



HOUSE OF COMMONS
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CANADA

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OFFICIAL REPORT
(HANSARD)

Tuesday, February 14, 2017

—

Speaker: The Honourable Geoff Regan

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HOUSE OF COMMONS

Tuesday, February 14, 2017

The House met at 10 a.m.

Prayer

ROUTINE PROCEEDINGS

SUPPLEMENTARY ESTIMATES (C), 2016-17

A message from His Excellency the Governor General transmitting supplementary estimates (C) for the financial year ending March 31, 2017, was presented by the President of the Treasury Board and read by the Speaker to the House.

* * *

• (1005)

[*English*]

PETITIONS

TAXATION

Mrs. Cheryl Gallant (Renfrew—Nipissing—Pembroke, CPC): Mr. Speaker, I am pleased to present a petition signed by campers who stayed at Mirror Lake Resort Campground in Pass Lake, Ontario, located in the riding of Thunder Bay—Superior North.

The petitioners call on the government to ensure that campgrounds with fewer than five full-time, year-round employees continue to be recognized and taxed as small businesses.

INSECTICIDES

Ms. Elizabeth May (Saanich—Gulf Islands, GP): Mr. Speaker, I rise to present two petitions this morning.

The first petition is from residents of the Toronto area primarily. They are calling on the government to exercise precautionary principles in relation to the damage to pollinators done by neonicotinoid insecticides. The petitioners are calling on the government to follow Europe's lead and ban these pesticides.

GENETICALLY MODIFIED FOODS

Ms. Elizabeth May (Saanich—Gulf Islands, GP): The second petition, Mr. Speaker, is from residents of Chilliwack as well as Boston Bar and Westminster areas.

The petitioners are calling on the government for an outright ban on genetically modified organisms.

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*]

CONTROLLED DRUGS AND SUBSTANCES ACT

BILL C-37—TIME ALLOCATION MOTION

Hon. Bardish Chagger (Leader of the Government in the House of Commons and Minister of Small Business and Tourism, Lib.): Mr. Speaker, an agreement has been reached between a majority of the representatives of recognized parties under the provisions of Standing Order 78(2) with respect to the report stage and third reading stage of Bill C-37, an act to amend the Controlled Drugs and Substances Act and to make related amendments to other acts. Therefore I move:

That, in relation to Bill C-37, an act to amend the Controlled Drugs and Substances Act and to make related amendments to other Acts, not more than one sitting day shall be allotted to the consideration of the report stage of the said bill and not more than one sitting day shall be allotted to the consideration of the third reading stage of the said bill; and

That fifteen minutes before the expiry of the time provided for Government Orders on the day allotted to consideration of each stage of the said bill, any proceedings before the House shall be interrupted, if required for the purpose of this Order, and in turn every question necessary for the disposal of the report stage or the third stage, as the case may be, of the bill under consideration shall be put forthwith and successively without further debate or amendment.

The Speaker: The question is on the motion.

Shall I dispense?

Some hon. members: Agreed.

Some hon. members: No.

[*Chair read text of motion to House*]

The Speaker: Is it the pleasure of the House to adopt the motion?

Some hon. members: Agreed.

Some hon. members: No.

Government Orders

The Speaker: All those in favour of the motion will please say ye.

Some hon. members: Yea.

The Speaker: All those opposed will please say nay.

Some hon. members: Nay.

The Speaker: In my opinion the yeas have it.

And five or more members having risen:

The Speaker: Call in the members.

• (1050)

(The House divided on the motion, which was agreed to on the following division:)

(Division No. 193)

YEAS

Members

Aldag	Alghabra
Alleslev	Amos
Anandasangaree	Angus
Arseneault	Arya
Ashton	Aubin
Ayoub	Badawey
Bagnell	Bains
Baylis	Beech
Bennett	Bibeau
Bittle	Blaikie
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Boissonnault	Bossio
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Bratina	Breton
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Choquette	Cormier
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Finnigan	Fisher
Fonseca	Foote
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Freeland	Fry
Garneau	Garrison
Gerretsen	Goldsmith-Jones
Goodale	Gould
Graham	Grewal
Hajdu	Hardcastle
Hardie	Harvey
Holland	Housefather
Hughes	Hussen
Hutchings	Iacono
Johns	Jolibois
Joly	Jordan
Jowhari	Kang
Khalid	Khera
Kwan	Lametti
Lamoureux	Lapointe
Lauzon (Argenteuil—La Petite-Nation)	Laverdière
LeBlanc	Lebouthillier
Lefebvre	Lemieux

Leslie	Levitt
Lightbound	Lockhart
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Mathysen	May (Cambridge)
May (Saanich—Gulf Islands)	McCrimmon
McDonald	McGuinty
McKay	McKenna
McKinnon (Coquitlam—Port Coquitlam)	McLeod (Northwest Territories)
Mendès	Medicino
Mihychuk	Miller (Ville-Marie—Le Sud-Ouest—Île-des-Socurs)
Monsef	Morneau
Morrissey	Murray
Nantel	Nassif
Nault	O'Connell
Oliphant	Oliver
O'Regan	Ouellette
Paradis	Peschisolido
Peterson	Petitpas Taylor
Philpott	Picard
Poissant	Quach
Qualtrough	Ramsey
Rankin	Ratansi
Rioux	Robillard
Rodriguez	Romanado
Rota	Rudd
Ruimy	Rusnak
Saganash	Sahota
Saini	Sangha
Sansoucy	Sarai
Scarpaleggia	Schieffe
Schulte	Serré
Sgro	Shanahan
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Sidhu (Brampton South)	Sikand
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Spengemann	Stetski
Stewart	Tabbara
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PAIRED

Nil

The Speaker: I declare the motion carried.

REPORT STAGE

The House proceeded to the consideration of Bill C-37, an act to amend the Controlled Drugs and Substances Act and to make related amendments to other acts, as reported (with amendment) from the committee.

SPEAKER'S RULING

The Speaker: There are two motions in amendment standing on the Notice Paper for the report stage of Bill C-37. Motions Nos. 1 and 2 will be grouped for debate and voted upon according to the voting pattern available at the table.

I will now propose Motions Nos. 1 and 2 to the House.

MOTIONS IN AMENDMENT

Mr. Colin Carrie (Oshawa, CPC) moved:

Motion No. 1

That Bill C-37 be amended by deleting Clause 42.

Ms. Elizabeth May (Saanich—Gulf Islands, GP), seconded by the member for Pierre-Boucher—Les Patriotes—Verchères, moved:

Motion No. 2

That Bill C-37 be amended by deleting Clause 53. That Bill C-37 be amended by deleting Clause 53.

Mr. Colin Carrie (Oshawa, CPC): Mr. Speaker, I have already had the opportunity to speak to Bill C-37, and I have made it clear that my colleagues on this side of the House and I are very much in favour of the majority of the bill. Saving lives and tackling the production, distribution, importation, and consumption of these dangerous and deadly drugs needs to be made a priority.

The bill seeks to allow the Canada Border Services Agency, CBSA, the authority to seize unregistered pill presses and allows CBSA to open suspicious packages weighing less than 30 grams. The bill also seeks to grant the Minister of Health more powers to quickly and temporarily class and schedule new synthetic and dangerous drugs. It also seeks to severely weaken the Respect for Communities Act, which has been called onerous on the applicant and impossible to meet the criteria. Yet just last week, three injection sites, I repeat, three injection sites, in Montreal were approved under the previous legislation, so I am not sure if “impossible” and “onerous” are the words that should be used here.

As stated, I have had the opportunity to speak to the bill already, but I have not had the chance to speak to how the government has

pushed the bill through both the House of Commons and the health committee. I know that the response to this argument is that this needs to be pushed through in order to start saving lives. I could not agree more that saving lives is our priority and primary goal, but there are many Canadians who are worried that an injection site will appear in their neighbourhood without community support.

As parliamentarians, it is our job to listen to our constituents and ensure that we represent them in the House. That is why on February 1, 2017, I proposed splitting the bill. This would have allowed the majority of the bill to pass unanimously through the House and likely through the Senate. This would have granted the CBSA the authority and powers it has been asking for to combat the inflow of illegal substances and seize unregistered devices. This would have granted the minister the power she is seeking when classing new substances.

Splitting the bill would have also given members more opportunity to debate the importance of community engagement in the consultation process when applying and approving injection sites. Splitting the bill would have started to save lives immediately while allowing parliamentarians to do their job and represent Canadians.

Instead, the Liberals moved closure, with the support of the New Democrats, who had previously complained about the use of time allocation. They said Canadians want vivid debate, a government that actually listens to the improvements that can be made to the bill, and for their members of Parliament to have the ability to speak out. What this means is that the Liberals used a procedural device to ultimately bring debate on this very important issue to an end, and the NDP, unfortunately, agreed.

The NDP agreed to move closure and silence members of Parliament, which is surprising considering the NDP is the party which time and time again accused the previous Conservative government of stifling debate. Both the Liberals and the NDP silenced parliamentarians who were scheduled to speak and represent their communities.

Again, ministers are not following their mandate letters. The mandate letter to the Minister of Health clearly states the following:

As Minister, you will be held accountable for our commitment to bring a different style of leadership to government. This will include: close collaboration with your colleagues; meaningful engagement with Opposition Members of Parliament, Parliamentary Committees and the public service....

It says, “meaningful engagement with Opposition Members of Parliament” and “close collaboration with your colleagues”. When it comes to Bill C-37, the Minister of Health has done anything but engage with opposition members and work collaboratively both in the House and committee.

Once debate was shut down in the House, the Liberals then moved to shut down debate in committee. Shutting down debate in committee meant that no witnesses could appear on Bill C-37 and suggest their own amendments. It meant opposition members did not have the chance to ask the Minister of Health, the Minister of Public Safety and Emergency Preparedness, or the Minister of Justice questions that their communities had for them.

Government Orders

The Liberals know there are concerns and questions from this side of the House when it comes to weakening community consultations with regard to injection sites, just as the Conservatives know that the Liberals' agenda includes harm reduction strategies.

● (1055)

That is why we proposed reasonable amendments at committee. We proposed two amendments. The first would ensure that there was at least a 45-day consultation period, which is in line with all the other consultations put in place by the government. The second would give the mayor and the head of police the right to be part of the application process by including their opposition or support for an injection site in their community. These amendments would not obstruct the minister's authority to approve the site; they would just ensure that the people who are ultimately responsible for the success of an injection site are properly consulted and informed. These amendments were reasonable.

It is disappointing that, unlike what the minister's mandate letter sets out, there was no chance for meaningful engagement with the government on making this bill stronger for all Canadians. That is why I am asking that clause 42 of Bill C-37 be deleted.

As the bill stands today, injection sites could be forced on communities that do not want or need them. My NDP colleague stated that the application process should be made easier for applicants, and it seems that the Liberals agree.

Again, I ask the minister why consultations for pipelines are entirely on the applicant, yet for injection sites, the application process should be made simpler? When it comes to pipelines, community consultation is the pillar of approval, yet for injection sites, the community does not matter. It is a double standard that I do not agree with, and it is another inconsistency within the government's policies.

I already know the Minister of Health's response. She will tell Canadians that these sites will save lives and perhaps that is true. However, truly saving a life is offering an alternative to committing crimes, getting high, and potentially overdosing. Saving a life is ensuring the option to get proper treatment is available the moment it is requested. We know the lack of detox treatment around the country is a huge problem and a huge discouragement for addicts looking to treat their treatable disease.

We also know that those who are overdosing from these dangerous drugs are not only injecting them, they are also snorting them and taking them orally. Not all those who have overdosed are struggling addicts. Some are recreational users.

This is a complex issue, an issue that all parties can agree needs to be addressed, and needs to be addressed immediately. That is why, as I stated earlier, I had proposed splitting the bill in two. We could have ensured the CBSA had the powers it has been asking for while clause 42 was further debated. This is entirely reasonable. We are not trying to play politics. We are not trying to be insensitive. In fact, I think all members are working hard to protect all Canadians.

I would ask the minister to reconsider clause 42 and take into consideration the importance of community consultation and, of course, community support, because we know that without community support, the chance of success is almost nil. I would

ask the minister to further allow debate on injection sites before the bill gets passed as it.

I know I speak for many Canadians that injection sites do not belong in every single community. We know that the current process in place for the approval of injection sites is not impossible to meet, as three injection sites were recently approved by the Minister of Health.

For this reason, I ask all of my colleagues to agree to remove clause 42 and allow proper and full debate on the consultation process when approving a supervised injection site. That is what Canadians expect of us: to have full and proper debate.

● (1100)

Mr. Joël Lightbound (Parliamentary Secretary to the Minister of Health, Lib.): Mr. Speaker, I could not agree more with the member when he said that this issue of the opioid crisis in Canada needs to be addressed immediately.

Safe consumption sites, unlike what he said, do not perhaps save lives. They do save lives. That is why we are moving forward with the bill.

He mentioned the approval of three safe consumption sites in Montreal. Would he inform the House how long it took for this community, where it is needed and appropriate to have these safe consumption sites and which has been asking for these consumption sites for a long time, to get these sites approved under the previous Bill C-2 of the Conservative government?

Mr. Colin Carrie: Mr. Speaker, the reality is that under the Respect for Communities Act, there were certain criteria that had to be fulfilled, and one of the arguments to put this bill forward and change it was that it was impossible and onerous for these sites to be approved. What I am saying to my colleague is that obviously, that is incorrect.

We know that right now, as the member said, there are three sites in Montreal. It took a number of months to get them through the application process, but it allowed the mayor, the police, and community members to be involved in the process. When that happens, the likelihood of these things being successful is greatly improved.

The member talked about saving lives. He missed it in committee because he was not there yet, but we had a specialist come who said that addicts are dying. The witness said it was like being a lifeguard who saves someone in the water. As soon as the lifeguard gets that person breathing again, he or she does not throw the person back in.

Government Orders

I would ask the member and his colleagues to remember that we need proper detoxification treatment. This is not just about band-aid solutions, which is what many have called these injection sites. We would like to see the government take action and make sure that proper treatment is available for addicts, because this is a treatable condition. That is what we are all in favour of. We want to make sure that these injection sites, if they are put in a community, are wanted and have the greatest likelihood of success.

• (1105)

Ms. Elizabeth May (Saanich—Gulf Islands, GP): Mr. Speaker, I think the answer to the hon. parliamentary secretary's question is that it was something in the order of 16 months, or perhaps even longer, for the groups in Montreal to get the safe consumption sites.

I wanted to point out for the hon. member for Oshawa that the so-called Respect for Communities Act was an attempt to do indirectly that which the previous Conservative government could not do directly. In other words, it wanted to defy the Supreme Court of Canada, which found that safe injection sites are a matter of law, and on the evidence, save lives.

The response from the previous Conservative government was to create 12 conditions, which I am amazed any facility managed to get through, because they required such things as the curriculum vitae of staff who would work at a site that was not yet built. The kind of criteria we would get rid of with Bill C-37 were there for the purpose of stopping the facilities from even being available for the people who need them.

