time, and still today, that increase in supply is supposed to only go to certain people in certain kinds of situations. However, what we have seen is that when there is a big increase in the supply of dangerous drugs in the market, they do not only land in the hands of those who are supposed to get them. They land in the hands of children who have not used them before, and this increases the risks to everybody.

Mr. Francesco Sorbara (Vaughan—Woodbridge, Lib.): Madam Speaker, today there was an article in the London Free Press entitled “London doctor rips ‘unfounded anecdotes’ about safe drug supply programs”. The article notes the ignorance that is going on with regard to ignoring medical research and evidence from the safe supply drug programs that are in place in this country and from the safe prevention sites. The article goes on to say, “the criticism presents a danger to harm-reduction policies across Canada”.

We need to follow evidence-based policies, and I would like an answer as to why the Conservatives are not following evidence-based policies.

• (1645)

Mr. Garnett Genuis: Madam Speaker, with great respect for my colleague, I get evidence from a variety of sources, which sometimes might include the London Free Press but does include broader reading than just one article that cites one physician.

The evidence we have seen over the last number of decades is very clear. When hard, dangerous drugs are destigmatized as substances and made more available and more accessible, then more people get them, more people use them and more people suffer and die as a result. Why would the government fund those kinds of programs when it could instead be investing in treatment and recovery?

Mr. Francesco Sorbara (Vaughan—Woodbridge, Lib.): Madam Speaker, I will be sharing my time with my honourable and esteemed colleague from Longueuil—Charles-LeMoyne.

Business of Supply

Before I begin my formal remarks, I note that all of us members of Parliament get to know our constituents and their families in our ridings and serve them to best of our ability. Sometimes we are called upon to go to a viewing at a funeral home when someone passes away. In the almost eight years that I have been a member of Parliament, I have been to many viewings to express my condolences to families, and I go there with the utmost humility and respect.

In one instance, I went to a viewing for a 26-year-old individual who had passed away from opioids. I know his father and the family well. I will never forget that evening. I will never forget seeing his childhood books from elementary school, which we keep as parents, and the memorabilia. This individual should have had a full and much longer life, but it was taken away from him.

I have been to many viewings, and when they are for folks in their eighties and nineties, we always say they lived full lives and God bless them; they are not suffering anymore. However, I will never forget the viewing of that young individual. He battled and lost his battle to the opioid crisis. That is the human face.

That is why we as parliamentarians and legislators need to make sure we are doing the right thing for our constituents. Evidence-based policy is the right thing. It is not Nancy Reagan's slogan to just say no to drugs. It is not an ideological stance, which I am seeing on the other side. It is none of that. It is doing what is right and what is evidence-based. That is how our government proceeds on a day-to-day basis, and that is how I feel I can best represent the constituents in my riding of Vaughan—Woodbridge.

[Translation]

As everyone in the House knows, the toxic drug supply and the overdose crisis are devastating communities across Canada. Before the COVID-19 pandemic, 10 people died of drug overdose every day in Canada. Now we are losing 20 Canadians a day.

Over the past seven years of this crisis, many more people have been hospitalized, called emergency support services and mourned lives lost. These are our friends, our family members and people in our communities.

Unfortunately, today we are debating an ill-advised motion informed by outdated ideology. The motion recycles a simplistic, discredited approach. Instead, we could be talking about a comprehensive plan to address a crisis that is killing people.

Even former prime minister Stephen Harper's public safety adviser, Benjamin Perrin, saw the light and described the current Conservative approach, as represented by this motion, as a repetition of the Conservatives' long-discredited war-on-drugs thinking that has proven not only to be ineffective, but also costly and deadly.

An effective strategy to curb substance use relies on four internationally recognized pillars: prevention, treatment, enforcement, and risk reduction, including safer supply.

In December 2016, our government launched the Canadian drugs and substances strategy, which takes a public health approach to substance use. In doing so, we committed to a comprehensive, collaborative, compassionate and evidence-based drug policy.

As part of the Canadian drugs and substances strategy, the Government of Canada has taken evidence-based action to address the supply of toxic drugs and the overdose crisis, and has announced over \$1 billion in funding. This funding includes nearly \$500 million for Health Canada's substance use and addictions program to support community-based treatment, harm reduction, prevention and stigma reduction activities.

In addition, this funding has supported research and policing initiatives and strengthened the capacity of law enforcement agencies to combat illegal drug production and trafficking.

● (1650)

Going forward, the Canadian drugs and substances strategy will continue to guide our government's approach to drug policy, which includes a full continuum of evidence-based options, as well as innovative life-saving strategies to meet people where they are and provide the support they need.

Substance use is an extremely complex issue, and Canadians use drugs for a variety of reasons. Not everyone who uses drugs has an addiction. Even when a diagnosis exists, treatment services may not be available or affordable. Also, not everyone is willing or eligible for treatment. Recovery is different for everyone.

Services to keep people alive and safe, which contribute to better health outcomes, should not be limited to treating people with a formal diagnosis of a substance use disorder, since the crisis affects people who might be trying drugs for the first time, people who use them occasionally and people who are struggling in silence with an addiction.

There is no universal solution to this crisis. We need to have a range of measures that meet the needs of people where they are and that lower the risks of substance use. Risk reduction is a key aspect of this work and this government's strategy for dealing with the supply of toxic drugs and the overdose crisis.

The evidence shows us that risk reduction measures such as supervised consumption sites, virtual or in-person assistance, safer supply, take-home naloxone and drug-checking technologies support the people who use drugs by putting them in contact with social and health services and, especially, by keeping them alive.

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For example, in one of the hardest-hit provinces, the data gathered in British Columbia show that the combined effect of expanding access to the take-home naloxone program, the supervised consumption sites and opioid agonist therapy was crucial for preventing overdose deaths in the province.

What is more, between 2015 and 2021, nearly 125,000 naloxone kits were used to stop overdoses in British Columbia. In 2016, there was just one supervised consumption site in Canada. Since then, the number of supervised consumption sites approved by the federal government has increased to 41. They are offered in British Columbia, Alberta, Saskatchewan, Ontario and Quebec. That is because we are investing in what has been proven to work.

More than 46,000 overdoses have been reversed at these sites, which recorded more than 4 million visits. This point is worth repeating. These safe consumption sites, the same sites that the Conservative leader wants to shut down, have prevented more than 46,000 overdoses since 2017.

• (1655)

[*English*]

Those consumption sites have saved almost 50,000 Canadians from dying.

[*Translation*]

When we say that risk reduction goes wherever the people are at, this is what we mean. Risk reduction services are saving lives every day.

Assistance services offer support to people who use drugs, either in person or remotely by telephone, videoconference or an app. They also help in the event of an overdose. In its first 14 months of operation, the virtual National Overdose Response Service monitored more than 2,000 substance use-related events and responded to more than 50 adverse events. These events required an emergency response, but no deaths were reported.

[*English*]

I look forward to questions and comments from all of my colleagues.

The Deputy Speaker: Before going to questions and comments, it is my duty pursuant to Standing Order 38 to inform the House that the question to be raised tonight at the time of adjournment is as follows: the hon. member for Sherwood Park—Fort Saskatchewan, Public Services and Procurement.

[*Translation*]

Mr. Jean-Denis Garon (Mirabel, BQ): Mr. Speaker, the Conservative motion somehow implies that safe supply programs are not about fighting addiction, but really more about creating addiction. However, the evidence suggests that these programs are successful in reaching people with addictions more often on a daily basis, so that they can access more tailored recovery support services.

I wonder if my colleague could comment on the benefits of this approach, which may not be perfect in its current form. I would like him to talk about the possible benefits and the improvements that could be made to current programs.

Mr. Francesco Sorbara: Mr. Speaker, I thank my colleague for his very important question.

[*English*]

Our program for reducing the number of overdoses is based on four pillars: harm reduction, getting drugs off the street, having a safe supply and having a safe treatment program for individuals who have unfortunately fallen dependent on these types of substances. These four pillars need to be working in unison and must be monitored to ensure they are working. We have estimated that the system has saved the lives of 46,000 people, which is something we need to speak to and look at.

We can always strengthen the system, yes, but we need to do it with an evidence-based approach.

Mr. Stephen Ellis (Cumberland—Colchester, CPC): Mr. Speaker, I would like to hear a very specific answer to this question: How many treatment beds has the government added in its wonderful program, and how does the member justify the \$3.5 million spent on vending machines to dispense high-potency opioids like hydromorphone?

Mr. Francesco Sorbara: Mr. Speaker, I thank the hon. member for Cumberland—Colchester for his advocacy on health matters. I believe he is the health critic for the official opposition.

I will say this. Our government is continuing to invest money in treatment programs and a safe supply program for individuals who are unfortunately dependent on these drugs.

I remember many years ago walking into a Shoppers Drug Mart in the town my wife is from, and two young individuals were there getting a yellow mixture of water and a powder because they were dependent. We need to make sure these individuals avoid getting dependent on the substances they are on and that there is an available safe supply. That is exactly what they were doing that day, and I bet we saved their lives.

Mr. Randall Garrison (Esquimalt—Saanich—Sooke, NDP): Mr. Speaker, I would like to thank the hon. member for his very reasonable speech in response to the quite unreasonable motion before the House.

In doing so, I would like to ask if he agrees with me on this. On Vancouver Island, there are more than a dozen overdose prevention sites, which people like to call safe consumption sites. They save hundreds of lives every year, but they also help connect those with addiction problems to social services and treatment programs in the community.

Does he agree with me that the closure of those overdose prevention sites would contribute to more deaths and a larger number of addiction problems in the community?

• (1700)

Mr. Francesco Sorbara: Mr. Speaker, I would like to thank my hon. colleague from Vancouver Island for his very informative and substantive question.

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Those safe prevention sites are literally saving the lives of the most vulnerable in our society. We must always take care of our most vulnerable, and any closures of those sites would obviously be detrimental to them.

We as a government, me as a parliamentarian and all parliamentarians need to make sure we are assisting and taking care of the most vulnerable in our society, particularly those dependent on substances, who in fact could pass away from taking them if they do not receive treatment or a safe supply of alternative medicines.

Mrs. Sherry Romanado (Longueuil—Charles-LeMoine, Lib.): Mr. Speaker, this is a really important subject. The director of my constituency office just buried her nephew after his fentanyl overdose on the streets of Montreal. I do not think anyone in this House would disagree that the issue of overdoses and addictions is of great importance.

I would like to ask my hon. colleague if he would elaborate a bit more on how a safe supply is going to save people like the nephew of my constituency director.

Mr. Francesco Sorbara: Mr. Speaker, I offer to my hon. colleague my sincerest condolences.

We all offer our sincerest condolences to any person in Canada who has lost a loved one due to this crisis. We as a government must maintain and look at evidence-based policies, which can assist Canadians from having to go through this scenario. We will be there for them.

In this case, I offer again my sincerest prayers for this young individual whose life was cut short because of this.

Mr. Shafqat Ali (Brampton Centre, Lib.): Mr. Speaker, as everyone sitting in this House knows, the toxic drug supply and overdose crisis is devastating communities throughout Canada. We are losing 20 Canadians a day. Prior to COVID, 10 people were fatally overdosing every day in Canada, but now it has increased. Many more of our friends, family members and community members are being hospitalized, calling emergency support for services and grieving lives lost over the past seven years of this crisis.

Unfortunately, we are now debating a misguided motion rooted in outdated ideology that will recycle a discredited, narrow approach rather than create a comprehensive plan to deal with a crisis that is killing people. Even former prime minister Stephen Harper's public safety adviser, Benjamin Perrin, has seen the light and describes the current Conservative approach, which is epitomized by this motion, as "rehashing Conservative, war-on-drugs tropes that have been long since discredited and have been found to be not only ineffective, but costly and deadly."

There are four pillars recognized internationally that are necessary for a successful substance use strategy: prevention, treatment, enforcement and harm reduction, including a safer supply. In December 2016, our government launched the Canadian drugs and substances strategy, which uses a public health approach to substance use. In doing so, we committed to a comprehensive, collaborative, compassionate and evidence-based drug policy.

Under the Canadian drugs and substances strategy, the Government of Canada has taken evidence-based action to address the tox-

ic drug supply and overdose crisis and has announced over \$1 billion in funding. This funding includes \$490 million through Health Canada's substance use and addictions program to support community-based treatment, harm reduction, prevention, and stigma reduction activities. In addition, this funding has supported research and surveillance initiatives and strengthened law enforcement capacity to address illegal drug production and trafficking. Going forward, the Canadian drugs and substances strategy will continue to guide our government's drug policy approach, which includes a full continuum of evidence-based options, as well as innovative life-saving strategies to meet people where they are and provide them with the supports they need.

Substance use is an extremely complex issue, and Canadians use drugs for a multitude of reasons. Not everyone who uses drugs is suffering from an addiction. Even when a diagnosis exists, treatment services may not be available or affordable. Moreover, not everyone is always willing, eligible or able to enter treatment. Recovery looks different for everyone. Services to keep people alive and safe and that support better health outcomes should not be limited to just treatment services for people with a formal diagnosis of a substance use disorder, given the crisis is affecting people trying drugs for the first time, people who use drugs occasionally and people who are struggling with an addiction in silence.

• (1705)

There is no one-size-fits-all solution to this crisis. We need a range of interventions that meet people where they are and reduce the potential harms related to substance use. Harm reduction is a key element of that work and this government's strategy to address the toxic drug supply and overdose crisis.

Evidence has shown us that harm reduction measures, such as supervised consumption sites, in-person or virtual spotting services, safer supply, take-home naloxone, and drug-checking technologies, are supporting people who use drugs by connecting them to health and social services and, most importantly, are keeping them alive. For example, in one of the hardest hit provinces, evidence in British Columbia has shown that the combined effect of expanded access to take-home naloxone programs, supervised consumption sites and opioid agonist treatment has been crucial to averting overdose deaths in the province. In addition, between 2015 and 2021, nearly 125,000 naloxone kits were used to reverse an overdose in B.C.

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In 2016, there were only two supervised consumption sites in Canada, both in Vancouver. Since then, the number of federally approved supervised consumption sites offering services has grown to as high as 40, and they are available in British Columbia, Alberta, Saskatchewan, Ontario and Quebec. This is because we are investing in what works and where the evidence is. At these sites, more than 46,000 overdoses have been reversed, and there have been over four million visits. That is a point worth repeating.

The safe consumption sites the Conservative leader wants to shut down have reversed more than 46,000 overdoses since 2017. When we say that harm reduction meets people where they are, this is what we mean. These harm reduction services are saving lives every day. Spotting services support someone who is using drugs either in person or remotely by phone, video chat or an app, and they provide help in case an overdose occurs.

During the first 14 months of operations, the virtual national overdose response service monitored over 2,000 substance use events and responded to over 50 adverse events. These events required an emergency response and no fatalities were reported.

Although the Conservative opposition will tell us otherwise, harm reduction efforts are not antithetical to treatment. They are part of the continuum of care. They meet people where they are, and they can connect people with a spectrum of health and social supports.

• (1710)

Mr. Brad Vis (Mission—Matsqui—Fraser Canyon, CPC): Mr. Speaker, during today's debate, the Liberals have been conflating safe supply and safe consumption sites. They are two separate policies. The reality is that the member for Brampton Centre said safe consumption sites saved 45,000 lives.

However, anyone who has spent some time on the Downtown Eastside or in the Fraser Health region in my community, which has even higher overdose death rates than Vancouver, knows that someone who has an overdose could receive good care from there, but that is not preventing them from accessing and using fentanyl and other illicit drugs in conjunction with the free drugs they are getting from safe supply providers.

If the policies the government is pushing so hard are good, why do the death rates continue to increase in my community? Why do the death rates across British Columbia continue to increase? Why have the death rates continued to increase since the government decriminalized fentanyl?

Mr. Shafqat Ali: Mr. Speaker, harm reduction is a major concern here and evidence-based strategies are a major player here to save lives. We know, prior to 2015, we did not have safe spaces, but with this strategy, we have more safe centres where harm reduction and assistance are being provided. We are saving lives by doing that.

• (1715)

[*Translation*]

Ms. Kristina Michaud (Avignon—La Mitis—Matane—Matapédia, BQ): Mr. Speaker, one of the things I like about the pilot projects created by Health Canada is the range of services provided to users. I am mainly referring to medical care and mental health

counselling. The federal government certainly has a part to play in the fight against the opioid crisis, but I think that Quebec and the provinces do as well.

That requires federal health transfers. The 10-year funding that the provinces and Quebec asked for is not at all what they got. The federal government only gave them one-sixth of what they were asking for. Currently, in Quebec alone, more than 20,000 people are on a wait list for mental health services.

I think that what is being established at this time is very good, but does my colleague agree with me that the federal government must provide more funding for health care?

[*English*]

Mr. Shafqat Ali: Mr. Speaker, at supervised consumption sites in Canada, there have been more than 236,000 referrals to health and social services. These referrals are supporting individuals on their path to recovery and wellness, so that means the plan is working.

Mr. Randall Garrison (Esquimalt—Saanich—Sooke, NDP): Mr. Speaker, I thank the member for Brampton Centre for his quite measured speech on what is an unmeasured or moderate resolution from the Conservatives.

I wonder if he agrees with me on something. The Conservatives seem to be conflating safe supply with new addictions and it is certainly not the case. Safe supply is a way of keeping those who are already suffering from addictions, suffering from substance use problems, alive until we can get them into treatment and we can get them out of the situations that have led to their dire circumstances.

Does he agree with me that safe supply is certainly essential to preventing loss of life in our communities?

Mr. Shafqat Ali: Mr. Speaker, health care professionals, including those operating safe supply services, must follow federal rules around the secure handling of controlled substances, including measures to help prevent diversions.

Mr. Jeremy Patzer (Cypress Hills—Grasslands, CPC): Mr. Speaker, I rise in the House today to speak to a challenging issue, and one that has affected the lives of too many Canadians across our great country. After eight years of this Prime Minister, everything just feels broken. Life costs more. Work does not pay. Housing costs have doubled. The Prime Minister divides to control the people and, worst of all, crime, chaos, drugs and disorder rage in our streets.

Nowhere is this worse than the opioid overdose crisis that has expanded so dramatically in the last several years. The opioid crisis has now killed over 35,000 of our loved ones since 2016. Six individuals have succumbed to overdoses in my hometown of Swift Current, with two very recently, of fentanyl, just within the past couple of months.

This is tragic. This crisis has claimed the lives of too many Canadians. It will continue to do so if we as legislators cannot work collaboratively to enact policies that will help reduce both the supply and the demand of these highly powerful, highly addictive taxpayer-funded drugs.

It is clear that current policies implemented by the Liberal government to combat this issue are not working. Since 2017, the federal government has spent over \$800 million on its failed Canadian drugs and substances strategy, including over \$100 million in funding for hard drugs supply projects across Canada, and plans to spend an additional \$74 million to scale up these projects over the next five years.