Mr. Colin Carrie: Mr. Speaker, unfortunately, what my colleague from Saanich—Gulf Islands just said is hogwash. The Respect for Communities Act was compliant with what the Supreme Court said.

The member talked about the criteria. There were 26 criteria that needed to be fulfilled. Now what the Liberals would do is basically take away all of that. The consultation period would be non-existent. It used to be up to 90 days. The Liberals would get rid of that. Fundamentally, the minister could choose to have no consultation or give approval within a day. This is clearly unacceptable. If the member was paying attention in committee, it was quite clear from our experts that they need to have community support, so this is reasonable.

I made amendments in committee. The mayor of a community and the head of the police where one of these sites would be placed would likely want to have a bit of input as to where they would be located. These are only reasonable things we ask.

At the end of the day, all of us have to think about this entire situation in a compassionate way. We should be pressing the government for solutions instead of band-aid solutions that are really not getting rid of the cycle of repeat, repeat, and come back every single day. What does the member think the addicts are doing in the 24 hours if they are coming back to an injection site every day? We need to be compassionate and work for long-term solutions, not just these band-aid solutions. The current government wants to be seen to be doing something without really making a big change.

Ms. Elizabeth May (Saanich—Gulf Islands, GP): Mr. Speaker, I rise to present an amendment to the bill, but I want to say that it is extremely important that this legislation be passed and that we move expeditiously on the fentanyl crisis. The opioid crisis is a national

public health crisis, and for the first time in my life as a parliamentarian, I actually voted with the government on time allocation, because it is critical that we get the bill passed.

There were things said just moments ago in this chamber to which I must respond. This is not hogwash. It is based on the evidence. I was part of this Parliament when we debated the attempts by the Conservatives to bring forward conditions that were not reasonable. They were not put there in the interests of public health and safety. They were explicitly and clearly part of an ongoing effort by the previous Harper government to fight against the existence of Insite in Vancouver or its application as a model for safe consumption sites, which worked in saving lives, and to make them unavailable to people in the other jurisdictions.

I support Bill C-37, but I would have wished, as I moved at committee and as the member for Vancouver East also moved at committee, that there would have been more effort to streamline the approval of safe consumption sites where they are desperately needed to confront the opioid crisis.

I am bringing forward an amendment. It is difficult, I have to say, to bring forward an amendment at this stage. However, it is often the case that when there is an urgent circumstance and our attention is focused in one area, it is easy to say yes, it will be okay, because the need is so great that we can ignore other concerns.

This amendment has been brought forward by both the Canadian Civil Liberties Association and the British Columbia Civil Liberties Association. There is concern about clause 53 of the bill. Clause 53 of the bill allows suppression of excerpts in the Proceeds of Crime (Money Laundering) and Terrorist Financing Act. Again, when focusing on one thing, such as terrorism, concern for civil liberties can be lessened, and that is definitely the trend. In the Proceeds of Crime (Money Laundering) and Terrorist Financing Act, Canada Border Services agents and employees of Canada Post are allowed to open packages in a way that would not have previously been allowed. Packages that weigh 30 grams or more are not to be opened, but if they are larger, and they constitute packages, they are routinely now opened.

It is critical that we examine the practicality of this. If a civil liberties organization said that in the case of fentanyl, which we know can be absolutely lethal in tiny grains of an amount, we are going to turn a blind eye and say that no one should be allowed to open letters, that would be an unreasonable position.

What the Civil Liberties Association is saying is that if a letter is identified and there are reasonable and probable grounds to open that letter, then get a warrant. This is not cumbersome. This is why we have the rule of law and protections for privacy and for civil liberties. Once law enforcement agencies have extreme and sweeping powers to open any letter, it does not take much imagination to imagine the ways in which this power can and will be abused.

Government Orders

I want to draw the attention of the House to this amendment. It would suppress just one clause of the bill. It would not have the effect of saying that border services agents and Canada Post could not open letters that they suspected contained fentanyl. That is not the purpose of my amendment. The purpose of my amendment is to underscore that if they are going to open letters, they need to have a warrant. It is very clear that these broad and sweeping powers will be in the future misused. Letters will be opened by people who are suspecting something else and not necessarily because of the fentanyl crisis.

I do not need to use all the speaking time I have available to speak to the amendment. I support Bill C-37. I want to see it passed, but it should not pass with our focus exclusively on the opioid crisis without taking a moment to consider whether we are making a mistake here. Should we not require at least a warrant before border services agents and postal officials have the right to open very small packages?

● (1110)

I dedicate my commitment to Bill C-37 and to working on the opioid crisis to one of my constituents, Leslie McBain, a founder of Moms Stop the Harm, because she lost her son in this crisis.

It is not just downtown Vancouver that is seeing an unreasonable and extraordinary number of deaths from this crisis. Within in my own riding, and on the remote Gulf Islands, we have seen people die from the fentanyl crisis. We need this piece of legislation.

I will agree with my friend, the member for Oshawa, on one thing. We need more. We need these safe consumption sites, but we also need programming for mental health. We need programs for addiction counselling. We need ongoing support so that people who have gone through addiction crisis counselling and are clean of the drug have the support they need so they do not go back to it. This is a very large problem.

It will, I hope, be a focus in the 2017 budget and we will see money for mental health, money for addiction counselling, and money targeted particularly to adolescents. They are very often not in the right place when they have addiction counselling with older people with addictions and a lifestyle that may scare a younger adolescent. We need to think about how we target our mental health and addiction counselling.

We need Bill C-37. I support the bill. This one amendment would ensure that we do the right thing to respond to the fentanyl crisis without doing the wrong thing for civil liberties.

Mr. Joël Lightbound (Parliamentary Secretary to the Minister of Health, Lib.): Mr. Speaker, I would like to thank the member for Saanich—Gulf Islands for her support of Bill C-37 as well as for her tireless efforts and advocacy in responding to the opioid crisis in Canada.

She raises an interesting point. Our goal, of course, is to balance privacy with responding to the crisis we are seeing. I would like to simply highlight that the provision, as stated in Bill C-37, would allow customs agents to open only international mail. The reason for that disposition is that we know that only 2 mg of fentanyl can cause an overdose. This means that a 30-gram package could contain as many as 15,000 fatal doses, which is why we have included this in

the bill. The goal is to strike a balance, but we think that a 30-gram package that can cause 15,000 overdoses is out of proportion. That is why the disposition is in the bill.

● (1115)

Ms. Elizabeth May: Mr. Speaker, if I omitted to say that it is only international mail, I apologize. I do not write my remarks out. It is clearly intended to deal with letters that are mailed internationally. However, those letters mailed internationally could be from Canadian citizens. It is a question of getting the balance right.

I respect what my hon. colleague just said. We understand. Certainly, I am very concerned about the fentanyl crisis, but to me, it is not a step too far to say that if a suspicious piece of international mail has been identified, at that point get a warrant.

Ms. Dianne L. Watts (South Surrey—White Rock, CPC): Mr. Speaker, Bill C-37 is the government's response to the opioid, fentanyl, and carfentanil crisis. I hear of young kids who have died in their 20s. They are 21, 23, 24, and 25 years old. Some are leaving behind small children. However, the bill is silent on the treatment aspect. These kids would not go to a consumption site. There has to be another strategy. I want to ask the member if she would not have liked to have seen the bill be more expansive and broader in strategy to deal with the issue of these young kids taking pills, not injecting.

Ms. Elizabeth May: Mr. Speaker, I understand that we need a broader strategy.

When we had the previous bill, Bill C-2 at the time, the Respect for Communities Act, so branded by the previous government, we needed to get rid of a lot of the provisions that were making it extremely difficult, close to impossible, to open a safe consumption site.

We may even have consensus on all sides of the House that safe consumption sites in Bill C-37 are not the whole answer to the fentanyl crisis. A lot more needs to be done, particularly for facilities designed, as the hon. member just said, for an adolescent who might not go to to a safe consumption site, and we are looking at better education.

I hope we are using the best diplomacy we have with the People's Republic of China in asking it to do more to stop the flow of fentanyl coming into Canada.

There are many steps: going from the full range of mental health and addiction counselling, supports in communities, helping law enforcement, yes, with safe consumption sites being available, and other steps as needed. They do not all have to be in this piece of legislation. This piece of legislation is likely to pass more quickly by focusing on only one aspect of what I hope will be a much broader strategy.

Government Orders

[Translation]

Mr. Joël Lightbound (Parliamentary Secretary to the Minister of Health, Lib.): Mr. Speaker, I am very pleased to rise in the House of Commons today to speak in support of Bill C-37, An Act to amend the Controlled Drugs and Substances Act and to make related amendments to other Acts. This legislation is long-awaited and evidence-based, and it can save lives. I wish to thank the Standing Committee on Health for its timely and helpful review of Bill C-37.

As everyone knows, our government is deeply concerned about Canada's ongoing opioid crisis. Over the last year, we have seen an unprecedented number of deaths in this country. In British Columbia and Alberta, opioid-related overdoses are overtaking motor vehicle accidents as a cause of death. While some parts of the country have been more severely hit than others, no part of the country is immune. Sadly, many Canadians have lost friends or family members, or know someone who has.

The government is therefore committed to addressing this complex public health crisis, and problematic substance use more generally, through a comprehensive, collaborative, compassionate, and evidence-based approach.

- (1120)

[English]

That is why on December 12, 2016, the Minister of Health, with the support of the Minister of Public Safety and the Minister of Justice, announced the new Canadian drugs and substances strategy. This new strategy formalizes our government's commitment to taking a health-focused approach to addressing problematic substance use by restoring harm reduction as a core pillar of Canada's drug policy. It also aims to strengthen the evidence-based underpinning of Canada's drug policy.

At the same time, the minister introduced a comprehensive bill in the House of Commons that would support the new strategy, Bill C-37, a bill that strives to address certain gaps and weaknesses in the existing legislation by better equipping health professionals and law enforcement with the tools they need to protect the public, protect public health, and maintain public safety. The provisions contained in Bill C-37 would help to address the ongoing opioid crisis, and for this reason I encourage all members of the House of Commons to support the bill's quick passage.

Addiction is a complex issue. Not everyone will respond to treatment the same way, and not everyone is willing or able to enter treatment. Unfortunately, evidence demonstrates that individuals who are outside of treatment are at an increased risk for major health and social harms, including overdose and death. This is why the government recognizes that we must be pragmatic in our approach to problematic substance use.

As Canadian communities struggle to respond to the opioid crisis, it is essential that evidence-based harm reduction measures, including supervised consumption sites, be a part of that response. Concrete evidence demonstrates that, when properly established and maintained, these sites save lives and improve health.

[Translation]

However, in 2015, the previous government passed the Respect for Communities Act, which required applicants interested in establishing supervised consumption sites to address 26 criteria in their application before the minister of health could consider it.

On top of that, to renew an exemption for an existing site, applicants have to submit information to address the 26 criteria as well as information related to two additional criteria before an application can be considered.

As a result, this legislation is widely viewed by public health experts as a barrier to establishing new supervised consumption sites, which is unfortunate.

As I have already stated, the evidence shows that supervised consumption sites save lives. As we work to stem the crisis of opioid overdose deaths, facilitating the establishment of these sites in communities where they are wanted and needed is a priority.

That is why Bill C-37 proposes to relieve the administrative burden on communities seeking to establish a supervised consumption site, without compromising the health and safety of those operating the site, its clients, or the surrounding community.

Further, with respect to renewals, existing supervised consumption sites would no longer require a new application. Instead, under Bill C-37, a renewal would simply be requested by informing Health Canada of any changes to the information that was submitted as part of a site's last application.

[English]

Last week, the Standing Committee on Health adopted Bill C-37 with one amendment to clarify the information requirement for an application for a supervised consumption site. This is an amendment that our government fully supports.

Now at report state there is a motion from the member for Oshawa to delete clause 42 of Bill C-37. This would remove from Bill C-37 all of the amendments designed to streamline the application process for a supervised consumption site. The government cannot support this motion.

Supervised consumption sites are a key element to responding to the opioid crisis, and our government has heard that the current legislative framework is a barrier to their successful implementation in communities that want and need them.

An important aspect of this crisis is the extraordinary potency of the drugs being consumed, often unintentionally. Fentanyl, a powerful synthetic opioid, is one of particular concern. While it has legal pharmaceutical use for severe pain relief, it can be misused for its heroin-like effects. Fentanyl is often disguised as other opioids, such as oxycodone or heroin, or added to other drugs.

Government Orders

A pilot drug checking project at Insite, a supervised consumption site in Vancouver, found that 91% of drugs reported as heroin or containing heroin were also positive for fentanyl. Disguising fentanyl in other drugs leads to overdoses, as individuals are not aware of the potency of the substances they are using.

We know that pill presses and encapsulators, which can be used for legitimate purposes, are also being imported to manufacture illegal pills containing opioids. According to the United States Drug Enforcement Agency, a single pill press can turn a kilogram of raw fentanyl worth a few thousand dollars into hundreds of thousands of pills worth millions of dollars on the black market.

Currently, these devices can be legally imported into Canada by anyone, with no regulatory requirements. Under Bill C-37, every pill press and encapsulator imported into Canada would need to be registered with Health Canada.

The most illicit fentanyl is produced in other countries illegally and imported in small packages. Pure fentanyl is an extremely powerful opioid where even a few milligrams can cause a fatal overdose. A small package of pure fentanyl smuggled into Canada through international mail can contain the equivalent of thousands of fatal doses.

Currently, all mail entering Canada may be examined by an officer at the border prior to being allowed into the domestic postal stream, if the officer has reasonable grounds to do so. However, mail weighing 30 grams or less may only be opened if consent is obtained from the sender or the addressee. If no consent is given, suspicious mail is simply returned to the sender. It is believed that this exception is being exploited by drug smugglers and resulting in the proliferation of trafficking via international mail.

Bill C-37 would address this by enabling officers at the border to open all items in the international mail stream if they have reasonable grounds to be suspicious that the mail contains illicit goods.

Finally, we know that the opioid crisis has introduced very real workplace health and safety concerns for front-line staff, including border agents, law enforcement officers, and others who may be exposed to fentanyl and carfentanil during the course of their duties.

This concern is only made worse by the current rules related to the handling and disposition of seized controlled substances; precursors and other offence-related property are cumbersome and complex and include requirements for agencies to store materials until a court order can be obtained. This results in large quantities of controlled substances, potentially dangerous chemicals, and other offence-related property sitting in police evidence holdings for long periods, increasing the risk of exposure to these dangerous substances and increasing the risk of their being diverted to the illicit market.

• (1125)

[Translation]

Among the many provisions included in this bill to modernize the Controlled Drugs and Substances Act to keep pace with changes in the licit and illicit drug market, there are provisions that would introduce a new expedited process for the disposal of seized

controlled substances, precursors, and chemical offence-related property.