We might ask what we have to show for this huge investment. Have the trends reversed? Are our loved ones coming home drug-free?

Let us look at the facts. Since tax-funded drug supply was ramped up in 2020, opioid deaths have only gone up, according to the Public Health Agency of Canada. In 2020, slightly fewer than 7,000 people died of opioid overdoses, while only 3,000 died of overdoses in 2016, according to the Library of Parliament.

It is clear that the Liberals' policies are not working and pumping taxpayers' money into funding these drugs is not solving the problem. This begs the question, what is the government hiding?

I look forward to a response from the members opposite, and maybe, when I split my time with the member for Foothills, they will enlighten him as to what is happening.

Ultimately, this issue is one about hope. We need to offer hope to our friends, families, neighbours, fellow Canadians and especially those who find themselves addicted to these substances and feel unable to free themselves from the grip of addiction.

I would ask the House: if someone is struggling with addiction, what message does it send them to offer them more of these hard drugs? Does that send a message of hope to these individuals or are we saying that we have given up on them?

At its root, funding these hard drugs is an inference that we believe that they may be unable to overcome these addictions.

We know that this is not true. There are incredible stories of Canadians across the country who have found themselves at their lowest, despairing of ever being able to free themselves from the bondage of drug addiction, and yet their stories of recovery are powerful stories of hope.

If we asked them how they recovered, the answer would not be one of safe supply programs by the government. It is about recovering in addiction treatment and recovery programs. I had a constituent reach out to me and tell me about a family member who has struggled with addiction. For this person, it started as an early teen

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with marijuana and quickly escalated to other substances like cocaine and morphine.

It was treatment that was available. It was not safe supply that was able to get this person the help that they needed to be able to finish high school, and not only finish high school but graduate with honours and even win a provincial academic award. That is the story.

That is hope. That is hope that has been realized.

I also spoke with an organization that works with at-risk youth, and there is an individual who came to work there who had previously dealt with an addiction in his life. He was using his lived experience to help the youth there, to hopefully prevent them from doing what he did and going through what he had gone through.

● (1720)

Unfortunately, this person had a relapse when he was back home and ended up taking fentanyl for the first time in his life. It took eight days for him to be able to detox from taking fentanyl one time.

The Liberals' plan is not to prevent people like this from getting their hands on drugs, it is quite the opposite, it is to put drugs in their hands, and to make drugs more accessible. I used to work for a telecommunications company in a community that had a methadone clinic because of the high volume of drug users in the area. I would regularly come across needles in the back alleys where I was working. It was an occupational safety hazard, to say the least.

Many people there had large dogs in their yards to ward off the would-be thieves looking to steal things to sell for drug money. One day I was working in someone's basement, running a telephone line. As I was running the wire, I threw a bundle up over the top of the cold air return. As the wire came over the other side, I gave it a pull to get the rest of the wire. I was standing underneath the cold air return, thankfully, because four needles fell. Three of them landed on the floor and one of them must have bounced off the wire and then bounced off my shoulder before it hit the floor. That was something that I did not expect to have happen. I certainly did not go into that day looking to encounter that on the job site.

I have also been in many houses and apartments where it was clear that people were functioning addicts. They were uneasy. There was a look of hopelessness on their faces. Perpetuating that with more government drugs is not the way to offer those people hope. These people are just trying to get through another day. They are trying to get through another hour. In some cases, it might even be another minute. This gets to my key point. Where is the hope for these people?

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The government has done a lot of things, but all the things that it is doing only contribute further to the problem. It is contributing to the state of homelessness. Many of these people, because of what the government has done, are turning to drugs and hard drugs. They are losing their homes, they are losing their jobs, they are ending up on the streets. This perpetuates where people are and what the stats are showing about where people end up.

That is why Conservatives are calling for the government to immediately reverse its deadly policies and redirect all funds from taxpayer-funded hard drug programs to addiction treatment and recovery programs. Let us think about the amount of money going into supplying these deadly substances and how those same funds could be channelled into recovery programs that have a proven track record of helping Canadians overcome their addictions.

I think it is safe to say we would be in a much better place today if our attention was placed on recovery. Above and beyond that, we also need to look at an upstream approach to this issue. We have to come to a point in our history as a society where we must ask, why is it that our neighbours and friends are seeking out these deadly substances? What is the root of the hurt and despair that is fuelling these addictions at an unprecedented rate? What is driving them to seek out drugs? Where have we failed our brothers, sisters, neighbours and family members in their efforts to find meaning and fulfillment in their lives?

I have always believed that family is the foundation of society. While we work to reduce addictions, we must also work to ensure that the very foundation of society is preserved. We must ensure that children are growing up in safe and secure homes, where they learn the value of important things in life, and where they find the meaning and fulfillment in life.

Modern medicine always encourages us to look at the root of the problem to find the upstream approach to health, and to examine the social determinants of health. While we work to combat the issue of addiction, we must also look at the root cause, and keep our loved ones from turning to these hard drugs in the first place. Every life lost to an overdose is one too many. These people are loved, and we owe it to them to offer them hope in the midst of despair.

I started my speech by saying we must work collaboratively on this issue, and I will say it again. Human life, every single life, is too valuable. There is too much at stake. Let us get this issue right for the sake of our children and for the sake of our future generations.

Let us bring it home.

• (1725)

[*Translation*]

Ms. Christine Normandin (Saint-Jean, BQ): Madam Speaker, the Conservatives spoke a lot today about how they want to scrap the safer supply initiatives that have been put in place. Unfortunately, there are situations where those drugs are being resold so that the user can buy fentanyl.

If we want to be able to implement support measures to help people recover from addictions, then we need to make sure that they stay alive first. What we want is to put in place a safe supply sys-

tem where we could be sure that the person who receives the substitution drug is the one who uses it.

In that case, would my colleague agree that we should continue with the safe supply initiatives so that people can have access to hard drugs that are pharmaceutically produced and do not contain fentanyl?

[*English*]

Mr. Jeremy Patzer: Madam Speaker, I appreciate the way the member is trying to ask the question, but I think the issue is that rather than offering people safe supply, we can look at what is in these drugs; one tablet of hydromorphone has the equivalent of 10 Tylenol #3 tablets. That is not the solution people are actually looking for, and that is a much different approach than offering somebody methadone or some of the other programs that are out there to try to help people come off of the high or deal with their addictions.

We need to make sure that we are very pointed and specific about what we are trying to deal with here, and that is why we are concerned about the government's spending gross amounts of money on further heightening the opioid crisis, rather than trying to alleviate it.

Ms. Lori Idlout (Nunavut, NDP): *Uqaqtittiji*, I am quite concerned by what I have heard from the member. His language was creating a lot of negative labels and stigmatization. Having been an Inuk all my life, and seeing other indigenous peoples refusing to call themselves indigenous because of the racism that exists, it is hard to listen to people generating more stigma. I hope the member reconsiders how he thinks of people who are suffering from substance abuse problems and how people need extra supports.

I want to ask a question. I think safe supply is a form of treatment and recovery. Because it is an option for people to recover from these struggles, it should not be eliminated as a treatment option. There cannot be a one-size-fits-all way that ensures we can do better to help people to get off hard drugs, which we know are causing many problems for individuals.

Does the member agree there cannot be a one-size-fits-all way to treat people who are having these struggles and that it is better to have more treatment options for them?

• (1730)

Mr. Jeremy Patzer: Madam Speaker, the majority of my speech was about trying to provide people with treatment and recovery. We want to provide people hope, and I do not think offering people recovery, treatment and hope is racist. Nobody has come into this debate with the goal of trying to stigmatize anybody; nobody is doing that. That is not what we are doing.

What we are trying to do is make sure the government is not just worsening the crisis by offering more drugs and enabling people to get their hands on drugs so that they can sell them to get more and harsher drugs. We are trying to offer people hope and alternatives. That is what this is about. This is not a one-size-fits-all approach. That is not what we are advocating for. We are advocating for the government to quit being a drug dealer.

Business of Supply

Mr. Mike Morrice (Kitchener Centre, GP): Madam Speaker, recovery does not work if the person is dead before they get there.

The member spoke about working collaboratively and in a less partisan way. Less than a year ago, the member for Courtenay—Alberni put forward a bill that would have at least moved forward with what Health Canada's expert task force on substance use has been calling for. It was not partisan, and the member opposite, the Conservative Party and most Liberals voted against it. Why is that?

Mr. Jeremy Patzer: Madam Speaker, I think the member for Kootenay—Columbia put forward a private member's bill to divert drug addicts from jail to recovery. The NDP voted against it. The bill did not make it past second reading. Where is the collaborative approach in that? The bill was about offering people recovery.

There is one more point I want to make abundantly clear. There is no such thing as “safe drugs”. All drugs are harmful. Some are just more lethal than others. Fentanyl is extremely lethal—

The Assistant Deputy Speaker (Mrs. Alexandra Mendès): We have to move on and resume debate with the hon. member for Foothills.

Mr. John Barlow (Foothills, CPC): Madam Speaker, it is frustrating that we are here again talking about the opioid crisis, which I think we have had debates on many times in my years as a member of Parliament. It just seems that after eight years of the Prime Minister, everything feels broken. Life costs more, work does not pay, housing costs have doubled and the Prime Minister divides to control the people. Worst of all, crime and chaos, drugs and disorder rage in our streets.

Nowhere is this worse than the opioid overdose crisis, which has expanded so dramatically in the last three years. In fact, during the time we have debated this motion today, another 20 Canadians across this country have died as the result of an overdose death. These are numbers, certainly, but they are also brothers, sisters, sons, daughters, mothers, fathers, friends and loved ones we have lost as a result of this opioid crisis.

What I find most frustrating is that it seems only the Conservatives are fighting for change, a change from the failed experiment that is safe supply, which is destroying families, devastating our towns and cities and ripping families apart. Any metric for any program that has seen a 300% increase in overdose deaths cannot be viewed as a success. That is not science-based. That is ideologically based, and we have to change. We have to rip the veil off the myth that is safe supply.

Our nation is struggling with this ongoing opioid crisis. More than 35,000 Canadians have died an overdose death since 2016. That is unacceptable. Following eight years of the Liberal government, those numbers are only getting worse, and they are getting worse where these policies are embraced the most, in provinces like British Columbia. Many of my colleagues from that province have asked questions and have spoken today, voicing their frustration at what is going on in their ridings and their communities. British Columbia is suffering as a result of the policies of a Liberal federal government and an NDP provincial government.

I know that I am not the only one in the House, as my colleagues have lost friends and loved ones to overdose deaths and suicide,

which is why the Conservatives are asking for and demanding an evidence-based approach to address this issue. I had the honour of co-chairing a Conservative working group where we focused on the opioid crisis, and we spoke to experts not only across Canada but around the world. In speaking with those stakeholders, the one thing that was clear was that funding, or lack of funding, is not the issue; the funding is there. The issue is priority, and the priority needs to be on treatment and recovery, and metrics to measure that recovery.

The term “safe supply”, as many of my colleagues have mentioned tonight, describes a policy that is one of the best marketing schemes of all time. There is nothing safe about injecting one's body with the toxic poison that is these drugs. It does not matter what it is; this is not meant to be ingested or injected. Consuming these powerful drugs only leads to a spiral of addiction and despair.

Today, the Liberal government is only exacerbating this crisis. It has spent almost \$80 million of taxpayer money subsidizing these drugs, which are flooding our streets with addiction and crime. In this year's budget, the Liberals have announced another \$100 million to go to the safe supply. The consequences of this are stark: free drugs, subsidized by the taxpayer. Decriminalizing cocaine, heroin and fentanyl has supercharged the opioid crisis.

I want to tell members a quick story about why this hits so close to home for me. It is about one of the most important people in my entire life. I had to break into her apartment, and I found her on the floor overdosed on fentanyl. It is a picture I want no one in the House to ever have to see, what this drug had done to this person. When I took her to the hospital, perhaps I was naive, as I just expected the doctors and nurses to put her in recovery and treatment right there. However, their answer was, “Yes, she overdosed on fentanyl. She's going to be okay tomorrow, and we will be releasing her in the morning. You can put her on a waiting list of six weeks for a recovery program.” Now, had there not been friends and family who made sure that she was okay, and she has recovered, I cannot imagine if she went back on the street and back on fentanyl.

• (1735)

The focus and the dollars need to go to recovery and treatment, not perpetuating the opioid crisis, as we have seen. I find it very frustrating when the Minister of Mental Health and Addictions keeps saying that the government has saved 42,000 people from overdose. No, it has not. It has prolonged what is likely inevitable. If we keep them on a safe supply, they will overdose eventually, more than likely.

Private Members' Business

The article in the National Post by Adam Zivo has to be an eye-opener, a shock to Canadians, who are seeing what is actually happening on the ground. Canadian families have to stand up. We cannot be intimidated any longer. Our voices need to be heard. This is the easy way out, and it is clearly not working. Canadian families need to say enough is enough, that they want their streets and their loved ones back.

There is hope. Provinces like Alberta have studied this and realized that safe supply was not the answer. They warned that safe supply could cause the next wave of the addiction crisis. That has happened, and they were right. Between 2021 and 2022, because of the system that Alberta has implemented, drug overdoses have declined by 46%. It invested in 10,000 detox treatment centres that are serving 29,000 Albertans every single year. Imagine the difference we could make if provinces followed that similar model of diverting the funds from safe supply, which is not safe, and focus it on recovery and prevention. Conservatives are asking and demanding that the Liberal government dismantle this failed experiment that it calls “safe supply”.

Addicts are diverting their safe supply. They are selling those drugs on our playgrounds and in our schoolyards, getting the next generation addicted. They are using the proceeds of that revenue and buying fentanyl, cocaine and heroin, which are being decriminalized on the streets. I cannot believe I am saying that.

There is hope. There is hope to end the hurt and get Canadians the treatment and recovery they deserve, but we have to end this failed experiment of safe supply. It is simply not working, and we have to change it now.

• (1740)

The Assistant Deputy Speaker (Mrs. Alexandra Mendès): It being 5:41 p.m., it is my duty to interrupt the proceedings and put forthwith every question necessary to dispose of the business of supply.

The question is on the amendment.

[*Translation*]

If a member of a recognized party present in the House wishes that the amendment be carried or carried on division or wishes to request a recorded division, I would invite them to rise and indicate it to the Chair.

[*English*]

Mr. Philip Lawrence: Madam Speaker, I request a recorded vote.

The Assistant Deputy Speaker (Mrs. Alexandra Mendès): Pursuant to order made on Thursday, June 23, 2022, the division stands deferred until Monday, May 29, at the expiry of the time provided for Oral Questions.

The hon. member for Longueuil—Charles-LeMoine.

Mrs. Sherry Romanado: Madam Speaker, I am sure if you canvass the House, you will find agreement to see the clock at 5:46.

The Assistant Deputy Speaker (Mrs. Alexandra Mendès): Is that agreed?

Some hon. members: Agreed.

PRIVATE MEMBERS' BUSINESS**INTERNATIONAL HUMAN RIGHTS ACT**

The House proceeded to the consideration of Bill C-281, An Act to amend the Department of Foreign Affairs, Trade and Development Act, the Justice for Victims of Corrupt Foreign Officials Act (Sergei Magnitsky Law), the Broadcasting Act and the Prohibiting Cluster Munitions Act, as reported (with amendments) from the committee.

[*English*]

SPEAKER'S RULING

The Assistant Deputy Speaker (Mrs. Alexandra Mendès): There are four motions in amendment standing on the Notice Paper for the report stage of Bill C-281.

[*Translation*]

Motion No. 4 will not be selected by the Chair as it could have been presented in committee.

[*English*]

All remaining motions have been examined, and the Chair is satisfied that they meet the guidelines expressed in the note to Standing Order 76.1(5) regarding the selection of motions in amendment at the report stage.

Motions Nos. 1 to 3 will be grouped for debate and voted upon according to the voting pattern available at the table.

• (1745)

[*Translation*]

I will now put Motions Nos. 1 to 3 to the House.

[*English*]

MOTIONS IN AMENDMENT

Mr. Philip Lawrence (Northumberland—Peterborough South, CPC) moved:

Motion No. 1

That Bill C-281, in Clause 2, be amended by replacing, in the French version, line 19 on page 2 with the following:

“droits de la personne;”

Motion No. 2

That Bill C-281, in Clause 3, be amended by replacing, in the English version, line 15 on page 3 with the following:

“rules of the Senate or the Standing Orders of the House of Commons for responses to”

Motion No. 3

That Bill C-281, in Clause 4, be amended by replacing, in the French version, lines 1 to 3 on page 4 with the following:

“(1.1) Aucune licence ne peut être attribuée ou renouvelée dans le cadre de la présente partie à l'égard d'une entreprise de radiodiffusion, y compris une entreprise qui distribue de la programmation étrangère, qui,”

Private Members' Business

He said: Madam Speaker, it is my absolute privilege and honour today to rise for Bill C-281, the international human rights act. This is a bill that many individuals have contributed to, including the member for Sherwood Park—Fort Saskatchewan, as well as many other members. We had a fantastic discussion at committee, and I was very proud to be a member of Parliament when we were having productive discussions.

For those who are unaware of the legislation, I want to go through it and outline some of its key parts.

This private member's bill seeks to do four things. First of all, it seeks to raise awareness about Canadians and other people being held across the world not because of any type of crime they have committed, but because of the beliefs they hold or who they are as individuals.

We have seen this with the two Michaels, who were held by the regime in Beijing. We have also seen many prisoners of conscience held for many different reasons. Of course, in the past and with the Soviet Union and others, many times individuals were held because they had beliefs that were different from the regime's beliefs. We have seen individuals incarcerated by governments across this world simply because of the person they choose to love.

We are calling for the government to go forward and publicize what it is doing to help prisoners of conscience around the world. Specifically, we are asking for the government and the foreign affairs department to share the following information: the number of prisoners of conscience detained by each government or detaining authority and the names of prisoners of conscience. I will talk briefly about the names of prisoners of conscience.

We had quite a bit of debate at committee, and I think we landed in a really good spot, a spot where everyone could be happy. There were concerns expressed from across the political spectrum that perhaps publicizing the names of individuals who are being held for their beliefs may cause them additional issues and may even put them in peril.

What we have done with this legislation is given the government the broad latitude to redact names where it believes the individuals' security may be impacted by the publication of their names. We are also requesting that the government consult with the families of these individuals. This is so the families who have members being held as prisoners of conscience across the world who want a name published, want to see the force of the Canadian government and want to put the name on a list can point to it and say their brave brother, their brave sister or their brave father is standing up and speaking truth to power in an authoritarian regime. Others who feel this may in some way imperil these individuals or reduce their ability to eventually be released can choose not to do so.