Since I have only a few seconds left, I will wrap up now.

[English]

In conclusion, I would say that Bill C-37 would address gaps and weaknesses with existing legislation in order to better respond to the opioid crisis. This bill is another example of our government's commitment to establishing a comprehensive, collaborative, compassionate, and evidence-based approach to drug policy in order to reduce the harms currently being experienced by individuals and communities, caused by drugs.

I strongly, therefore, encourage all members of the House to support this bill, as amended by the House of Commons Standing Committee on Health.

Mrs. Cathy McLeod (Kamloops—Thompson—Cariboo, CPC): Mr. Speaker, I listened to the parliamentary secretary's words about safe injection sites very carefully and he said "properly established and maintained". I also want to note that in committee there was an amendment suggesting, among other things, that the mayor and council formally endorse the proposal, that the police also support the proposal, and that within two kilometres of the planned area, there be some community dialogue. That, to me, is absolutely part of a proper establishment.

I would like the parliamentary secretary to stand and defend to people in those municipalities why that is not part of the process, in terms of the proper establishment of safe injection sites.

• (1130)

[Translation]

Mr. Joël Lightbound: Mr. Speaker, there is definitive evidence that supervised consumption sites save lives.

What we are doing with Bill C-37 and what people need to understand is that we are complying with the Supreme Court's 2011 ruling in Insite, by allowing access to these supervised consumption sites in communities where they are necessary and useful.

As Mayor Coderre said in Montreal, we have a responsibility to protect Canadians, even from themselves at times.

[English]

Mr. Don Davies (Vancouver Kingsway, NDP): Mr. Speaker, the question I have for the parliamentary secretary is, basically, whether he thinks the government is doing enough.

Government Orders

New Democrats have been calling on the government to declare the opioid overdose crisis a national public health emergency since last November. It is going on four months now. Such a declaration under the Emergencies Act would give the government emergency powers to flow emergency funding and, more importantly, provide legal sanction to what are called overdose prevention sites, which are popping up in my home city of Vancouver and operating illegally right now, but are saving lives.

Does the parliamentary secretary agree with New Democrats that such a declaration is necessary to get the sites, which he acknowledges save lives, up and running now, instead of forcing the people working there to work, essentially, against the law?

Mr. Joël Lightbound: Mr. Speaker, I think the government is doing all it can to respond to this crisis. The question allows me to point out a few things that this government has done.

Health Canada has issued a necessary exemption to Centre intégré universitaire de santé et de services sociaux to provide three supervised consumption sites in Montreal, which took nearly two years under the previous government's 26 criteria in Bill C-2, and now we are moving forward with Bill C-37.

We have made the overdose antidote naloxone more widely available. We have provided an emergency interim order to allow the importation of bulk stocks of naloxone nasal spray from the United States. We have scheduled W-18 under the Controlled Drugs and Substances Act. We have scheduled precursors to fentanyl. We have supported Bill C-224, the good Samaritan drug overdose act. We have enabled access to diacetylmorphine via Health Canada's special access program.

In addition, we have launched a five-point action plan to address opioid misuse, which focuses on better informing Canadians about the risk of opioids, supporting better prescription practices, reducing easy access to unnecessary opioids, supporting better treatment options, and improving the national evidence-based strategy. We also held a summit on opioids, resulting in 42 organizations bringing forward 128 concrete commitments to address the crisis. Also budget 2016 provides \$50 million over two years, starting in 2016-17, to Canada Health Infoway to support short-term digital health activities in e-prescribing and telehomecare. That is just to name a few.

We have done a lot to respond to this opioid crisis, and Bill C-37 is one of the steps we are taking to respond to this crisis. I appreciate the member's support and work on Bill C-37.

Mr. Don Davies (Vancouver Kingsway, NDP): Mr. Speaker, I think all members of the House approach this debate with a very trenchant and acute sense of the crises gripping communities across the country. The opioid overdose crisis is not restricted to any one province or territory. It is affecting communities from British Columbia to Newfoundland and Labrador, from Inuit territories all the way down to the border with the United States, and in every major city, from Vancouver to Edmonton to Calgary to Winnipeg to Toronto to Montreal. I am told that even Cape Breton is having a serious problem with opioid overdoses. This is not restricted to any one place. It is touching communities and families across our country.

We are here debating Bill C-37 because the Conservatives have put in amendments at report stage which they could not get passed at

committee. We are dealing with an amendment from the member for Saanich—Gulf Islands as well.

It has been the consistent position of the New Democrats, going back over a year now, that the opioid overdose crisis is a national public health emergency, and we need action now. It has been our position that this political issue is different than many other issues and, in fact, almost every other issue that comes before the House. It is an issue that affects life and death.

The consequences of the decisions we take in the House and the consequences of the decisions we do not take have the effect of perhaps meaning someone lives or dies on the streets of Canada today. We cannot say that about every issue in the House. It is that seriousness, that sober reality the New Democrats bring to this debate, and have brought to the debate from the beginning.

The previous speaker, on behalf of the Liberal government, felt that the government had been doing everything possible that it could be doing. That is demonstrably false. The government has failed to take into account many factors and many actions it has not taken up to now, and they remain before us. There are literally dozens of actions that are open to the government to take to respond to the overdose crisis, which it seems reluctant to do.

Interestingly, the last speaker talked about taking 16 months for three supervised consumption sites in Montreal to be approved. He blamed that on the previous Conservative government. It is true that this application was dealt with under Conservative legislation introduced in 2015, but 16 months is about the length of time the Liberal government has been power. Therefore, it unjust for the Liberals to blame that on the previous government.

The New Democrats stood in the House a year ago and told the government that it should introduce legislation to repeal or amend Bill C-2, the legislation that made it virtually impossible to open safe consumption sites, and to act on that immediately. What was the response at that time? It did not think it was necessary.

The Minister of Health publicly stated that she did not see the problem with the act and if she did eventually see a problem, she would act at that point. She felt that the remedy for dealing with the problems of Bill C-2 were administrative. She did not acknowledge or understand that the problem was the 26 separate criteria that were in the act. It is funny, because my hon. colleague, the member for Vancouver Centre, former Liberal health critic, at the time the Conservatives brought in their bill in 2015, nailed it on the head, as did the New Democrats. She identified that Bill C-2 was specifically brought in by the Conservatives to prevent the opening of safe consumption sites. Yet, when the Liberals came into power, suddenly they changed. Suddenly, they could work with the act.

Government Orders

In the year we have waited, finally dealing with Bill C-2, finally bringing in Bill C-37, which would streamline the act, how many Canadians have died? Approximately 2,000. Now, not all of those deaths would have been preventable. However, when we know safe consumption sites save lives, we know the sooner we can get safe consumption sites open across the country, the sooner lives will be saved. Therefore, we know Canadians died unnecessarily because of the delay of the government, and that is a fact.

The thing about the Conservative amendments are that the Conservatives, with great respect, still remain stuck in their ideological perspective that they want to slow down the introduction of safe consumption sites.

• (1135)

I believe the vast majority of Conservatives do not support safe consumption sites. The only reason they brought in legislation was because they fought Insite all the way to the Supreme Court of Canada, when the Supreme Court of Canada ruled, based on evidence, that the government had to grant a section 56 exemption. Therefore, the Conservatives reluctantly brought in legislation to do so, but they did so with poison pills, 26 of them in fact. The legislation had the desired effect. In the time that the Conservatives brought Bill C-2 to the House, not a single safe consumption site was opened in the country. Therefore, I think that is not a coincidence.

What we have done here, and this legislation tracks this quite well, is restore the process and the criteria for opening a safe consumption site back to the criteria identified by the Supreme Court of Canada.

The Supreme Court of Canada said that the minister must grant an exemption to an applicant who wanted to open a safe consumption site if he or she was satisfied that six criteria had been satisfied. The applicant would need to provide evidence of the intended public health benefits of the site, the local conditions indicating the need for the site, the resources available to support the site, the impact of the site on crime rates, the administrative structure in place to support the site, and expressions of community support or opposition.

I want to stop for a moment because I continually hear the Conservatives misrepresent this issue. All parties in the House believe that the expressions of community support or opposition are important and, in fact, must be taken into account by any health minister. That is in the legislation.

I hear some Conservatives say that it is not there. It absolutely is in the legislation. If they have read it, it says that expressions of community support and opposition is one of the factors that must be taken into account. Perhaps the Conservatives can read the legislation on which they want to vote.

While I am on the topic of the Conservatives, I have to say this. While we were at the health committee last week, one of the most bizarre interventions I have ever heard was made by the member for Calgary Confederation. In opposing the position of the New Democrats that we supported legislation to make safe consumption sites easier to open in the country, with an appropriate regulatory structure mirroring the six criteria set down by the Supreme Court of Canada, he said to me:

I think [the member for Vancouver Kingsway]'s intention here is to try to make the application process for safe injection sites easier.

Would you be in a similar position...if we were sitting around the table here talking about application processes for pipelines in Alberta? To apply for a pipeline is extremely onerous. It's extremely burdensome and time-consuming. It can often take years.

We fought hard as Conservatives to try to make it easier to get pipelines built throughout this country, but we're not talking about pipelines here today; we're talking about safe injection sites.

...I don't support what you're doing here...in your motion or your amendments. However, I am making again the comparison between pipelines and safe injection sites.

...If you're willing to make it easier for us in Alberta, we can make it easier for you to put in safe injection sites throughout the country.

That was the most offensive intervention I have ever heard from any member in the House or at committee. To draw a comparison between moving fossil fuels through pipelines and a process that saves Canadian lives is about the most offensive, dishonourable comment I have heard made by anybody in the House. To actually suggest that there is a comparison between the regulatory process for approving pipelines and the regulatory process to open up health facilities to save Canadians is offensive. To suggest that there could be a trade-off, that if one party supported an easier approval process for pipelines in exchange for an easier approval process for opening safe consumption sites, is also offence. This does not surprise me.

However, what I am surprised by, and where I will conclude, is the Liberal government's refusal to entertain the two amendments of the New Democrats.

First, the New Democrats moved to amend the act to better apportion the burden on an applicant for these sites to make it more appropriate. We believe that the six criteria of the Supreme Court ought to be taken into account by the Minister of Health, but that it is only the local conditions, the resources available, and the need for the local community that applicants should have the burden of meeting. The impact on crime rates, the expression of opposition or support for the site, and the regulatory structure are matters for the minister to use her discretion. We should not burden the applicants for that.

• (1140)

Our second amendment would have allowed provincial health ministers to bypass that process on an emergency basis and ask the Minister of Health for a section 56 exemption in order to open up temporary emergency overdose prevention sites, which are operating in Vancouver today against the law.

I am disappointed the Liberal government rejected those amendments, but the New Democrats will continue to work to move this act swiftly through Parliament so we can start saving lives as soon as possible.

Government Orders

[*Translation*]

Mr. Frank Baylis (Pierrefonds—Dollard, Lib.): Mr. Speaker, everyone knows that there is a nationwide opioid crisis. We know that the government must take immediate action. We understand that there is a great need for supervised consumption sites. What impact does the hon. member for Vancouver Kingsway think that Bill C-37 will have in terms of promoting the introduction of these sites in communities where the need is great?

[*English*]

Mr. Don Davies: Mr. Speaker, there is no question that section 37 would restore the balance to the law in this area and respect the Supreme Court's direction to Parliament in instructing a health minister and a government as to when or when not an application for a supervised consumption site ought to be approved.

As I mentioned in my speech, there are six criteria set down by the Supreme Court, each and every one of them important. What will happen is when section 37 becomes law, it will ease the burden on applicants who are seeking to open safe consumption sites. It will streamline the process and make it quicker. Those communities that want safe consumption sites, where there is a need for that, will open them more quickly and we will start saving lives.

It is a fact that not a single person has ever died in safe consumption sites in Canada, and they have been operating, I believe, for 12 years now. As my former colleague, Libby Davies, used to say, “dead addicts don't get treatment”.

The very first principle of harm reduction, while nobody here is countenancing the use of drugs, is to help people get off substance use and we want them to get treatment. While they are doing so, we can ensure that at least the community is protected, disease is not spread, lives are saved, sterile equipment is provided, and there are medical personnel around in case of an overdose. Those are the facts around supervised consumption sites. They save lives and they are better for our community as well.

• (1145)

[*Translation*]

Mr. Pierre Nantel (Longueuil—Saint-Hubert, NDP): Mr. Speaker, first of all, I would like to thank my colleague for his speech, his steadfastness, his interest in this matter, his very important documentation and, above all, his knowledge of the situation because I am going to ask him a question about what is actually happening.

All Canadians and all Quebecers have seen in the news something that they had already heard about. However, over the holidays, we started seeing for ourselves, through television cameras, teams responding to real situations. This is a tragedy of huge proportions.

I would like to thank the member for pointing out the staggering number of victims. We would have addressed this some time ago except that this is a subject that elicits strong reactions, sometimes very unreasonable ones, from the Conservative Party.

Can my colleague explain why in the last 16 months the Liberal Party lost touch with what is happening? This is not a new issue; it has been brought up many times. We knew and said in advance that it would be a major problem if we did nothing. They did nothing.

Why does he think that they lost sight of the issue even though many members are from that part of the country?

[*English*]

Mr. Don Davies: Mr. Speaker, those are very powerful comments. Fundamentally, this issue occurs at the grassroots level in our communities, affecting real people.

As we sit here debating this, people in Vancouver, Montreal, Toronto, all across the country are injecting opioids in an unsafe manner and are overdosing. Our first responders are dealing with these situations on the ground right now, in very stressful circumstances. Brave nurses and medical personnel are operating right now to try to get a handle on this.

I really think the answer is that substance use disorder is not a moral failing. It is not an issue of character. It is a health matter. Ultimately, we need to respond compassionately to ensure that the people who are suffering from substance use disorder have access to the best health care they can get. We have to quit looking at them as if they are criminals. We must look at them as if they are patients.

Once we start doing that, we can move beyond the dark decade of Conservative rule in the House, when the Conservatives substituted their ideology and their disrespect for evidence, and finally return to an evidence-based, compassionate, health perspective on what is fundamentally a health issue. I am happy to work with the government in every respect to accomplish that.

Hon. Hedy Fry (Vancouver Centre, Lib.): Mr. Speaker, I would like to congratulate my colleague from Vancouver Kingsway for a very excellent presentation. I think he understands the issue very well. This is an issue about health. This is, as the minister has said and as we have acknowledged, now a national public health crisis and steps are being taken to work across the country with resources, as we heard the minister saying, as well as working with all of the public health officers in every province to deal with this issue on the ground.

As a physician, the first thing I look at in any kind of public health emergency, whether it is a virus, whether it is a bacteria, whether as we see now overdose deaths from tainted opiates, is the immediate, urgent means of stopping the problem and of saving lives, of looking at a medium set of policies and legislation that would help us look at longer term solutions to the problem.

I want to congratulate the New Democratic Party for helping to move this so quickly through the House. It means that members get it; for most of us in the House, saving lives is paramount. We can put nothing else before saving lives.

I want to congratulate the Minister of Health for bringing about this change in repealing Bill C-2, which I consider to have been a very tragic and heinous, cruel bill that stopped people from doing what was necessary to save lives. If I may paraphrase something that was said by the Conservative health critic earlier on today, it was that yes, indeed, safe consumption sites save lives, but they help people to stay on drugs.

Government Orders

I want to ask anyone who has any ounce of common sense, which would they put first, saving a life, or saying that people should be able to stay on a drug that they are addicted to. We know all of this is a public health issue and all of this has to do with patient care and understanding the issues of public health.

I want to congratulate the minister because when the Supreme Court brought down its ruling, the Liberal Party was very adamant that we should listen to what the Supreme Court had said. I was the health critic at the time. The Supreme Court had exactly word for word the five criteria that the minister has put in the bill.

At the time I remember most of us were absolutely concerned that the Conservative Party brought in what was then called the Safer Communities Act, which no one saw the irony in because it certainly was not about safer communities at all. Therefore, what we see now is that since 2011 when the Supreme Court made the ruling, until 2015, four years had passed before the Supreme Court's decision had been considered by the government.

I think that is a pity and it was sad because it stopped safe injection sites from being set up across this country. It stopped harm reduction, which is about bringing down the mortality rates of any disease, of any condition, of any public health problem, and bringing down the disease rates as well, not just saving lives, but bringing down disease rates. We saw the safe injection sites. I am proud to say I was the minister responsible for the Downtown Eastside, setting up the Vancouver agreement and agreeing with the harm reduction principles that were set out in the four-pillar approach by the then mayor of Vancouver, Philip Owen. During that time, we had the UBC Centre of Excellence for HIV/AIDS, which did the actual project by 24 peer bodies around the world that was accepted as being well done and the evidence was completely accepted.

At that time, we had 90 safe injection sites around the world, in Switzerland, the Netherlands, Scandinavian countries, Australia, and Portugal. This was happening. People had seen that evidence and this was when we were concerned about 234 overdose deaths in the Downtown Eastside. We saw that once a safe injection site had been set up, evidence showed that there were no overdose deaths from anyone who came into that safe injection site. We had in fact stopped deaths. The other thing that was noticeable was that the crime rates had gone down in that area, so public order was restored.

• (1150)

We also saw that these very high-risk people who had actually started to use Insite at the time suddenly decided that they wanted to go into treatment. These were high-risk addicts. They went into treatment at OnSite, which is above the Insite site. There were 25 beds there for people who wanted to go into treatment. This was an important piece of the evidence as well. It not only saved lives, it also helped people to go into treatment. We saw that it had restored order, and fulfilled another criteria; it allowed people to have hope and to begin to want to build new lives.

These are some important things when we look at harm reduction. When I heard the Conservative health critic say in the House this morning that evidence shows it may save lives, but it helps them stay on the drugs, I wonder why ideology should take human life so lightly. These are human beings, and just because they happen to be addicted to a drug does not mean they are unworthy. Who should say

what lives are unworthy and what lives are worthy? That is what we are talking about here.

I am pleased to see the minister moving forward, calling this a national public health crisis. I am pleased to see the extra pieces with regard to opening of suspicious mail that may contain up to 30 grams of fentanyl. We know that 30 grams of fentanyl can actual cause 15,000 deaths. This is a huge number. We are talking about deaths in the thousands.

After Insite, we not only saw the deaths were stopped, we also saw that the rate of HIV reduced. There had been 2,100 new cases of HIV/AIDS at the time Insite opened. That went down to 31. We are talking about the need to look at this as something that is essential.

I am pleased to see the New Democrats supporting the bill. I am pleased to see everyone in the House determined to move it forward, because it is essential if we are going to have safe injection sites, and all the evidence has proven safe injection sites save lives and bring down mortality and morbidity.

I understand when the leader of the Green Party talked about not wanting to intervene in civil liberties by opening these envelopes, but in the case of lives being saved, it is an essential thing we must do.

I am glad to see the minister bringing up precursors in the bill, to stop precursors. They are important in many instances, but at the moment we have to decide that stopping precursors from being given without going through a prescription and being approved, is actually one way of saving lives.

As a physician, I can say that lives will be saved as a result of the action the minister has taken with this bill, and by making naloxone widely available. As the member of the NDP said, it is important that the mobile units that are helping to save lives at the moment in Vancouver Centre, which are infringing on the law, should be able to give this. It should not simply be given in a buffer zone, but should be considered across the country if we see this as a national crisis.

There are other things we can do. We were asked what those were. The minister has moved very swiftly to do some of the things that are necessary, but we need to look at a public awareness campaign for all the young people, the young professionals, and youth who are not necessarily addicted, but who are recreational drug users, to let them know that using drugs off the street is a dangerous thing to do. When the minister first became minister, she moved to allow for the SALOME project, which had also been done under the Chrétien government, to show whether or not the use of substitute pharmaceutical grade heroin was important to save lives. It was shown that allowing hydromorphone, which is being used in the heroin assisted treatment in Europe and Scandinavia with a great deal of success, is saving lives and helping people to manage their addiction so they do not have to buy off the street anymore. They can go to the clinic and get a pharmaceutical drug, which costs pennies, to be able to save their lives and move them off the street drugs. We have to stop the illicit trafficking. That is of key importance.

Government Orders

•(1155)

If we continue to only look at the demand side of the problem and do not look at the supply side of the problem, illicit opiates will continue to not only kill people but damage lives for a long time.

A lot of the work that has been done in New York gives us the ability to truly look at evidence-based solutions to this problem, to act as quickly as we can, and to make these decisions not based on ideology, but based on clear evidence and science.

Mr. Pat Kelly (Calgary Rocky Ridge, CPC): Mr. Speaker, the previous speaker as well as the member for Vancouver Kingsway both grossly mischaracterized the earlier comments from the Conservative health critic, the member for Oshawa. When the member for Oshawa acknowledged that supervised injection sites may save lives at the moment but do not address the issue of addiction, that is exactly what he meant by that. An injection site is not a panacea, it is not a solution in and of itself to the opioid crisis, it may be part of a solution. It is not ideological to merely point out that preventing a person from overdosing in the moment is not to solve the problem of addiction. Addiction is an enormous problem that encapsulates many parts of society, far beyond street-level addiction.

I wanted to clarify and say there is nothing ideological about acknowledging the complexity of the problem—

•(1200)

The Deputy Speaker: The hon. member for Vancouver Centre.

Hon. Hedy Fry: Mr. Speaker, yes, there is something ideological about preventing when we know that safe injection sites on evidence have saved lives.

Saving lives alone is not an answer, but saving lives is an immediacy. People go to emergency rooms when they have an accident. They want their lives to be saved so they can move into other areas such as keeping healthy and fixing the problem.

The minister and our government have been very clear. We have moved into the medium-term and the long-term problems but we need to deal with the immediacy of saving lives. If a person's life is saved, that person can then move on to treatment, that person can then move on to rehabilitation, and as has been shown in Europe with the advent of safe injection sites, that person can live a meaningful life. No one has denied that. The minister has put in place all of these things.

We set an opioid summit to talk about how we can move forward to the longer and the medium term. If the member had been listening he would have heard me say at the beginning of my presentation that public health deals with immediacy, medium and long term.

No one is suggesting that a harm reduction strategy is the only thing we need to do, but it is the thing we need to do now to—

The Deputy Speaker: Questions and comments, the hon. member for Longueuil—Saint-Hubert.

[*Translation*]

Mr. Pierre Nantel (Longueuil—Saint-Hubert, NDP): Mr. Speaker, I thank my colleague for her speech. If there is a member representing a region who knows what is happening there and who

has spoken out against this situation many times, it is her. I commend her for that.

Clearly, given the work that we are doing together on various committees, my colleague understands that we sometimes need to work on the most obvious common denominator, or the thing that everyone agrees on, in order to take action on what matters most.

However, I would like to ask her if there are any other complementary measures that could be taken. Are there other options that are not included in this bill that we could eventually look into to resolve the problem, since it seems to be growing so rapidly?

[*English*]

Hon. Hedy Fry: Mr. Speaker, I want to thank the member for the important question, and to thank his colleague, the member for Vancouver Kingsway, for the kind words he said about this.

I am a physician, and in the government of Jean Chrétien, I was responsible for the Downtown Eastside because of the problem that was happening with overdoses, so I was there from the very beginning.

I look at evidence-based solutions. There are other things that we need to do not so much with respect to this legislation, because the bill must be passed now to get moving on this. We need to do things such as analysis at certain mobile units, at safe injection sites, and in other areas and on the street of whether or not a drug that is being used is tainted with fentanyl or carfentanyl. It is because of the safe injection sites in Vancouver that we first found out that there were tainted opioids. We need to do that.

There is a clinic in Vancouver that is giving hydromorphone to a small group of very high-risk addicts. The people who were in the SALOME trials are now getting hydromorphone, which is important for saving their lives and keeping them off street drugs or from buying on the street.

There are some things the minister is working on but this legislation hits the nail right on the head of what we need to do right now.

•(1205)

Mrs. Cathy McLeod (Kamloops—Thompson—Cariboo, CPC): Mr. Speaker, I am very pleased to rise at report stage on Bill C-37 to add my perspective to the debate.

All of us in the House agree that we are facing a very real crisis. The casual or addictive use of drugs is now including a much higher risk of death. Indeed, many people have compared it to playing Russian roulette with what is out on the streets and what is being mixed into drugs. It is truly a risk for everyone.

Bill C-37 represents a partial response to the crisis. There are many measures in the bill that are important and supportable, but there are some areas which obviously we still have some concerns about. Even with the supportable measures, I think we need to talk a bit about the time it took to get us to this point.

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It was 10 months ago today, April 14, when British Columbia's provincial health officer declared a state of emergency in relation to the rising death rate being seen every day. It was related to fentanyl being laced into drugs. Back in 2012, it was in about 5% of drugs and it was reaching up to 60% in 2016. It was recognized that we had a crisis and B.C. declared a state of emergency. That was 10 months ago.

Meanwhile, we know that carfentanil has been confirmed on the streets as well. It is very important that we have a public awareness campaign, because many parents, children, youth, and young adults have no idea what is out there on the street. Carfentanil is for use on large animals like elephants. It is 100 times more potent than fentanyl, 4,000 times more potent than heroin, 10,000 times more potent than morphine. People can actually order it by mail from China, and it can be delivered.

In the fall of last year, a man in Calgary was arrested, and I believe he had a kilogram of carfentanil, which had the potential to kill 50 million people.

We have all agreed that we need to give additional powers to our border security folks. How long has that taken? We had a state of emergency 10 years ago. We finally got a bill that would do this, right before Christmas when there was no time to debate it. The bill was sort of packed with a number of different measures, many of which are supportable, but the government had to know here was one area that was going to create debate.

First of all, the government should have had this bill on the table way back in the fall. Second, let us get that piece that is non-controversial through the House, and then spend a bit of time debating the issues that we are concerned about.

The bill also includes the prohibition of designated devices, such as pill presses. We know that in Canada there is no reason for anyone to have a pill press without it being registered. I understand that this change could have been done in the regulatory framework, but instead, we waited months and months and it was put into the bill. Instead of a quick, simple process that would have been an appropriate response to an emergency, we have gone at a pace similar to that for many of the bills in the House which are not critical. However, this is a bill that is critical, and these items should have been acted on a long time ago.

As I have indicated, we really do support many of the measures in the bill, but it should have been here 10 months ago. It should have been here eight months ago. I was very disappointed that the Liberals did not support moving it through at all stages. We offered to move it through at all stages and it could have been law right now. Our border services agents could be opening those small packages and capturing some of these illicit substances in the mail as we speak. I think the government has been negligent.

●(1210)

It was interesting to hear the member for Vancouver Centre talk about how important this bill is, but even she recognized last summer that her government was moving too slowly. Unfortunately, I did not get a chance to ask her a question about that so that she could articulate more clearly what her concerns were at that time.

There is a section of the bill we do have some problems with. The Liberals are gutting community consultation and there is truly a lack of rigour. They talk about complying with the Supreme Court, but they have taken all the rigour out of the compliance. They have some very undefined statements and principles. There is no definition around them. I do have big concerns that they have taken some of those items out.

On November 16, the Minister of Health was at the indigenous affairs committee. I want to refer to a couple of comments she made at that time.

We talked about a lack of proper data. She said:

The point you've raised brings up one of the real challenges on the opioid crisis, which is that there is actually not the kind of data and surveillance we would like to have, even in terms of the total overall number of overdoses and overdose deaths.

Having a solution means we need to have data, and I do not see us making much movement toward having good data, in terms of informing the proper solutions for different communities.

In response to some questions I was asking about the availability of detox and rehabilitation, she said:

I think it would be accurate to say that there is a shortage of treatment facilities and programs.

The government has no trouble putting criteria around home and mental health care. It is very happy to say to the provinces that we have to have some criteria around home and mental health care, but the requirement for associated detox and rehab at safe community injection sites has been taken away.

That is something that was attached because, to be frank, there are a lot of priorities for dollars to be spent within our provinces and our health authorities, and there is a huge and extreme lack of detox and rehabilitation facilities. In spite of the minister's acknowledgement that there is a shortage, she actually chose to remove that from the bill.

Again, at the meeting on November 16, we talked about the importance of community consultation. She said:

I've made it clear that for communities that need them, where they're appropriate and where there's a community desire to have those programs, we need to find mechanisms to make them more available as one of a range of tools. Of course, this is the kind of thing where there would be collaboration with the community and with provincial health authorities.

Then she went on to say "community consultation is absolutely essential" .

Let us take those quotes and look at the very reasonable amendment. There were some concerns from the current government that the process was too onerous, so my colleague, who is the critic for health, made what I thought were very appropriate suggestions for amendments. He suggested that what was needed was mayor and council to support a safe injection site. Many of us have a local government past. We would agree that mayor and council can have critical, absolutely critical, insight in terms of what, where, and how.

They talked about the RCMP having some input. They talked about a public consultation process that includes notices to the people who live within two kilometres of the area.

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The minister talked about community consultation. It is very nebulous and unclear in the existing legislation. What was proposed was something that was very reasonable, very sensible, but the government chose to ignore putting any sort of framework around community consultation. I think it has made a big mistake.

Our concern is very important. It is valid. We cannot take the community consultation process away. We need a bit of rigour, and they have taken that rigour out of the process.

• (1215)

I look to members opposite to reconsider that particular element, because anyone who has ever been in local government knows how important it is to have a framework around the local community consultation process.

In my final comments, another really important gap we see that perhaps is not part of legislation, is there has been no commitment at all on the part of the government for a national education and awareness campaign. That is something to which the government should give very serious consideration.