By publishing this list, the idea is that we bring awareness to the cause of prisoners of conscience, so they do not just get swept underneath the rug in the name of diplomacy or in the name of economics. As Canada's traditional role is to be steadfast in standing for human rights both at home and abroad, by having this provision we get to find out, through this mechanism, what Canada is doing to protect these prisoners of conscience, both Canadians and other people around the world.

Where it makes sense, we will publish their names so that family members can point to them and say that the Government of Canada believes their brother, mother, sister or dad is being held as a prisoner of conscience. We will have an ability as parliamentarians to hold the government to account.

If the government is doing enough, we can say thanks for helping those folks. For those it is not doing enough for, we will also have the ability to ask questions, provoke and advocate for them, as prisoners of conscience are often some of the bravest people in the world. They are people who have stood up for women's rights. They are people who have stood up for freedom, for liberty and for LGBTQ rights. These individuals are heroes and should be protected.

• (1750)

The next provision is with respect to the Justice for Victims of Corrupt Foreign Officials Act, the Sergei Magnitsky act. Many members of caucus and many individuals, including Bill Browder, and of course Sergei Magnitsky himself, were instrumental in creating these sanctions that seek to hold those who perpetrate the worst of human rights crimes accountable.

Knowing individuals cannot torture or incarcerate individuals simply for their political beliefs or for fighting for the cause of freedom and then hop on a private jet to attend cocktail parties around the world, make these sanctions so critical to raising the standard of human rights in Canada, and more importantly, across the world.

Canada has not only an ability but also an obligation to stand for human rights as a country that has been blessed with constitutional democracy, liberty and freedom. We have an obligation to the world to fight for human rights around the world. The Sergei Magnitsky act is incredibly important in doing that. Unfortunately, we have seen inactivity on this file.

Unfortunately, the government has had very few instances of triggering the Magnitsky act, especially in recent years. Let us be clear and let us be frank. There is no shortage of individuals who could be held accountable. We have seen the atrocities in Ukraine. We have seen the atrocities done by the regime in Beijing. We have seen what these individuals are doing. We have seen what is happening to the Uyghur people. We have seen what has happened to the Tibetan people.

We need to make sure the individuals who commit these most horrendous of crimes, these most vile of human rights offences, are held to account. Bill C-281 would give Parliament the ability of oversight. It would now have the ability, through the committee structure, to ask why an individual is not being sanctioned, and the government would be compelled to answer why.

Private Members' Business

In many countries it goes even further, where legislative bodies are actually given the ability to trigger it themselves, but this is a great first step along the way to encourage, advocate for and make sure as much as possible that the government is doing its job.

I am so proud to help and advance the cause of Sergei Magnitsky and others, who have done an amazing job of fighting against the human rights violations we have seen in the Russian regime and elsewhere.

The next section I will talk about briefly is the Broadcasting Act. Unfortunately, we have seen foreign regimes able to broadcast their propaganda over Canadian airwaves. The most egregious time was with Russia Today using it to broadcast hate against the Ukrainian people. Fortunately, its licence was revoked, but there lacked a process for the CRTC to do it. Bill C-281 would put a process in place so that, if genocidal regimes were using our airwaves to broadcast propaganda, we would have an ability to withdraw their licence.

Finally, there is the prohibition of cluster munitions. This bill would put in place the ability to restrict Canadian companies to finance the construction of cluster munitions. Cluster munitions are not weapons of war. They are weapons of terror that often kill civilians, often children. Cluster munitions are really just bombs of bombs, and there are numerous stories of children going out in the fields, playing with these and unfortunately dying.

These four provisions are at least a small step in making our world a bit of better place in fighting for human rights and restoring Canada's place in the world as a hero and worker for human rights.

• (1755)

[*Translation*]

Mr. Sameer Zuberi (Pierrefonds—Dollard, Lib.): Madam Speaker, I am pleased and honoured to speak to Bill C-281.

[*English*]

I would like to congratulate the member across the aisle, the member for Northumberland—Peterborough South, for introducing the bill. Bill C-281, the international human rights act, is now at third reading.

Canada is steadfast in its commitment to uphold human rights, both at home and abroad. We consistently look for opportunities to bolster commitments, add to our robust foreign policy tool kit and better address human rights crises wherever they are. We protect those people who are in vulnerable and marginalized situations and, ultimately, advance respect for human rights globally.

I am pleased to have the chance to discuss Bill C-281, which seeks to amend four instruments. The first is the Department of Foreign Affairs, Trade and Development Act, which establishes the federal department known as Global Affairs Canada. The second is the Justice for Victims of Corrupt Foreign Officials Act, also known as the Sergei Magnitsky Law, which allows the government to impose sanctions against individuals responsible for gross human rights violations. The third is the Broadcasting Act, which gives the CRTC the authority to regulate broadcasting in Canada. The fourth is the Prohibiting Cluster Munitions Act, which implements Canada's commitments under the Convention on Cluster Munitions.

The purpose of the bill is to further promote, protect and advance human rights internationally, a purpose the government is also strongly committed to.

During debate at second reading, many of my colleagues from all parties, including the sponsor of the bill, noted and identified that the initial draft of the bill contained several aspects of important concern. It was in the spirit of this bipartisan support for human rights that the bill was agreed to and referred to the House of Commons Standing Committee on Foreign Affairs and International Development. The hope and the goal were to see that, through expert testimony from witnesses representing the implicated departments as well as civil society, along with the diligent work of committee members, key improvements could and would be made.

As a member of the foreign affairs committee, I was entitled to attend several meetings over the span of more than a month, and we worked hard on this task. I would like to thank all colleagues on the committee, including the sponsor of the bill, witnesses who testified and department officials who gave their time and studied the bill, for the contribution and efforts that they all made.

As a result of the proposed amendments at committee, members of all political affiliations have strengthened the bill. The amendments address many of the issues raised in the original drafting. While these changes have made substantive improvements, I would like to expand upon some remaining concerns as well as highlight some areas that could use further refinements.

The first concerns the Department of Foreign Affairs, Trade and Development Act. On this particular item, Canada strongly supports the vital work of human rights defenders to advance respect for human rights, as well as strengthening the rule of law. Bill C-281 would introduce new reporting requirements for the Minister of Foreign Affairs. It would also require an annual human rights report that outlines the Government of Canada's efforts to uphold its commitments to human rights globally, which would include support for human rights, particularly a list detailing activities undertaken by Canadian officials to secure the release of persons identified as prisoners of conscience.

Private Members' Business

While this would be a new initiative for the minister and for Global Affairs Canada, it would also be the first time, the first moment, that such a reporting requirement would be mandated under the act. It would also align well with the government's established priorities. Such a report would help demonstrate Canada's robust engagement on human rights and would create space for greater transparency. It would also create accountability for our actions, particularly Canada's advocacy on behalf of prisoners of conscience, who can range from those with Canadian citizenship to those with no connection to Canada but with causes that are crucial to Canada's interest.

● (1800)

That said, the personal safety, security and privacy of all persons must be paramount. The government must ensure that, at all times, it is able to continue to act in the best interests of Canadians. Publicizing a list within the report that includes the names of prisoners of conscience, as well as the circumstances of their detention and the government's efforts to engage with them and on their behalf, could have serious consequences. These are people whose cases the government is actively working on. The consequences could include undue harm to the individual detained, and none of us want to see that.

To ensure that the value of "do no harm" is respected, any information in the report that could endanger the personal safety and security of a person should not be made public. Numerous witnesses have testified to exactly this point during committee proceedings. Committee members have also opined on this exact item, saying that there is need for discretion in this regard. While the proposed exemptions provide considerable reassurance that the minister will be able to respect the wishes of these individuals and act in their best interests, the requirement to produce a list of prisoners of conscience remains a concern, particularly for Canada's ability to pursue effective, quiet diplomacy and coordination with other countries on particular files and cases. Careful implementation will be key.

Additionally, Canada must ensure that it can continue with its efforts to more broadly advance human rights internationally. We must ensure that Canadians abroad can count on consular support and diplomatic advocacy, if needed, through established bilateral relations with countries at all corners of the globe. An amendment introduced by the committee also added a legislative requirement for the minister to produce a government-wide international human rights strategy. While the idea has merit, and the government is committed to working with all parties in the House on advancing human rights around the globe, we support the ruling made earlier that such a proposal went beyond the scope of the bill as agreed to at second reading, especially given the substantial financial and human resources that would be involved to develop and maintain such an effort across the whole of government.

Next, this bill seeks to amend the Justice for Victims of Corrupt Foreign Officials Act, or the Sergei Magnitsky Law. Sanctions are an important tool used by the Government of Canada to address human rights violations and must be used when appropriate. In this respect, amendments to this bill, supported by all parties, were appreciated. They included ensuring that timelines for responses by ministers to reports by committees, as proposed under the act, remain

consistent with established practices specified in the Standing Orders or rules of the Senate. The amendments also included changes to avoid inadvertently giving individuals or entities a heads-up that such consequences as sanctions may be coming their way.

With respect to the Prohibiting Cluster Munitions Act, Canada is a proud signatory and fully compliant with the Convention on Cluster Munitions, underscoring our continued commitment to the eradication of these deadly weapons. While we are supportive of including language that would seek to explicitly prohibit investments in cluster munitions, we remain concerned about the current wording of the bill. We continue to believe the bill would be stronger if it incorporated an element of intent. This would ensure that innocent investors, such as pension beneficiaries or mutual funds holders, would not be held criminally liable for the actions of professional investment managers who knowingly finance the production of these terrible and vile weapons. While all parties acknowledged this challenge, unfortunately, the committee was unable to revise the language to address this concern in a way that preserved Canada's steadfast stance against the financing of cluster munitions. This is an area that needs to be addressed as the bill continues through the legislative process.

Finally, the Broadcasting Act is also touched upon in this bill. There are some important vehicles for the transmission of ideas. Bill C-281 recognizes the important role of prohibiting the issuance or renewal of broadcasting licences to broadcasters.

I am sure others will be able to contribute to this debate. I would like to thank members and all those who have contributed to this discussion. I hope that we can make this legislation improve upon the good intention behind this bill.

● (1805)

[*Translation*]

Mr. Stéphane Bergeron (Montarville, BQ): Madam Speaker, you may have noticed that, as my hon. colleague from Mirabel will definitely appreciate, I am proudly wearing the traditional Ukrainian embroidered shirt known as the *vyshyvanka* today, on international *Vyshyvanka* Day. Of course, I am wearing it in support of the very courageous Ukrainian nation, which was invaded by Russia illegally and without justification. I am beginning my speech by talking about the *vyshyvanka* for a reason, as my remarks will show.

I am pleased to speak to Bill C-281. I think the motivations underlying the bill are really very noble. However, as the saying goes, "do not bite off more than you can chew".

Private Members' Business

This is a bill that has very different scopes and, as a result, it contains a number of flaws. We tried to fix these flaws through amendments at committee stage. Some of them were even introduced at report stage. In spite of these amendments, we still get the impression that this is like a patchwork quilt that—unlike those made by our valiant farm women in their farm women's groups—is not very pleasant to look at. Despite our efforts to try to correct these flaws, there are still a number of them in the bill. I want to say a few words about that.

First, this bill is intended to increase government transparency, as it will have to report to the House on international human rights issues. For starters, we had a problem with the definition of prisoner of conscience, because the notion of a prisoner of conscience can involve a value judgment. What is a prisoner of conscience?

We wrestled with a few definitions, one of which was proposed to us by Alex Neve, the former head of Amnesty International Canada. I think we came up with an arrangement that, on the whole, enabled us to correct the bill's vague initial concept of a prisoner of conscience. The focus is more on people who are victims of human rights violations under international law. We were able to rectify that little issue in the original wording of the bill.

There was also a proposed amendment that was ruled out of order, but the committee nevertheless adopted it. We overruled the chair. What a surprise it was yesterday to see our colleague, the Parliamentary Secretary to the Leader of the Government in the House of Commons, intervene to ask the chair to rule the amendment out of order, which the chair actually did.

I will explain what was so surprising about the request by the Parliamentary Secretary to the Leader of the Government in the House of Commons.

This is the amendment in question: “The Minister must develop and maintain a government-wide international human rights strategy.”

The deputy House leader rose in the House to ask that the amendment be withdrawn, even though it simply requires the minister to develop and maintain a government-wide international human rights strategy. This same government, which is currently making a bid for a seat on the UN Human Rights Council, asked for the following to be removed from the bill: “The Minister must develop and maintain a government-wide international human rights strategy.” I could not make this stuff up. The government claims it wants to become the best human rights advocate in the world, but at the first opportunity, it eliminates the minister's obligation to develop and maintain a government-wide international human rights strategy.

I have to say that it is very astonishing. If not for the intervention from the government's parliamentary secretary, perhaps the Chair would have had the indulgence to allow this amendment. However, it was ruled out of order because of the magnificent intervention from the Parliamentary Secretary to the Leader of the Government in the House of Commons.

• (1810)

Another element of this bill concerns the fact that new sanctions will be imposed on corrupt foreign officials, in particular by requiring the Minister of Foreign Affairs to respond within 40 days to any committee report recommending sanctions against a foreign national under the Magnitsky Law. I have nothing particular to say about this provision.

We can see that this bill is trying to cover a lot of bases, because another provision prohibits the issue, amendment or renewal of a licence in relation to a foreign propaganda broadcasting undertaking when the foreign country is recognized by the House of Commons or the Senate as having committed genocide or being subject to sanctions under either the Magnitsky Law or the Special Economic Measures Act.

As far as the Magnitsky act is concerned, although the government got it passed, it has never enforced it in any way so far. I must say that this amendment to the act bothers the government a bit because it means that when a House or Senate committee or when the House or Senate identifies a state as having committed genocide, it would be binding on the government.

Members will recall that the House nearly unanimously acknowledged the Uyghur genocide. The government is ignoring the democratic will of members elected by the people of Canada and Quebec; it is doing what it wants. This provision would make it so that from now on, the government would have to consider the opinions of the House and its committees or the Senate and its committees. I must say that caused much gnashing of teeth across the way.

The last amendment, and this is another attempt to cover all the bases, is about prohibiting any investment in an entity that violates the Prohibiting Cluster Munitions Act.

To be clear, Canada signed the international Convention on Cluster Munitions. Once again, as I was saying, one cannot be against motherhood and apple pie. In theory, therefore, everyone should agree with this provision, except that it has indirect consequences that are potentially harmful.

For example, the Government of Canada plans to purchase a number of F-35 aircraft from Lockheed Martin. Lockheed Martin makes cluster munitions, though. Is the Canadian government breaking its own law by doing business with a company that manufactures cluster munitions?

We therefore came up with an amendment to correct that little legislative oversight as well as we were able. There is another one too, because the bill would also crack down on direct or indirect investments in companies that manufacture cluster munitions. We tried to introduce that amendment, but we were unable to do so in committee.

The Chair ruled against the amendment I had proposed on the grounds that it should have been moved in committee, and that is true. However, we were unable to move it in committee because there was no consensus. That is why we moved it at report stage.

Here is the problem. Any one of us, any of my fellow MPs, may hold investment funds that make us unwilling investors in companies that manufacture cluster munitions. In theory, we could all be held responsible for violating this provision that says that we cannot directly or indirectly invest in companies that manufacture cluster munitions.

We tried to correct that, but were unable to do so, so if the bill were to be passed as it is currently worded, anyone here in the House could, along with our fellow citizens, find themselves to be in violation of the act.

Despite the flaws I mentioned at the outset and discussed throughout my speech, we will have to vote in favour of this bill because—I am sorry to have to say this again—we cannot be against motherhood and apple pie. Still, we have to recognize that this bill has issues.

Despite people's efforts during the committee's study and even during the debate at report stage, I believe we will have to conclude that, unfortunately, the bill's provisions are still flawed. We may eventually have to introduce another bill to fix it all.

• (1815)

[*English*]

Mr. Alistair MacGregor (Cowichan—Malahat—Langford, NDP): Madam Speaker, New Democrats are happy to support Bill C-281 at report stage and third reading. We would like to thank the member for Northumberland—Peterborough South for bringing this bill forward.

This bill makes four changes to different pieces of Canadian legislation to improve Canada's work on international human rights. First, it would require the minister to publish an annual report on human rights, as well as a list of prisoners of conscience for whom the government is actively working. It amends the Prohibiting Cluster Munitions Act to prohibit a person from investing in an entity that has contravened certain provisions of the act. It also amends the Justice for Victims of Corrupt Foreign Officials Act, the Sergei Magnitsky law, to require the Minister of Foreign Affairs to respond to a report submitted by a parliamentary committee that recommends that sanctions be imposed under that act against a foreign national. Finally, it would prohibit the issue or renewal of broadcasting licences in the case of genocide, as recognized by the House or Senate, subject to Canadian sanctions.

We heard very clearly from witnesses at the committee stage that Canada's approach to international human rights could be much stronger. We want to thank those witnesses for their testimony and their guidance.

The NDP introduced four strong amendments to this bill, three of which were accepted by the committee. The first amendment we proposed changes to the list of names of prisoners of conscience for whose release the Government of Canada is actively working. We were concerned, as all parties were, that a fully public list of names

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may put certain individuals at risk of reprisal from authorities in the countries in which they are detained.

We also took note of the government's concerns over privacy and security of individuals. In the end, after significant conversation among the parties, the committee agreed to an NDP amendment, with subamendments from other parties. The resulting list still details the number of prisoners of conscience detained by each government or detaining authority, the circumstances of their detentions and the efforts the Government of Canada has made to visit them or attend their trials. It also includes a list of names. However, our amendment gives the minister the power to not include certain information on the list, if the government had concerns that it would not be in the best interests of the personal safety of the prisoner.

The minister is also required to consult with family members of representatives of the prisoners of conscience before they make such a decision. This would alleviate concerns the government initially had with publishing such a list.

I also note that the committee agreed to the NDP's proposal to ensure that the government's annual report include a description of the Government of Canada's communications with the families of prisoners of conscience, and its consultations with civil society on matters of human rights. Several civil society witnesses testified that the Liberal government was not doing enough consulting with human rights experts, and it is clear that the government needs to do a much better job at communicating on these issues. The NDP amendment also defined the term "prisoners of conscience" in the bill.

Our second amendment was to require the minister to develop and maintain a government-wide international human rights strategy. The Canadian government does not currently have an international human rights strategy. What we heard from expert witnesses at committee, including Human Rights Watch and human rights expert Alex Neve, was that Canada needed such a strategy by which the annual report, as required by this bill, could be measured.

While this amendment was deemed out of scope, the committee voted to overturn the decision of the Chair, with no opposition. All parties voted unanimously at committee stage to accept this NDP amendment and establish a government-wide international human rights strategy.

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However, yesterday, the Liberals went back on their commitment to do this and appealed to the Speaker to reject the amendment. It is shocking that the Liberal government is now refusing to develop an international human rights strategy, when just last week the foreign affairs minister announced that Canada was seeking a seat at the UN Human Rights Council. The Liberals' decision goes against the will of the committee, goes against the advice of experts and, most importantly, is completely inconsistent with its stated goal to promote human rights. How can they say that they are promoting human rights when they are afraid to do the work?