Mr. Kevin Lamoureux (Parliamentary Secretary to the Leader of the Government in the House of Commons, Lib.): Mr. Speaker, it has been interesting listening to the debate thus far, and this is my first opportunity for an interjection.

I want to make it very clear that this has been a priority issue for this government. Our Minister of Health and others have indicated it as being a national health care crisis and the government is moving forward. It has met with many different stakeholders, including at the provincial level. It is working with many different stakeholders who are involved in trying to come up with ideas.

I do take some exception in the sense that we did introduce the legislation late last year, and that is because there is a lot that needs to be done in the lead-up to legislation. The Conservative Party was provided the opportunity back in December to pass the bill and chose not to do it. I appreciate the fact that the New Democrats did.

Could the member indicate when the Conservative Party first raised the issue inside the House of Commons in the form of a question during question period? Question period often reflects the priorities of the opposition. Does the member have any sense of when it was first raised by the official opposition in the House?

Mrs. Cathy McLeod: Mr. Speaker, we are on the coal face, and certainly as far back as shortly after the state of emergency in British Columbia was declared, I know my colleague from South Surrey—White Rock, and certainly a number of us did express our concerns.

My bigger point is there are measures. When there is a strike and it is determined we need to have back-to-work legislation, it happens immediately. We knew carfentanil was coming in from China. We knew it was coming in in small packages. It has taken 10 months to get a piece of legislation on the table that gives some additional powers to our border guards to seize and intercept packages containing something that has the capability of killing thousands.

[*Translation*]

Mr. Pierre Nantel (Longueuil—Saint-Hubert, NDP): Mr. Speaker, I am reassured to hear a Conservative Party member use that tone when speaking about this bill, and I appreciate it. However,

I cannot resist asking her to explain her position, since, to date, her party has been extremely skeptical about supervised consumption sites. When the Conservatives were in power, they even passed a bill that limited the establishment of these sites and made it extremely complicated to do so.

As part of its partisan campaigns, this party even sent emails to its supporters saying how frightening and appalling it was that the Liberals and the NDP wanted safe consumption sites in their backyards.

How can my colleague explain her current pragmatism given her party's attitude when it was in power in the previous Parliament?

[*English*]

Mrs. Cathy McLeod: Mr. Speaker, I think it is important to note that there has been approval given to new injection sites under the existing process. In Kamloops we have a mayor and council who have endorsed 100% moving forward with a safe injection site.

We had 26 criteria which created some rigour around the process, and because of that rigour, we have a community like Kamloops where the downtown business association has been engaged. Its members have made suggestions in terms of locations. Council is voting 100% unanimously to support it because there was rigour around the process in moving forward.

What the government is suggesting and what the bill does is it guts all the rigour of the process. I think we will be heading down a very bad path in terms of having that support and that good advice from communities on how to do things and where to do things.

Ms. Dianne L. Watts (South Surrey—White Rock, CPC): Mr. Speaker, certainly the member's community has been hit very hard with an over 200% increase in deaths.

This comes back to the data. I have a list here of 12 deaths, which is a very small snapshot, of kids in their mid-twenties, the deaths of just a dozen young kids who would not use a consumption site, who are not injecting.

We are very concerned about saving lives, whether it is an individual who has been an addict on the street for a very long time, or whether it is our young adolescents. The bill is so vacant in dealing with our adolescent population, and I am wondering if the member can comment on that.

• (1220)

Mrs. Cathy McLeod: Mr. Speaker, I talked about the lack of data, what was very surprising was that when I looked at the data in Kamloops, we had 40 deaths in the last year. Those are mothers, daughters, and sons. It is horrific. Was that through ingestion or related to addiction? How does it break down? We really need to target our support and resources, and that information is not there.

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Our ability to understand the problem in all its complexity is not actually helped by the data that is currently available. Regardless of the reason, we need to have strategies for the different issues we are dealing with, and we simply do not have that.

Mr. Arif Virani (Parliamentary Secretary to the Minister of Canadian Heritage (Multiculturalism), Lib.): Mr. Speaker, I am very proud to rise today in support of Bill C-37. We have a national public health crisis in Canada right now. Last year, in British Columbia alone, more than 900 people died from drug overdoses, an increase of over 80% from the previous year, and the situation is getting worse. Deaths from drug overdoses, including fentanyl and carfentanil, are now predicted to exceed deaths by car accidents. Thousands have died, and thousands more will die unless we, as parliamentarians, take decisive action. Bill C-37 represents decisive action.

This bill would address our public health crisis and help save lives in a few important ways. It would simplify and streamline the application process for communities that wish to open supervised consumption sites to limit drug overdoses. It would put stronger measures in place to stop the flow of illegal drugs into our communities.

Bill C-37 represents a vitally important step and necessary shift in the treatment of drug addiction from a framework of punishment and strict law enforcement, practised by the previous government, to one focused on health care and based on scientific evidence.

I am proud to support this bill on behalf of my constituents in Parkdale—High Park. The care and compassion of the people in my community, coupled with their political engagement and depth of knowledge on these issues, has translated into overwhelming support for a shift in how we treat people experiencing drug addiction. My constituents want a federal government that responds to health crises, like the tragic deaths of thousands of Canadians from accidental opioid overdoses in 2016, with a compassionate strategy based on evidence, not the knee-jerk ideological responses that characterized the previous government's zero tolerance approach.

This past July in Toronto, the city where I live and serve the people of Parkdale—High Park, city council approved plans for three future safe consumption sites. In Toronto, there are already 50 such locations that offer harm reduction services and access to clean syringes and needles, including the Parkdale Community Health Centre and the Breakaway Addiction Services Satellite clinic in my riding. Both of these organizations provide an invaluable service in my community. They help save lives in Parkdale—High Park by treating addicts with care and compassion, not punishment and stigma.

Bill C-37 would help by expanding the harm reduction network that already exists in my community and across the city of Toronto.

I want to explore the idea of harm reduction a little more. At its core, the principle of harm reduction is about taking a realistic approach to drug use and addiction and thinking practically and respectfully about the best options for treatment. As we all know in this chamber, drug addicts do not desire or choose to continue using substances that put them at risk of harm. Addiction is a brain disorder; it is not a choice.

People experiencing addiction compulsively engage with rewarding stimuli, despite the harm it does to their health, their relationships, and their very lives. While prevention and treatment are the central pillars of any drug strategy, we acknowledge, on this side of the House, the reality that people who are experiencing addiction will use drugs for a period of time until they are in treatment.

Harm reduction strategies and treatment goals are not incompatible. To the contrary, they are actually mutually reinforcing. Harm reduction strategies assist by helping to keep addicts alive and moving them toward treatment. Harm reduction strategies are the best alternative for people for whom prevention or criminal sanctions have not been effective. Harm reduction does not mean that we are giving up on these people or enabling them to use. It is quite the opposite. Through harm reduction, we are refusing to give up on these very people. We are refusing to let them die.

The contrast to harm reduction initiatives are the zero tolerance policies favoured by the previous government. Zero tolerance policies aimed at criminalizing addicts do not work. We have seen the negative effects of these strategies on marginalized communities, especially among those who are over-incarcerated, like the indigenous and black communities. We have seen the negative stigma. We have seen misinformation based on anecdotes instead of scientific facts about drug addiction. People who are suffering from a condition they cannot control are treated as criminals instead of patients. This is fundamentally the wrong approach.

By contrast, harm reduction not only serves individuals affected by their own addiction but helps friends and families of addicts, and society as a whole. When we stop pushing addicts out onto the street and into alleyways, our communities become safer. When we provide a safe space for consumption, equipped with medical professionals, parents of addicts do not have to bury their children. When we shift our narrative to focus on providing health care for Canadians afflicted with a difficult condition, our society, as a whole, begins to heal.

This basic idea that harm reduction, in the form of safe, supervised consumption sites, can promote public health and safety was recognized by the Supreme Court in the *Insite* case.

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•(1225)

With members' indulgence, I am going to put on my constitutional lawyer hat for a moment and discuss the Vancouver safe injection site that was at issue in the Insite case. I will not go into all the details, much as I would love to, but it is important to note that, in short, the Supreme Court of Canada unanimously found in that case that the denial of a ministerial exemption by the previous government under the Controlled Drug and Substances Act was a violation of the charter, specifically the section 7 right to life and security of the person of Insite's clients. The Supreme Court, by way of remedy, unilaterally reinstated the exemption, allowing Insite's doors to remain open so the facility could continue to prevent unnecessary deaths on Vancouver's Downtown Eastside.

The previous government's response to that decision, after some negative reaction on the part of the previous government, was to ramp up the number of conditions that had to be met for supervised consumption sites to be permitted to operate.

The government cannot do through the back door what it is not permitted to do constitutionally through the front door. The old Bill C-2, which is called, and we know the Conservatives had a penchant for these catchy names, the Respect for Communities Act, was an ideological response, not one based on evidence. It prompted observers, like the HIV/AIDS Legal Network, to note:

...Bill C-2, imposed near-insurmountable obstacles for supervised consumption services (SCS), such as Insite in Vancouver, despite ample evidence of the benefits of these health interventions. Not only have [supervised consumption sites] been shown to save lives, they are also cost-effective, as revealed by a new study conducted by the Toronto-based St. Michael's Hospital

If the members opposite want evidence of that study, I am happy to provide it.

We have heard such critiques, and we have responded as a government. Through Bill C-37, our government is taking the number of criteria that must be met to open a supervised site from 26 conditions, which to my mind is not intensive community involvement but is actually a barrier to providing authorization, and reducing it to five. We did not just dream up this list. We are using the very five criteria entrenched in paragraph 153 of the Supreme Court's unanimous decision, lest we be accused of perhaps not taking community consultation seriously, as some of the members opposite have opined.

Through Bill C-37, our government has responded to calls for a change in the legislation from organizations and people on the front lines who care for and treat drug addicts. They see the negative impact of a system imbalanced between public safety and public health.

Criticism of the bill has suggested that the government's new approach would turn society into an enabler of drug addiction, as opposed to a preventer. On the contrary, we will not stand idly by and enable Canadians to fatally overdose because we failed to act to provide them with safe spaces to receive health treatment.

We will prevent more people from dying by shifting our approach from criminalization to treatment with compassion. While we are shifting our approach, we are not diminishing the ability of law enforcement and the criminal justice system to enforce the law. We

are shifting the treatment of addicts from punishment to treatment by treating addiction as a health issue. Critics of the bill forget that we are also increasing law enforcement's ability to prevent illegal substances from making it onto Canadian streets with changes to the Customs Act.

Bill C-37 would also further reinforce the commitment to consult with communities before making decisions that would directly impact them, such as the opening of safe consumption sites. Law enforcement, first responders, business owners, and residents down the street would all be consulted before the health minister delivered an evidence-based decision.

This bill is not revolutionary. We heard this in some of the earlier speeches. There are already over 90 safe consumption sites operating effectively worldwide, including two sites right here in Canada. The Centre for Addiction and Mental Health has completed extensive research, in collaboration with other prevention programs, on the effectiveness of harm reduction. Researchers discuss drug addiction as a continuum, "where harm may occur at any level".

Drug addiction is not black and white. It is not an all-or-nothing disease. If we continue to impose the rigid standards of Bill C-2, passed by the previous government, we will continue to deny communities and addicts the help, support, and life-saving services they desperately need and deserve. Balancing public safety and public health is not easy, but I am confident that Bill C-37 would help do just that. I am very proud to support legislation that puts the health and safety of Canadians at the forefront of our strategy, and I urge all members of the House to do the same.

•(1230)

Ms. Dianne L. Watts (South Surrey—White Rock, CPC): Mr. Speaker, I think everyone would agree that addiction is a health issue. I think that has been out there for many years, and we support that avenue.

There are a few things here I would like to speak to.

First, I agree with the CBSA opening the mail, but we have a lot of drugs coming in from China. I would like to know what the strategy of the government is to stop that flow.

Second, I would like the member to outline and maybe point out in the legislation where the process of community consultations is laid out.

My third point, and I said this earlier to another member who had spoken, but I have list here of 12 adolescents who have died, and they were all in their early twenties. They were not addicts. They were adolescents who had taken fentanyl, and they have all died. I wonder what that strategy looks like.

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Mr. Arif Virani: Mr. Speaker, I appreciate the question from my colleague. I know that her riding, and all of the B.C. members of Parliament, have been directly affected by this issue.

In terms of what we are seeing with the transport by mail of substances like fentanyl and carfentanil, it is shocking and dramatic, and it demonstrates to us that there are new types of drugs that are being used and coming into our communities in vastly different ways. We are responding to that through this legislation by implementing changes to the Customs Act, which would allow the seizure and inspection of those types of mail packages, including packages as small as 30 grams. We know that a 30-gram standard letter envelope can contain enough fentanyl to kill 15,000 individuals, which is staggering by any stretch of the imagination.

In terms of what the community consultation looks like, we have heard debate in this chamber already. We have heard the response from the minister. It is important to note that one community consultation is one of the five factors that must occur. Second, the way that it would roll out is in a robust way, including first responders, residents, and individuals in the law enforcement community, so that it is comprehensive.

With respect to youth, the third part of the member's question stated that we need to be addressing the needs of youth in particular. I agree wholeheartedly. This government is focused on youth, including youth who are suffering the impacts of substance abuse. This will be a focus of our strategy going forward.

Ms. Tracey Ramsey (Essex, NDP): Mr. Speaker, I have to address the issue that the member for Vancouver Kingsway brought up earlier.

We are talking about lives. Every day that we sit here and debate, every day that we hold back on this decision, we are potentially impacting the lives of Canadians. We cannot sit any longer and not declare a national state of emergency. This is something that has been widely called for. We see that it has been called for by David Juurlink, who was the keynote speaker at the health minister's own opioid summit. B.C. health minister Terry Lake has also called for this, as well as stakeholders across Canada.

Canadians need access to funds for clinics in their region to address this. The only way we can do this is to declare a national state of public health emergency.

I want the member's opinion on whether or not he feels his government should declare it so that we can address this crisis and prevent any more Canadians from losing their lives.

• (1235)

Mr. Arif Virani: Mr. Speaker, I thank the member opposite for her comments and question, and for her advocacy in this chamber.

What we are dealing with is an absolute crisis. We are dealing with levels of death not seen before, which are staggering. As I mentioned in my opening statement, the number of deaths from overdose may exceed the number of deaths from automobile accidents, which is a staggering figure for us to understand and analyze.

On this side of the House, we are acting. We are firm in our commitment to take action as quickly as possible, which is why we

have moved quickly to have this debate occur. We have moved quickly to have this legislation steered through committee, which is why the bill is now at third reading. We want to take concrete actions that will address the crisis in a manner that is as robust as possible.

As to whether this should be declared a proper emergency under the Emergencies Act, there is no precedent for that thus far. However, I am comforted by the actions, responses, and the leadership shown by the Minister of Health, herself a physician, in terms of taking actionable steps to implement a strategy that will help to save lives.