• (1820)

This is highlighting the inconsistency and hypocrisy of the Liberal government, which has a lot of nice things to say but is just not willing to do the hard work. There is no good reason why the government should not proceed with this amendment and, I must say, we are extremely disheartened and disappointed by this decision.

Moving on to the rest of the bill, we are happy with the sections on the Magnitsky act and the Broadcasting Act, and we agree with much of what our colleagues from the other opposition parties have said today.

With my remaining time, I would like to discuss the NDP's amendments to the Prohibiting Cluster Munitions Act and, once again, the lack of leadership from the Liberal government when it comes to disarmament issues and cluster munitions.

We are pleased that the committee agreed to an NDP amendment that would include Canada's positive obligations under the cluster munitions convention in Canada's legislation. However, New Democrats also introduced an important amendment to fix section 11 of Canada's cluster munitions legislation. This was rejected by the government, despite its being the exact same amendment the Liberal Party introduced back in 2013.

In 2013, the NDP and the Liberals fought very hard to have section 11 of Canada's cluster munitions legislation fixed. The late Paul Dewar, the NDP's foreign affairs critic at the time, said, "when we sign international agreements, it's important that we live up to our signature. It's important that the legislation we adopt does not undermine the treaty we negotiated and signed on to and accepted."

The NDP amendment we introduced was the exact same amendment that former Liberal MP Marc Garneau introduced when Parliament was first considering the Prohibiting Cluster Munitions Act. Mr. Garneau was a strong opponent of section 11 in Canada's legislation, as was Bob Rae, as were all Liberals at the time, including the Prime Minister, the Minister of Finance and others who currently hold seats in this chamber.

Our amendment used the same language we will find in Canada's legislation on landmines, which we can all agree sets an important precedent.

Cluster munitions are banned for a reason. The humanitarian impacts of cluster munitions are horrendous. We can all agree that under no circumstances should any Canadian ever use, order the use of or even transport cluster munitions. This amendment would have still allowed Canadians to participate in joint operations with non-party states, but it would have fixed the loophole to finally make

Canada's legislation consistent with the convention and with the opinions of over 100 other countries, including many of our NATO allies, as we heard clearly from witnesses.

In 2013 and 2014, the Liberals argued strongly to fix section 11. Marc Garneau wrote an op-ed in *The Globe and Mail*, arguing that it needed to be fixed. Bob Rae gave strong speeches in the House of Commons against it and, at third reading, in 2014, the Liberals voted against the unamended bill, with the current Prime Minister and Deputy Prime Minister voting against.

The objections were over this exact clause. Ambassador Rae testified last month that he had not changed his position that this clause is wrong. Many Liberals, I think, feel the same. All expert witnesses who testified to this, including Earl Turcotte, who negotiated the treaty for Canada, want to see this fixed.

However, the Liberals did not support moving the NDP amendment forward. They refused to fix section 11 of the cluster munitions act, just as they are now also refusing to take bold steps on a human rights strategy. It is very disappointing to watch the government try to explain away its bad decisions on this bill. This was an opportunity for the Liberals to show real leadership on human rights, make real change, do the real work and move Canada forward. Instead, they have chosen to approach this issue with reluctance and excuses. This is not the human rights leadership we need.

• (1825)

Mr. Garnett Genuis (Sherwood Park—Fort Saskatchewan, CPC): Madam Speaker, it is a pleasure for me to speak in support of Bill C-281 and in the process to recognize the work that was done and continues to be done on this important legislation by my colleague from Northumberland—Peterborough South.

It is also notable, I think, that we are debating the international human rights act today, on what is also Tamil Genocide Remembrance Day. I want to extend my thoughts, prayers and best wishes to the Tamil community here in Canada and around the world who are marking this day, who are remembering loved ones who were lost as part of those terrible events at the end of the Sri Lankan civil war. We think about and remember the continuing victims of persecution and oppression that Tamil people face in Sri Lanka.

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It has been clear to me in the time that I have been working on international human rights as a parliamentarian that the Tamil community has been at the forefront of advocacy for human rights for their own community but also for other communities, supporting human rights causes that do not affect their own community but building those bonds of solidarity. On this particular occasion, I want to salute the work of the Tamil community on human rights. It is appropriate in that light that we are debating this human rights legislation today.

Today is also Vyshyvanka Day where we celebrate Ukrainian culture. We celebrate the embroidered shirts that are traditionally worn in Ukraine and many members of Parliament have donned those shirts today as well. We recognize the ongoing human rights abuses that Ukrainians face as well.

These are two examples of many around the world where peoples face injustice at the hands of governments and in other circumstances. This is why Conservatives are responding to the call from various diaspora communities, from Canadians of all backgrounds, to say that they want to see all governments do more to stand up for justice and human rights around the world. It is in that spirit, responding to these various calls, that my colleague has put forward Bill C-281, the international human rights act.

This bill contains a number of different provisions. It has been called a hodgepodge by some, it has been called an omnibus bill by others. I think it makes sense for members to use the opportunities they have to try to advance multiple, important human rights objectives at the same time. There is no reason to do less when we can do more.

There are different elements to this bill. This bill does amend different acts, all with the goal of advancing international human rights. If there is a common theme to many of these provisions, I would say that in many respects this could be called an international human rights accountability act. A unifying thread of the different parts of it is that it seeks to strengthen the role of Parliament in standing up for human rights and to make the government more accountable to elected parliamentarians in its considerations on human rights issues.

Members of Parliament, I think, are often much more responsive to concerns about human rights issues around the world. Rather than members of the executive, who may end up being a little bit more distant from what they are hearing from Canadians, members of Parliament are constantly drawn into an awareness of things that are happening around the world through the activism of our constituents, who may have, for various reasons, particular familiarity of those issues. It is through this, the people's House, that these human rights concerns have often been driven.

We have, as a House, sought to hold the government accountable and push the government to do more on human rights issues. I think this has been particularly the case with the current government but it may be a general feature. If I look at legislatures around the world, I can see many examples where legislatures go further in demanding action on human rights than executives. This is why in general, on human rights issues, if one believes in the importance of having a strong pro human rights foreign policy, strengthening the hand of Parliament relative to the executive is worthwhile.

This is not a bill that would just apply in the case of one government or one Parliament. In the long term, through various governments and various stripes that will no doubt exist in the future, it seeks to strengthen the hand of Parliament. That is why I think it is worth understanding this as an international human rights act but also as an international human rights accountability act. It requires the minister to report to Parliament about human rights activities. It requires the government to respond to recommendations with respect to Magnitsky sanctions that may come out of parliamentary committees. It takes these steps in requiring that greater responsiveness. It requires that, when Parliament recognizes a genocide, we would not have broadcasting licences going to entities responsible for that genocide. We know the role of incitement by authoritarian powers in justifying genocidal actions.

● (1830)

I do not think it makes any sense to allow those kinds of genocidal messages from violent, authoritarian powers around the world to be broadcast freely on Canadian airwaves. Of course, people can inevitably access this information online, but when we license Canadian broadcasting with Canadian airwaves, there is no reason to give that privilege to foreign authoritarian powers that are committing genocide.

One instance where we have seen Parliament be ahead of the executive is on the recognition of the Uyghur genocide in particular. We had a unanimous vote among parliamentarians, who cast their ballots on that issue, recognizing the Uyghur genocide; the government has still not acted. One of the debates we had at committee on this trigger mechanism for the CRTC was about whether a vote by Parliament should carry that much weight. My view is that when Parliament speaks and recognizes a genocide, it should not just be a symbolic action; it means something, and it should have a concrete impact in terms of the way the government and various other bodies respond.

I think it is important to address some of the criticisms. I get the impression that all members are actually voting in favour of this bill at this stage, which is a wonderful thing. Notwithstanding that general support, let us deal with a few of the critiques that came up.

There was some discussion about the reporting requirements, and at committee, we had a lot of discussion about the reporting requirements as they relate to prisoners of conscience. My view, and what I have heard from advocates, is that, generally speaking, when there is a prisoner of conscience, drawing more attention and awareness to their case is a good thing. Having their name on a list as being a person of particular concern whom governments are advocating for and aware of, advocates will generally tell us, is likely to have a positive impact on the outcome for that individual.

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However, I also acknowledge that this may not be the case universally, so we discussed what the best way to provide alternative options and allow for redactions, in certain cases, would be. In the end, we resolved on redaction provisions that are extremely generous to the government. The government would have the power to make determinations on the basis of broad criteria to not include information about names, circumstances, etc. of prisoners of conscience who are advocated for.

The new provision says that “the Minister must make all reasonable efforts to consult with family members or representatives of the prisoners of conscience and may decide not to include certain information in the list if a person consulted by the Minister requests that the information not be included, or the Minister is satisfied that not including it would be in the best interests of the advancement of human rights or the personal safety of the prisoner.” As such, for those who are saying there may be some cases where publishing a name would not be good for the person, would not advance human rights or would put someone at risk, in any of those cases, the government has broad latitude to simply choose to do the redaction.

Our view is that requiring the government to go through this exercise of identifying the list, putting it together and centralizing it is a positive exercise, even if none of that information is released publicly. The government could theoretically say that it does not believe releasing any of this information is helpful for human rights, and it is therefore going to redact it all.

I hope that will not happen. I do not think that should happen, but the government has very broad latitude, so there is no reason at all for members to be concerned about the provisions around the publication of this information. The latitude, in terms of the minister choosing not to publish information, is extremely broad; they simply have to decide that they do not think it is in the interests of the advancement of human rights, and they can leave that information out.

One of the other issues that was raised was intent around possible inadvertent investments to do with cluster munitions. I will say respectfully that one of the challenges of this at committee is that we have received some mixed messages from some of the parties, in particular the government, around it. However, I think the provision reflects the discussions that were had, and the idea that someone would be prosecuted who did not intend actually just ignores so much about the principles of how our criminal laws work. For someone to be convicted of an offence, they have to have intent to commit the offence; the basic long-standing common-law principle of intent substantially addresses the concerns that members have raised in this respect.

This is a great bill. It would advance human rights in many important ways. It would be a game changer. It is not just about the current government; it is about decades into the future and making sure Canada can be a stronger voice on the world stage for human rights. I am proud to support Bill C-281.

• (1835)

The Assistant Deputy Speaker (Mrs. Alexandra Mendès): Is the House ready for the question?

Some hon. members: Question.

[*Translation*]

The Assistant Deputy Speaker (Mrs. Alexandra Mendès): The question is on Motion No. 1. A vote on this motion also applies to Motions Nos. 2 and 3.

[*English*]

If a member of a recognized party present in the House wishes that the motion be carried or carried on division or wishes to request a recorded division, I would invite them to rise and indicate it to the Chair.

Mrs. Sherry Romanado: Madam Speaker, we request a recorded division.

[*Translation*]

The Assistant Deputy Speaker (Mrs. Alexandra Mendès): Pursuant to order made on Thursday, June 23, 2022, the recorded division stands deferred until Wednesday, May 31, at the expiry of the time provided for Oral Questions. The recorded division will also apply to Motions Nos. 2 and 3.

ADJOURNMENT PROCEEDINGS

A motion to adjourn the House under Standing Order 38 deemed to have been moved.

[*English*]

PUBLIC SERVICES AND PROCUREMENT

Mr. Garnett Genuis (Sherwood Park—Fort Saskatchewan, CPC): Madam Speaker, I am following up on a simple question that I asked the government earlier, which was whether it believes that McKinsey is an ethical company. We have not gotten a direct answer from the government on that, and I do not think it is a difficult question at all for reasons that I will explain later.

Does the government think McKinsey is an ethical company? I ask the Government of Canada whether it thinks this private company is ethical because the number of contracts to McKinsey have gone up dramatically under the tenure of the government. McKinsey has received over \$100 million in contracts from the government during the time the Prime Minister was in office, and this has happened in the context of various close relationships that existed: Dominic Barton, the global managing partner of McKinsey, advising the Prime Minister's growth council and recommending the creation of the Canada Infrastructure Bank; many McKinsey people going to work for the Infrastructure Bank; and McKinsey analysts doing so-called pro bono work for the growth council that therefore allowed McKinsey to infiltrate government and then get all these contracts.

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There is a long-running close relationship between the government and McKinsey that led to McKinsey getting over \$100 million in contracts, and the government has since revealed that not all rules were consistently followed, in fact, in the awarding of contracts to McKinsey. There was a failure to follow the rules, there were clearly strategic efforts by McKinsey to integrate itself into the operations of government and there were people from McKinsey who were given prominent positions within government, like Dominic Barton, head of the Prime Minister's growth council and, subsequently, ambassador to China. While he was ambassador to China, although he no longer worked for McKinsey, McKinsey was involved in facilitating a meeting with the Infrastructure Bank that he attended. There were all of these suspicious interactions or integrations between the government and McKinsey.

It is important to then ask this question: What is this company that has exercised such outsized influence over the direction of our country?

I am asking this question today in the context where we just had an opposition day motion debated on the opioid crisis. We have this horrific opioid crisis in this country, and part of the reason we have an opioid crisis is that Purdue Pharma, working with McKinsey, fuelled that crisis. McKinsey gave Purdue Pharma advice on how to supercharge opioid sales, recommending things like paying bonuses to pharmacists in cases where there were overdoses and having on-line pharmacies that would circumvent the checks on addiction that traditional pharmacies put in place. These were the kinds of things that McKinsey recommended, and McKinsey has had to pay out significantly for it. It reached a settlement of over half a billion dollars in the United States.

In the United States, McKinsey is being held accountable and being forced to pay compensation to victims of the opioid crisis. In fact, Republicans and Democrats, in equal measure across various states, have pursued McKinsey for this. However, in Canada, the Liberal government has a close relationship with McKinsey and has given it over \$100 million in contracts.

We have found out lately that the government is joining British Columbia's class action lawsuit against McKinsey over its role in the opioid crisis. In response to significant opposition pressure from members saying that these bad actors need to be held accountable, the government is finally saying it is going to take a step in that direction and join this lawsuit. However, it still has not been willing to say it is going to reform the integrity regime so that McKinsey does not get contracts in the future. What sense does it make for the government to continue to pour out largesse on McKinsey, hiring it for contracts of dubious value and spending over \$100 million of taxpayers' money in the process, but it will not answer the simple question of whether it thinks McKinsey is ethical?

● (1840)

Mr. Darren Fisher (Parliamentary Secretary to the Minister of Seniors, Lib.): Madam Speaker, this evening, I am pleased to speak about the procurement process in the federal government. This is a process that is run by a professional, non-partisan public service that Canadians can be proud of. Canadians can rest assured that public servants are held to the highest standards when they enter into contracts. Canadians can also be assured that public servants are guided by best value when they evaluate proposals and

make contracting decisions. These contracts help the public service deliver the programs and services that Canadians rely on.

The central document guiding the public service in the contracting process is "Directive on the Management of Procurement". This directive came into effect in May 2021. The directive replaced the previous contracting policy, which had been in place for 33 years. After a one-year transition period, the contracting policy was rescinded.

This directive was part of the government's plan to modernize policies on managing the assets and services the federal government acquires. The government is proud of this achievement. The directive is principle-based and focused on outcomes. It supports business owners, who are a critical partner in the procurement process, by outlining roles and responsibilities. It also places an emphasis on socio-economic, indigenous and environmental objectives, and I will get back to that point later on.

The directive sets out guidance and obligations for the professional public service to follow when procuring goods and services. Fundamentally, the directive ensures that the procurement of goods and services continues to be done in a way that is fair, open and transparent. Canadians can be assured that these principles are the backbone of all government contracts. This is demonstrated in the objective of the directive, which says, "The objective of this directive is that procurement of goods, services and construction obtains the necessary assets and services that support the delivery of programs and services to Canadians, while ensuring best value to the Crown." This objective is backed up with six results the directive intends to achieve. For example, procurement must support operational outcomes while demonstrating sound stewardship and best value.

I would like to get back to the point I made earlier about the emphasis the directive puts on socio-economic, indigenous and environmental objectives. In 2019, the government made a fundamental change in procurement policy. It redefined "best value" to mean a balance between competitive pricing and best outcome. This means that public servants who evaluate bids are able to consider the socio-economic and environmental returns of their contracts. This extends throughout the life cycle of the good or service being purchased. This represents a fundamental shift in procurement, where best value is not always the lowest price but the optimal balance of resources and outcomes.

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This includes outcomes from a socio-economic perspective and outcomes for the environment. The directive reflects this policy change by enabling departments to use their procurement processes to support environmental, indigenous and socio-economic considerations, as appropriate, to achieve the best value for Canadians.

To achieve this result, and all six expected results, the directive creates the new role of senior designated official. Each department will appoint a senior designated official who will be responsible for establishing a departmental procurement framework that consists of processes, systems and controls that will guide procurement in their department. The senior designated official is also responsible for developing guidance regarding procurement officials within their organization. This includes identifying competencies, building capacity and establishing professional development for these officials.

The government has considered procurement carefully and taken a comprehensive approach in “Directive on the Management of Procurement”. Canadians can be assured that the professional, non-partisan public service is guided by a modernized directive on procurement that ensures that contracting is fair, open—

• (1845)

The Assistant Deputy Speaker (Mrs. Alexandra Mendès): The hon. member for Sherwood Park—Fort Saskatchewan.

Mr. Garnett Genuis: Madam Speaker, I want to thank the member for speaking from the heart tonight. However, in all seriousness, the words he read had nothing whatsoever to do with the question I asked, which is not entirely unusual from the current government but is particularly obvious in the case of what has just transpired.

These things used to annoy me. Now, I think we just have to laugh at the absurdity of the exercise. I will give the member another chance, I suppose.

My question was this: Does he believe that McKinsey is an ethical company? If it is not ethical, should the integrity regime be reformed to ensure that companies that are responsible for fuelling the opioid crisis and that are being sued, finally, by the government for that, should not also be accessing massive amounts of government procurement? Is it an ethical company? Should the integrity regime be reformed?

Mr. Darren Fisher: Madam Speaker, I can assure the member that under the directive on the management of procurement, as I said, professional, non-partisan public servants must maintain the integrity of the procurement process. Departments must obtain the best value in their procurement decisions, which has been redefined by our government to allow a comprehensive assessment of socio-economic and environmental returns throughout the life cycle of the good or service. The directive on the management of procurement is to establish guidelines and controls to guide the professional, non-partisan public service in achieving these goals.

The Assistant Deputy Speaker (Mrs. Alexandra Mendès): The motion to adjourn the House is now deemed to have been adopted. Accordingly, this House stands adjourned until Monday, May 29, at 11 a.m. pursuant to an order made on Thursday, April 20.

(The House adjourned at 6:48 p.m.)

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