Mr. Mark Strahl (Chilliwack—Hope, CPC): Mr. Speaker, it is a pleasure to rise in the House today to talk about Bill C-37. Before I do, I hope you will allow me some latitude to wish my wife Lisa a happy Valentine's Day. We are 3,000 kilometres apart, but I am here doing the nation's business and she has given me her blessing to be here even though it is Valentine's Day. I want to thank her for all of her support in doing this job.

We are here to talk about a very serious piece of legislation, Bill C-37, an act to amend the Controlled Drugs and Substances Act. First of all, Canadians should be aware that this debate is now taking place under time allocation, which means the government has decided it does not want to hear from any more members of Parliament on this issue. Not only does it not want to hear from affected communities on the issue of safe injection sites or safe consumption sites, as they are now being described, but it does not even want to hear from parliamentarians on this issue. That is a real shame.

We are sent here to represent our constituents. We are sent here to speak out on behalf of the people who elected us, and now the government has said it does not want to hear from us anymore. It only wants one more day of debate. It tried to have no debate whatsoever on the bill. Teaming up with the NDP, it tried to have the bill passed at all stages with no debate from any single member of Parliament. It is outrageous that this sort of important issue would be treated in that manner where not only do Liberals not want to hear from affected communities anymore, but they do not even want to hear from members of Parliament. I think that is the real issue here.

I heard today, and we all agree, that this is a health crisis. There are components of the bill that deal with the health crisis. The official opposition, the Conservative Party, advocated splitting the bill and passing those sections of the bill immediately. Again, this was rejected by the Liberal government and the third party, the NDP, because apparently they want to score political points on this issue. That is a real shame.

The points of the bill that all parties agree on include giving the Canada Border Services Agency more powers to search packages weighing less than 30 grams and ceasing the import of pill presses. We agree. The Conservative Party has agreed. Our health critic has spoken eloquently about that, and so have many on this side. This is a real measure that can be taken immediately to address this issue, but again, the government rejected our attempts to have this dealt with quickly.

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We agree that we should grant the minister the authority to quickly and temporarily schedule and class new substances. That is a good idea. We could have done that in a single day with a single voice vote, had the government agreed to split the bill and move forward on the issues on which we could all agree, had the Liberals really wanted this to move ahead quickly, if they actually cared. We heard this again and again today from the government side: we need to act immediately, we need to act quickly, this is a health crisis. We agree. Why did they not agree with the Conservative amendment to split the bill and move forward those important measures immediately? It shows that there is politics at work here.

What we are concerned about is the community consultation. Quite frankly, I find it shocking that the government talks about consultation. It consulted on every other measure it has brought in. Whether it actually listened to that consultation, I think is a matter of debate. However, whether it is on new pipelines or any number of other pieces of legislation, the Liberals have delayed the pipeline decisions that would have got energy workers in Canada back to work, by up to a year.

They said the consultations that were done previously were not enough; they needed to set up a whole new process and double down on consultation because they needed social licence to move forward, whatever that means. So they draw out that process on and on and ignore the consultation that they actually had. They went with the Conservative process entirely when they made those decisions. However here, on something that affects communities, there is no consultation.

I heard it again. The minister has declared it a barrier. The previous Liberal speaker said that community consultations are a barrier to safe injection sites and we need to get rid of them.

● (1240)

Quite frankly, I think it is reasonable to expect that, when a safe injection site is proposed for any community, the chiefs of police are consulted, crime statistics are consulted, the mayor and council are consulted, the residents in the area where the site might be opened are consulted. As the member for Oshawa said, who is the official opposition health critic, the only way that safe injection sites are successful is when they have community buy-in, and we do not get community buy-in when we refuse to consult with the people who will be directly impacted.

We have heard many times about Insite in east Vancouver. Members of that community have said this is where they want this; this is okay in their community; they have integrated it into their community. Not all communities are east Vancouver. Some are going to take some time to get there, if they ever do.

However, we do not build consensus by refusing to consult with affected individuals. We do not build consensus by refusing to talk to the community.

As a member of Parliament, I am glad I had the opportunity to speak. I am sorry for the many dozens of MPs who will not be afforded the opportunity because of the heavy-handed tactics of the government. However, seeing this coming, seeing that the government was abandoning community consultations, I took the opportunity to consult with my community. I sent a brochure to

every single household in my riding and asked two questions. The first question was whether they think communities should be consulted before a safe injection site is proposed in a community. Do they think that's reasonable? The second question was whether they think there should be a safe injection site in Chilliwack—Hope. I had an extremely robust response. Nearly 1,000 people have taken the time to respond, which is a very high number. It is more than double the number I usually get in responses.

To the question whether they believe that, without consultation, the government should be able to approve these, 76% of respondents said, no, they do not believe that should be possible to do. They do not see that as a barrier. They think it is essential that they be consulted before a safe injection site goes through.

To the second question, whether they believe safe injection sites should be located in Chilliwack—Hope, 68% said no and 32% said yes.

I will be sharing that information. I share it with the House. Once the final results are in, I will share that with the Minister of Health, with the government, because my constituents deserve the right to be consulted and heard. The real tragedy here is that we had an opportunity to act immediately on those measures that we could all agree on, but the government refused to do so.

The safe injection site model is what the debate is focused on here, but there is another great example that I want to highlight from British Columbia, as well, and again B.C. is on the leading edge of this. It certainly was troubling to hear the member for Vancouver Centre indicate in the media earlier this year that, maybe once this issue reaches the Manitoba-Ontario border, then this Liberal government will start to pay attention. Right now, it's just an issue for B.C., so they are not too worried about it. This is the most senior member of that caucus, I think. She has been here since 1993. She indicated that maybe when this becomes an issue in central Canada, then the government will start to pay attention. That is a pretty sad state

I want to talk about the St. Paul's Rapid Access Addictions Clinic. It has been set up in a hospital setting where, when people come in and say that they want to kick their addiction, they are immediately walked upstairs and started on the process of detox right then and there. That is what we have not talked about enough today. Harm reduction is one of only four pillars in dealing with drug addiction. We have enforcement, we have treatment, and for too long the balance has shifted only to harm reduction. Until we have adequate treatment and detox beds for people to access, I think we are merely treating the symptom and not the underlying problem.

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•(1245)

It is unfortunate that the government is cutting off debate on this issue. It is unfortunate it does not want to consult with communities. It is a real shame, and it is not the way the government should move forward on this important issue.

Mr. Mike Bossio (Hastings—Lennox and Addington, Lib.): Mr. Speaker, I respect the member's concerns over safe injection sites. This is not just going to pop up tomorrow, that all of a sudden the bill will pass and we will have 100 safe injection sites across the country. It is not to infer that the minister will not consult with the communities where these sites may end up being necessary. Let us face it, we are in a crisis situation right now in Vancouver. It is starting in Calgary and moving to Toronto. Who knows how many centres will be impacted by this existing crisis within our society. It behooves us to move as quickly as we can to deal with the crisis.

Therefore, I do not accept the member's premise that no consultation will take place. That is just not the way things work. They never have and they never will. Of course consultation is going to occur in order to make these sites beneficial to their communities. I imagine we will also consult with the municipal governments as well as the public safety officials within those centres to ensure these sites are established in a proper manner.

Does the member agree that a crisis exists, that we need to deal with this issue as soon as possible, and that this does not necessarily infer that consultations will not be conducted?

Mr. Mark Strahl: Mr. Speaker, the member will forgive me if I do not put a lot of weight in what he says. He says that he imagines there will be consultation. He asks us if we do not think there will be that consultation. The previous Conservative government, with the Respect for Communities Act, mandated it. We believed so strongly in consultation with communities on this issue that it was required.

When a government comes back and says that it will remove that requirement, to me it says it does not value that consultation. The Liberals have said repeatedly that they see this community consultation as a barrier to setting up future safe injection sites. If the consultations are to continue, why has the government removed the requirement to consult?

We would have passed the portions of the bill that did not relate to community consultations without a debate, immediately, but the government refused to do that.

Mr. Daniel Blaikie (Elmwood—Transcona, NDP): Mr. Speaker, on the theme of consent, with respect to issues that are important enough, where there should be legally mandated consultation, does he think in those cases the consulted communities ought to have a veto over whether a project goes ahead?

•(1250)

Mr. Mark Strahl: Mr. Speaker, certainly consultation should be required. The government needs to place a lot of weight on that. There might be cases where the health crisis itself necessitates certain action from the government. I am not arguing that.

What I am arguing is that no matter what, we should be asking the police, affected residents, the mayors, and councils what their opinions are on this issue and what the data shows. If we truly believe in evidence-based decision-making, which we hear repeat-

edly from the government, then we should be collecting the evidence. We should not be backing away from that requirement. That is why we cannot support the bill in its current form.

Ms. Elizabeth May (Saanich—Gulf Islands, GP): Mr. Speaker, the Conservatives place emphasis on all the things that should be done before a safe consumption site is put in place, such as looking at the evidence. In Vancouver, there has not been an increase in crime rates anywhere around the safe injection site at Insite. We have evidence that shows it saves lives.

More to the point, the so-called Respect For Communities Act was heavily loaded with conditions that were clearly put there for the intention of doing indirectly that which the Conservatives could not do directly, which was to defy the Supreme Court decision. The remaining conditions in the bill still require an assessment around crime. It still requires hearing from those who are for and against. The minister will look at all the factors in exercising discretion to allow this exemption.

Mr. Mark Strahl: Mr. Speaker, it perhaps is not surprising that the member for Saanich—Gulf Islands places a lot more trust in the Liberal government than I do. I do not trust it when it removes requirements from the bill to continue to consult. That is a clear indication of its priority, which is that Ottawa and the Liberal government know best, that we should just trust them and they will take care of it for us.

The Conservatives trust their communities, the police, and their own neighbours to intervene and share their knowledge before any type of safe injection sites go forward. That is how one builds support for this sort of thing. One does not do it by denying consultation with communities.

Ms. Joyce Murray (Parliamentary Secretary to the President of the Treasury Board, Lib.): Mr. Speaker, I rise today to speak in favour of Bill C-37, an act to amend the Controlled Drugs and Substances Act.

As we have heard from other members in the course of this debate, the illegal production and trafficking of controlled substances continues to be a significant problem in Canada. Our government is profoundly concerned about the current opioid crisis and the growing number of opioid overdoses and tragic deaths across the country.

Today, I will speak to the human aspect of this crisis, as well as some of Bill C-37's proposals to help address the health and safety risks associated with the diversion of drugs from the legitimate supply chain to the illicit market, one important source that contributes to this public health crisis in Canada.

It is critical that we ensure our drug control legislation, the Controlled Drugs and Substances Act, or CDSA, is modern, effective, and can better protect the health and safety of Canadians. This is an urgent priority for me and for our government.

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[*Translation*]

In that respect, on December 12, 2016, the Minister of Health introduced Bill C-37 in the House of Commons. This bill supports our government's commitment to drug policy that is comprehensive, collaborative, compassionate, and evidence-based, and which balances both public health and public safety for Canadians.

As you are all aware, this bill proposes significant changes related to supporting the establishment of supervised consumption sites as a key harm reduction measure. It also contains important elements which aim to ensure that controlled substances used for legitimate purposes are not being diverted to the illicit drug market.

● (1255)

[*English*]

We must work tirelessly to ensure that controlled substances used for legitimate purposes are not diverted to the illicit drug market, where they are deadly and have led to hundreds of tragic accidental drug overdose deaths, 914 last year in my province of British Columbia alone. That is 80% more than the previous year, fentanyl being the major contributor to this awful statistic.

The 914 are actually not statistics; they are people and they are us. There were 914 people who died in British Columbia from overdose deaths last year. They are human beings. Each life, in its own unique way, is interwoven with families and communities. They are mothers, fathers, sons, daughters, brothers, and sisters. They loved others and were loved, they belonged, they shared their aspirations, and they inspired their friends. They were people, like each of us, who, in their own way, enjoyed their lives, work, and challenges, who were powerful, contributing, and recognized, who were moved to make the world a better place. They are human beings.

Donald Charles Alexander Robertson, known as Alex by his friends, was caught off guard by this crisis. He passed away just over two weeks ago due to an accidental death caused by the opiate fentanyl. I chatted with Alex the evening before. He was a close friend and work colleague of my son Erik over many years. His life was interwoven with ours, his community with our community. In the words of my son Erik, Alex really was an amazing, capable, wise, joyous, humble, grounded, passionate, brilliant young man. He was an innovator and emerging leader who loved and was loved by many. His memories, teachings, and legacy will inspire many of us for decades to come.

Let us not detach ourselves in this debate and lose sight of the humanity of this crisis in the quotation of statistics. The victims of the fentanyl crisis, they are us. I want to express my deep condolences to Alex's parents and his sisters, Chrissy and Leslie, to his extended family, friends and co-workers. I hope the passing of Bill C-37 will be one plank in the foundation that we need to build to help eliminate the unintended exposure to deadly illicit opioids and the harm they cause over the years to come.

I would now like to focus specifically on how Bill C-37 would modernize Canada's legislation to reduce the risk of controlled substances like fentanyl from being diverted from legitimate producers, importers and distributors and secured by the black market. The measures being proposed to address gaps in Canada's

drug framework are designed to respond to this evolving opioid crisis.

First, while targeted amendments have been made to the Controlled Drug and Substances Act since it came into force in 1997, the provisions of the act have not kept pace with the quickly evolving licit controlled substances industry and the illicit drug market. Many of the legislative amendments being proposed in Bill C-37 will modernize the CDSA to strengthen law enforcement. They also enhance the government's ability to monitor and promote compliance of the regulated parties who handle, buy, sell and transport controlled substances as legitimate products every day.

These improvements will bring the CDSA into alignment with other modern federal legislation designed to protect public health, and these changes will reduce the risks of these drugs being diverted from the legitimate supply chain to the illicit markets that are creating havoc in the lives of the accidental victims. Professional tools are proposed within the framework of the CDSA to improve the government's ability to incent compliance with the requirements for safe and secure procedures and practices under the CDSA and its regulations.

Second, Bill C-37 would establish the legislative framework to support the development of an administrative monetary penalty scheme, or an AMP. Once the new monetary penalties are in place, it will allow Health Canada to fine a regulated party for a violation of the provisions of the CDSA or its regulations, as defined in the regulations required to bring the scheme into effect.

● (1300)

[*Translation*]

Third, Bill C-37 proposes amendments which would allow military police to be designated as a police force under the CDSA. Currently, military police are not afforded the same protections as other law enforcement agencies in terms of handling controlled substances under the Police Enforcement Regulations.

In the proposed provisions of Bill C-37, military police could be designated as a police force, in their respective areas of jurisdiction, which would allow them to exercise a full range of investigative tools in the course of the investigation of drug-related crime.

[*English*]

These kinds of enforcement mechanisms are important to save lives.

A fourth aspect of the bill includes improving inspection authorities under the CDSA to bring them in line with authorities and other federal regulations.

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Currently Health Canada inspectors are only able to inspect sites where authorized activities with controlled substances and precursors are taking place. Under Bill C-37, new authorities are being proposed to allow Health Canada inspectors to enter places where they have reasonable grounds to suspect that unauthorized activities with controlled substances or precursors are taking place.

There are many more aspects to the bill to better control substances, like fentanyl, which are potentially dangerous chemicals. It is urgent that the bill go forward for public health and safety. Bill C-37 is a comprehensive package with many other aspects that have been debated today and in the previous days.

There is more to be done but this is an important step along the way. It will make the CDSA a more comprehensive and compassionate act that encourages timely compliance, deters non-compliance, and ultimately contributes to the government's objective of protecting the health, safety, and the lives of Canadians, valuable lives, the lives of people like a bright, fun, caring 29-year-old man his friends knew as Alex.

Mr. Pat Kelly (Calgary Rocky Ridge, CPC): Mr. Speaker, I too share my concern for the victims of the opioid crisis. I am extremely concerned because this is a crisis that touches my riding and it touches all Canadians.

Our caucus was willing to support this legislation but for one clause. We agreed to pass it through at all three readings but for that one clause. We remain concerned about community consultation on the placement of sites.

The operations committee recently heard from Liberal members that they were going to recommend that the minister devolve the power of the final say over the placement of a community mailbox to a municipality. Why will the Liberals not agree that municipalities ought to be the final arbiters or at least have mandatory meaningful consultation on the placement of a safe consumption site?

Ms. Joyce Murray: Mr. Speaker, I take the member's expressions of care and compassion around the victims of this crisis in good faith but it was his government that over 10 years set up roadblocks in the guise of community consultation that prevented many communities from being able to go forward with safe consumption sites that would have saved lives in their communities.

I am pained to hear that a clause is deemed a reason to not support this important law that needs to go ahead quickly as a foundational building block to save lives.

• (1305)

[*Translation*]

Mr. Pierre-Luc Dusseault (Sherbrooke, NDP): Mr. Speaker, I thank my colleague for her intervention in this debate.

I would like to know if she thinks this measure is a happy medium between too many constraints and the total absence of constraints with respect to opening new supervised consumption sites.

Obviously, we need rules around setting up supervised consumption sites. However, as we have seen in the past, too many constraints is not necessarily a good thing because that can get in the way of protecting public health.

Can my colleague comment on the attempt to find a happy medium between the two extremes on this issue?

Ms. Joyce Murray: Mr. Speaker, I thank my NDP colleague for his question.

We want a framework that prevents Canadians from dying accidentally because of illegal drug use. The provinces and communities have work to do. Bill C-37 must not be the end of the story. This is a very important initiative that will remove obstacles and support Canadians' health and safety.

[*English*]

Ms. Elizabeth May (Saanich—Gulf Islands, GP): Mr. Speaker, I would like to extend my condolences to the hon. member for Vancouver Quadra for the loss of Alex, a young man she has known for many years and a young man who was friends with her own children. My personal condolences to the member.

Does my hon. colleague feel that her government and the Minister of Health plan other measures to assist young people who are caught in this fentanyl crisis so that they can deal with their addiction and stay off drugs?

Ms. Joyce Murray: Mr. Speaker, our government sees the need for continuous improvement. We are proposing measures in Bill C-37. The minister brought forward a six-point action plan in September 2016. We cannot stop and say this crisis is fixed as long as people are dying on the streets from these horrendous illicit substances. Our government will continue to act on this issue.

Ms. Dianne L. Watts (South Surrey—White Rock, CPC): Mr. Speaker, I am pleased to speak to Bill C-37, an act to amend the Controlled Drugs and Substances Act and to make related amendments to other acts. As I stated in my speech on January 31, this is the government's response to the fentanyl and opioid health crisis that is facing this country.

Communities struggle to deal with this crisis. We just heard from a member whose son had lost a close friend who was 20 years old. I have a list here of young adolescents who are 21, 23, 25. A Delta mother lost two of her children within 20 minutes of each other, both in their twenties.

I have also heard that this was the response to this crisis, and that it was comprehensive drug policy. However, I would suggest that this is not comprehensive drug policy, because it is silent on the issue of how the current government is going to deal with that aspect of the opioid crisis.

First responders and medical personnel are overwhelmed and have difficulty trying to respond to the overdoses and the deaths. This is a very complex issue that deserves a multi-faceted approach. There is one strategy for those who are street-entrenched and will inject and use consumption sites, there is another strategy for those who use pills and prescription drugs, and another one for those whose use is recreational. Kids swallow a pill and do not realize what they are taking. Therefore, one size does not fit all.

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Within the bill there are measures that are supported by all parties. We are happy to support the portion of the bill that gives the Canada Border Services Agency more authority to open international mail, and that prohibits the importation of unregistered pill presses.

It is well known around the world that China has been a significant contributor to the growing opioid, fentanyl, and carfentanil problem in Canada and throughout North America. It is vital that the government work to ensure that the deadly chemicals used in manufacturing labs in China and the illicit drugs that can be ordered online and shipped overseas not be allowed in Canada. I would stress to the Prime Minister, as he goes forward with his trade negotiations with China, that this issue be dealt with first and foremost.

We support the addition to broaden the penalties to now apply to the production, sale, importation, or transportation of anything intended to be used in the production of any controlled substance, including fentanyl. Clearly, there are many pieces of the bill that are supportable.

I want to talk a little bit about the timeline of Bill C-37.

Back in April, B.C. public health officer, Dr. Perry Kendall, declared a public health emergency. On December 12, two days before Christmas break, the government tabled Bill C-37 in the House. January 31 was the first debate. February 1, it was debated again, and the government moved time allocation to close down debate. On February 9, the health committee heard from no witnesses and moved straight into clause-by-clause.

The singular issue I have with the bill is that it does not allow a process or criteria for public input before an injection site is located. We have heard that the Conservative government had one that was too onerous. Now, the current government is going in the exact opposite direction in having nothing.

Our health critic moved amendments that called for letters indicating support or opposition from the municipality and the head of the police force. This amendment was voted down by the Liberals.

There was the amendment that all households within a two-kilometre radius be notified with the ability to offer opinions in support or opposition. This was voted down by the Liberals.

● (1310)

There was an amendment proposing that information be provided regarding schools, hospitals, businesses which include day cares, recreational facilities that were located within that two-kilometre radius be provided. That was voted down by the Liberals. There was an amendment proposed that no less than 45 days but no longer than 90 days be included for public input and consultation. That was voted down by the Liberal government.

As a former mayor for almost a decade, I can say that we must consult with the community. We have to look at the community as a whole and support those in need as well as ensure that the community has a voice. I do not think it is unreasonable to request a minimum of 45 days in which to do this. I do not think that it is unreasonable to have an understanding of how many schools or how many day cares are in the vicinity of a proposed injection site.

I do not think it is unreasonable to have a letter of support or opposition from the chief of police or the mayor in council. We need to have a multi-faceted approach to a very complex problem. We need to embark upon a national education awareness campaign and I was happy to hear that one of the Liberal MPs supported our initiative on that. We have to ensure that the general public, young adults, and students have the information and that they are well informed.

We need proper data in each community. We need to know whether people overdosed by injection or taking pills. Were these people street entrenched? Were these people recreational users? As I pointed out earlier, the Liberal government's response needs to be based on data that is gathered. With scarce dollars, Liberals have to identify where those dollars should be directed and where they will have the greatest impact.

For those who are addicted and entrenched in that lifestyle, we need to have wraparound services that care for the whole person: mental health support as well as physical dependency and addiction support, a holistic approach that includes treatment beds, therapeutic communities, and detox. A place for those who want and need support because the window of opportunity in an addicted person's life is fleeting and the response must be immediate and the resources must be available. Every community is different.

In my community and as the former mayor, we worked with the province and with the private sector. We worked together and developed an addictions precinct adjacent to the hospital. We have a detox facility. We have two treatment facilities. We have a sobering centre as a point of entry, transitional housing, along with job and educational training. I have to say we have had some pretty incredible results.

We also have a needle exchange and a mobile unit, but we still have issues that need to be addressed. Is locating an injection site the right answer? I do not know, but I know there must be a conversation and a consultation with the community, with the mayor in council, and the police chief, along with addiction specialists. This is a process that needs to be undertaken, but as I pointed out earlier, every single amendment we proposed to have some form of consultation was voted down by the Liberal government. This is not open. This is not transparent and it flies in the face of the very people who are on the front lines dealing with this health crisis.

● (1315)

Mr. Fayçal El-Khoury (Laval—Les Îles, Lib.): Mr. Speaker, I would like to ask my colleague about her knowledge of alternatives. As she probably knows, uncontrolled drug trafficking will increase the crime rate and will increase the death rates because of overdose and will bring no money to the government. What other alternatives would she propose and what are the solutions?

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Ms. Dianne L. Watts: Mr. Speaker, I am not sure what kind of money it brings the government, and I do not think that is a lens we want to look through. I will say this, though, and I just said it earlier in my speech. We know it is coming in from China. We know that, bar none. We know there are thousands of labs in China. We know that people can buy it online. That has to stop. As I said earlier, when the Prime Minister goes forward and starts negotiating a trade agreement, this issue must be dealt with first and foremost.

When we look at the multi-faceted piece, as I said in my speech as well, there are people who will use injection consumption sites; there are people who need treatment. Look at the ages of young people who have died. The parliamentary secretary's son lost a friend who was 20 years old. I pointed to a dozen kids who are dead. They are not shooting up. They are not using a consumption site. We have to have another avenue to help these kids, and that is what is vacant in this legislation. They are dying, and it is not being addressed.

[Translation]

Mr. Pierre-Luc Dusseault (Sherbrooke, NDP): Mr. Speaker, I thank my colleague for her comments in this debate.

When I listen to the Conservatives, I sometimes think that they do not seem to recognize that establishing supervised consumption sites is at the very least part of the solution to today's crisis. Although it is not the only solution to the opioid crisis, it is certainly one element of the response.

Does my colleague recognize that supervised consumption sites, which also recommend ways to get off drugs, are part of the solution to the opioid crisis?

• (1320)

[English]

Ms. Dianne L. Watts: Mr. Speaker, what I said in my speech is that it is a multi-faceted approach. There is not one element that fits all of it. The issue that I had and that I clearly articulated is that every amendment to have any kind of public consultation was removed. Within the legislation, there is no process and no criteria that lays it out. That was all removed.

Therefore, when having common-sense consultation is voted down in a health committee, and when it is removed from legislation, clearly the government does not want consultation. That is the issue that I have; not the stream and not the piece of treatment that is going to work or not going to work in a community.

Hon. Alice Wong (Richmond Centre, CPC): Mr. Speaker, I appreciate my colleague's holistic approach. In the city of Richmond, I already have parents and concerned community people wondering why there is no consultation and their views are not heard. Their representatives' voice is not heard because the Liberals just shut down the debate.

I have two concerns. First, are the safe consumption sites the only way that can help? Second, how important is it to consult the community?

Ms. Dianne L. Watts: Mr. Speaker, as I said earlier, I was mayor of a community of 520,000 people for almost a decade, and I know that we need to have the voice of the community participate in everything that we do. If we do not have it, it is doomed to fail. Not everybody is going to support it and not everybody is going to be in

opposition, but at least have a conversation about how many schools are in the vicinity, how many day cares are in the vicinity, is it the right location. All of those things were voted down. Having 45 days of consultation but not longer than 90 days was again voted down.

Therefore, we have to have the element of openness and transparency and actually have a conversation about addiction because these are the people in the community. It is their kids, their husbands, wives, or friends and we have to speak to them. We have to have that conversation because we are all in it together.

Mr. Kevin Lamoureux (Parliamentary Secretary to the Leader of the Government in the House of Commons, Lib.): Mr. Speaker, there are a number of things the Conservative Party has put on the record that I take objection to.

The member who just spoke said that people are dying and this is not being addressed. Nothing could be further from the truth. No matter what the Conservatives want to mesh together as a conspiracy, the bottom line is that if there has been any negligence on this file, it can be rooted in the Conservative Party's approach in dealing with what is a very important issue. To me, what it does, like many other issues, is reinforce that the Conservatives have lost touch with Canadians. They do not understand what good, sound public policy really is. It is demonstrated by what they have articulated on this legislation, not only at third reading of this bill but at second reading. It is somewhat disappointing.

We very much appreciate the supportive attitude by the New Democrats. In fact, I applaud the gesture they made back in December when they recognized that there is only so much the government is able to do and that we have attempted to deal with this issue on a number of fronts, one of which is, in fact, the legislation we are debating today, Bill C-37.

Back in December, New Democrats suggested passing the bill in the House unanimously. What did the Conservatives say? It was obviously no, they did not want to do that. That is fine and I will respect that. I am a parliamentarian and appreciate why the Conservatives said no, but today they stand in their places and say that if the bill did not have the safe injection site issue in it, then it could have easily passed unanimously. There are others in the chamber who wanted that in the legislation.

In fact, it was when Mr. Harper was prime minister that the whole issue of safe consumption sites was raised and fairly well debated. There could always be more debate, no doubt, but there was a debate back then. We knew back then that the Conservatives were going against science, that they were not listening to what the Supreme Court of Canada said, that they had a one-track mind in terms of legislation that would prevent consumption sites as much as possible, or at the very least discourage them.

Now the Conservatives are saying they want more consultation. At the end of the day, Insite has been a huge success. There is not one stakeholder that I am aware of in British Columbia, particularly Vancouver, that is against Insite because it has saved so many lives. This came into being because the federal government at the time, under a Liberal administration, worked with the province, the municipality, first responders, and the community. People recognized the value of having a supervised injection site. Only the Conservatives say no to what makes sense and what different stakeholders want put in place.

In order to prevent it from happening in the future, Conservatives brought in legislation to make it very difficult. The only reason they did was because the Supreme Court of Canada, in a unanimous decision, told the Conservatives that they were wrong, that people had the right of access. They were obligated to do it and then came up with this restrictive list in an attempt to prevent these sites from being created. They were very successful at downplaying it and preventing them from coming into being.

The current government has taken a different approach than the Conservatives and, once again, the Conservatives are out on a limb. This is not only the Government of Canada saying it. The Green Party, New Democrats, and Liberals want to rush the bill through, applying time allocation. Even the New Democrats, who have traditionally not supported time allocation, recognize the importance of using this particular tool in order to pass this legislation, because who knows when the Conservatives will agree to pass it.

● (1325)

I do not think the Conservative Party really understands what is happening within its caucus, because in the standing committee, the Conservatives actually passed unanimous support to get it through the Standing Committee on Health here in the House of Commons.

Meanwhile, the critic says, “Well, we were roughshod. Why did it go through the committee so fast?” and being so critical of the committee. Some of that member's own caucus colleagues recognized that it was beneficial to get it through the committee.

The Conservative Party has in fact lost touch with reality, with Canadians, on this particular issue and, I would ultimately argue, so many issues.

I would like to think, at the end of the day, that these supervised consumption sites, which are one part of the legislation, as has been illustrated by many inside this chamber, will in fact save lives.

However, that is only one aspect. The legislation would do more than that. It would give more powers to the minister in working with others to ensure that we can, as much as possible, keep some of these deadly drugs out of our country, with Canada border control. It would allow, for this government to work with other governments and stakeholders to prevent more Canadians from overdosing. We have had thousands of Canadians who have died from accidental overdoses. It is a national crisis.

It has been raised in the debates as to why it is that we do not invoke a state of emergency. There are three points on that aspect. We have responded to every request that the provinces have raised with our government in this crisis and we continue to work with them. In the event that a public welfare emergency under the

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Emergencies Act were declared, the chief public health officer would not have any new special powers. That is a very important point to recognize. The Emergencies Act is considered a tool of last resort and an emergency has never been declared under this act. The Government of Canada is committed to working with the provinces, with the municipalities, with the other stakeholders, in dealing with this national crisis.

Building on that five-point action plan to address opioid misuse, the government has taken concrete, tangible steps forward. Let me highlight a few of them. We granted the section 56 exemption for the Dr. Peter Centre and extended the exemption for Insite for an additional four years. We made the overdose antidote naloxone more widely available in Canada, which is saving lives in a very tangible way. Last autumn, the Minister of Health co-hosted a summit on opioids that resulted in 42 organizations bringing forward concrete proposals of their own.

That is what I mean, in terms of the government is working with the other stakeholders, because it is not going to be the Government of Canada that beats this issue. What we expect from the Government of Canada is strong national leadership, bringing people together, and that is actually what has been happening, on a number of fronts. The Government of Canada has responded to this crisis virtually from day one, contrary to what other members might try to imply.

The Minister of Health and the Minister of Public Safety and Emergency Preparedness have been on top of this issue. We understand the terror that it is causing in many different regions of our country, if not all regions of our country. We are taking tangible actions in order to minimize the situation. We are working with the different stakeholders, whether they are the first-time responders, whether they are the different levels of government, or whether they are the communities that are trying desperately to look for answers and develop solutions that are going to save lives. This government has made a commitment to not only take those actions, but to continue to act, because we recognize the importance of it.

● (1330)

That is why we are very grateful to have the New Democratic Party's support in bringing forward time allocation today. Ultimately, we hope to see the bill pass. It would be wonderful to see the Conservative Party get onside, stop looking for some reason not to be onside, understand what Canadians really want on this issue, get in touch with them and we could actually see the legislation pass quickly.

Ms. Dianne L. Watts (South Surrey—White Rock, CPC): Mr. Speaker, I appreciate my colleague's comments. He said that everyone has come together and the government has done everything that the province has said, yet B.C. health minister Terry Lake said, “We haven't seen the response that I think this type of epidemic requires on a national scale.” That was just a few weeks ago.

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To suggest that we are not on the same page on a number of these issues is categorically wrong, because we have said over and over again through the limited two days of debate that we have before debate is shut down, that we support many aspects of this. We have said it again that communities will determine if they support or do not support sites. There has to be a multifaceted approach to this, but also there has to be community consultation. As I pointed out in my speech, every single common sense amendment that was put forward was voted down.

The member talked about community consultations. The Liberals removed it from the legislation and they voted it down at committee. Why did his party's representatives on that committee do that? To have some sort of process and criteria for consultation is absolutely fundamental.

• (1335)

Mr. Kevin Lamoureux: Mr. Speaker, the foundation of the argument presented from the Conservative Party seems to be strictly on the idea of consultation. When Insite came to Vancouver there was extensive consultation and that was pre-Conservative legislation. The member was a former mayor. I suspect that if a community were going in a certain direction, she would have some form of dialogue. I would think that any mayor would want to do that.

To try to imply that no consultation is going to occur, that supervised injection sites are going to pop up all over the place is just hogwash. There will be consultation taking place.

[*Translation*]

Mr. Alexandre Boulerice (Rosemont—La Petite-Patrie, NDP): Mr. Speaker, I thank my colleague for his speech. He pointed out that the NDP, who are progressive, will be supporting Bill C-37, which is finally going in the right direction. However, I am wondering about the following: why, once in power, did the Liberal Party drag its feet for 16 months before introducing a new bill to correct the mistakes made with the Conservatives' C-2?

Even the Minister of Health said at the start that it was not necessary and that they could work just fine with existing legislation. The Liberals are waking up, a bit late, now that we are facing an emergency and a national crisis and people are dying in the streets. Why did the Liberal government change its position at the beginning and then change it again? In the end, we have lost more than a year.

[*English*]

Mr. Kevin Lamoureux: Mr. Speaker, as I indicated, we very much appreciate the supportive attitude that is coming from the New Democratic Party.

Let me remind the member that the legislation is only one aspect with respect to this national crisis. There are a number of other things on which the Minister of Health has been very diligent in reaching out and taking action, very tangible actions that have ultimately saved many lives in Canada. It is not just this one piece of legislation.

When legislation is brought forward there is a process for doing that in itself. It would not be fair for me to say to the New Democrats that it was not a priority for them because I do not recall hearing them raise the issue in question period back in April and May of last

year. Why is it only now when we have the legislation that they want to take a more proactive approach?

I suspect that the NDP could have done more on raising the profile of this issue in April and May, but I will not criticize them on that because that would not necessarily be fair, just as it would not be fair for the New Democrats to imply that this government has not been taking this issue seriously. It is quite the opposite. We understand the issue. We are taking it seriously, and we are delivering for Canadians on what we believe is a national health care crisis.

[*Translation*]

Mr. Alexandre Boulerice (Rosemont—La Petite-Patrie, NDP): Mr. Speaker, I am very touched to be able to rise in the House today to speak to this important bill. I am very touched, but at the same time, I think it is a real shame that we have to talk about this again. This is an extremely important debate. There is likely no other parliamentary debate that is more vital or that will have a greater impact on the lives of Canadians than the debate that we are having right now.

Simply put, it would have been nice if this issue had been resolved years ago because we are now dealing with an urgent situation in our municipalities, in our big cities, and on our streets.

People are dying from overdoses of illegal drugs, particularly opioids, and this is a crisis. Hundreds of people are dying in our communities and on our streets because our facilities are not equipped to adequately respond to this serious substance abuse problem, particularly when it comes to increasingly dangerous and hard drugs. For example, fentanyl is 100 times more potent than heroin, and it is wreaking havoc on our cities and communities.

There is even a fentanyl derivative that is so potent that first responders are now being advised to wear masks and gloves when helping people because, if the drug is inhaled or comes into contact with the skin, it can be deadly for the paramedics and nurses who are in contact with those who need help.

Hundreds of people are dying every day in our streets and alleyways because we have failed to adequately respond to this situation. In all seriousness, this is one case where I am sad to say that our federal government dropped the ball and we have collectively failed. We could have taken measures that would have saved lives. There is a national crisis, and people are dying from lethal opioid injections because of the laws that we pass or fail to pass. This is serious.

Indeed, we in the NDP are calling on the Liberal government to declare this a national emergency and give greater powers and funding to the chief public health officer of Canada, so that he can coordinate efforts to help these individuals. I find it extremely unfortunate that the Conservatives did not respond appropriately to the Supreme Court decision and instead chose to stand in the way of public health stakeholders who wanted to set up safe injection sites to help addicts in crisis.

Government Orders

As I reminded the parliamentary secretary a few minutes ago, I also find it unfortunate that the Liberal government dragged its feet for 16 months before introducing a bill to fix the mistakes of Bill C-2 passed by the Conservatives. I will come back to this point a little later.

I would like to share some statistics. I am talking about people who are dying because of the lack of health facilities, that is, safe injection sites, particularly in our big cities. This is no joke. In 2016, there were 914 overdose fatalities in British Columbia. That represents an 80% increase over the previous year. Across Canada in 2016, there were about 2,000 fatalities. In December alone in British Columbia, 142 people died of drug overdose. In Vancouver, more specifically, there were between 9 and 15 deaths every week.

In Ontario, there are two deaths per day. Our young people are dying in our streets because we do not have what we need to help them. Supervised consumption sites are proven to save lives. When Insite was finally given the go-ahead several years ago in Vancouver, community officials realized that the number of deaths dropped by 35% in the area surrounding the site.

● (1340)

It works. It works in Vancouver, it works in British Columbia, and it works around the world. It has been proven.

Why have we been unable to respond appropriately? The previous government spread all kinds of prejudices, which is a terrible shame. In 2011, a unanimous Supreme Court ruling authorized Insite and encouraged the government to change the law to define the process. The previous government was very right-wing and focused on repression, and it wanted to turn this into a partisan issue. When that government introduced Bill C-2, it was not to help people involved in public health; it was to create more barriers to setting up these very important sites. That is a terrible shame.

What did the Conservatives do in their day? They added 26 eligibility criteria that had to be met before Health Canada could authorize a supervised consumption site. What was the outcome of that? How many sites were given the green light? Zero. Not one. We are years behind because of that.

Health Canada was unable to authorize the opening of such sites despite the fact that the experts, the scientific community, municipal officials, and the groups that work with addicts every day all wanted them. Montreal had been asking for a supervised consumption site since May 2015. We can say that was a while ago. Every year, between 70 and 100 people in Montreal die of an opioid overdose. How many people could we have saved in that time?

Communities approve of this type of measure. I want to share a few short quotes to that effect. The first one is from Gregor Robertson, mayor of Vancouver. "Every month we lose because of Bill C-2, and an onerous process that's totally unnecessary and overboard, means we're losing dozens of people."

Denis Coderre, the mayor of Montreal, asked, "What are we waiting for? People are dying."

Adrienne Smith, health and drug policy lawyer at Pivot Legal Society, said that she feared that while we wait, while we set up

working groups and give the Liberal government the benefit of the doubt, hundreds of people could die.

Sterling Downey, a Montreal municipal councillor, asked, "How do you go into the media and announce over a year ago that you're going to open these sites and back off and go radio silent?"

According to another quote, the organizations that are supposed to host the sites don't even dare set opening dates any more. They are stuck in a grey area where, every year for the past three years, they are told that the sites will open in the spring, but it doesn't happen.

I have pages and pages of quotes like that. For years, people have been anxious to help our young people, and the older ones too, but especially the street kids who fall victim to these opioids, these hard drugs.

I think it is a shame that society has lost so much time because some people tried to score political points by holding fundraisers. I would remind hon. members that the director of the Conservative Party sent a fundraising email and used the politics of fear by accusing the NDP and the Liberals at the time of wanting to put our children in harm's way, claiming there would be more syringes in our schoolyards and back alleys. They would have people believe that with injection sites comes increased risk, but the facts say otherwise. If a person enters a supervised injection site and is treated by a professional, that person will be given a course of treatment and drugs to help wean them off the hard drugs. That person will pull through. What does that mean? It means that thanks to supervised injection sites, there will be fewer syringes in the streets, in the parks, and in the back alleys, not the opposite. For years, people have tried to convince us that this is more dangerous, but that is not true.

The NDP moved a motion in the House a few weeks ago. My colleague from Vancouver Kingsway wanted the debate to end and to send Bill C-37 to the Senate so that it could come into force as soon as possible.

● (1345)

It is too bad that the Conservatives refused and blocked the NDP's motion. That is why we would like to see this bill pass through all stages, intelligently and diligently of course, but as soon as possible. We have wasted enough time. We need to save lives.

Mr. Joël Lightbound (Parliamentary Secretary to the Minister of Health, Lib.): Mr. Speaker, first and foremost, I want to thank my colleague from Rosemont—La Petite-Patrie for his speech, and I thank his party for the position it has taken on Bill C-37. Indeed, this bill will ease the criteria so that safe injection sites can be approved quickly in communities where they are needed most.

I agree with my colleague. We know that safe injection sites save lives and prevent the transmission of disease. In response to the Supreme Court ruling, the previous government unfortunately took a highly ideological approach, but at least now we are taking a facts- and evidence-based approach.

Government Orders

With regard to the opioid crisis, which is killing too many people in Canada and needs to be addressed, earlier I listed a whole series of measures the government has already taken to deal with this crisis, Bill C-37 being one of them.

I wonder if the member could talk about the advantages of coming back to the five criteria set out by the Supreme Court, rather than the 26 onerous and convoluted criteria required under Conservative Bill C-2.

• (1350)

Mr. Alexandre Boulerice: Mr. Speaker, I thank my colleague for his comments and kind words.

We need to get back to the basics, the five essential criteria set out by the Supreme Court. Obviously, the safety of our communities is an issue, but this is first and foremost a matter of public health.

I also understand that Bill C-37 is not the whole solution but part of a bigger plan. We understand that. It is also very important to work on prevention.

However, we need to speed up the process today. It is too bad that it has taken so long to get to the vote at third reading and move forward with this. I would also like to know why the Liberal government has not started implementing the 38 recommendations of the Standing Committee on Health, even though the Liberal members of the committee supported them.

[*English*]

Mr. Colin Carrie (Oshawa, CPC): Mr. Speaker, I want to thank my colleague for his comments about the essential nature of prevention. One thing is sadly missed. I believe the member knows that the previous Conservative government set aside \$500 million per year for an anti-drug strategy. That strategy was designed to keep needles out of the arms of addicts. The Liberal government cancelled that.

Could he explain how important it is to not only maintain prevention but to implement the funds for detoxification plans? However we feel about injection sites, witnesses at committee were very clear that this was a stop gap measure, not a permanent measure.

Could he please comment on the necessity for the Liberal government to set aside appropriate funds? Where did that \$500 million go? Should it not be put into treatment for addicts? There is treatment for this condition.

[*Translation*]

Mr. Alexandre Boulerice: Mr. Speaker, I thank my colleague for his comments and question.

Most of what he said is correct. We have always wanted a government that bases its decisions on science, research, and facts. The facts show that supervised consumption sites work and that they are part of a process to help people overcome their addictions. There are programs that help people get out of this situation, which is extremely harmful to their health and potentially fatal.

The programs offered in these centres reduce the rate of addiction and the number of related deaths. However, it is true that these are not the only programs out there. Broader drug treatment programs

offered outside these centres are also required. I agree with the member on that.

Together, we can do many things to prevent our children from being able to access drugs too easily, particularly really hard drugs like those we are talking about today, such as fentanyl and all of the extremely lethal opioids.

The question is, where is the \$500 million that my colleague mentioned?

[*English*]

Mr. Sean Fraser (Central Nova, Lib.): Mr. Speaker, I am thankful for the opportunity to debate this important legislation, Bill C-37. It is a response to the national opioid crisis that is particularly severe in western Canada but is spreading throughout the rest of the country. To be blunt, given the time constraints, this bill will save lives, and I hope every member of the House supports it.

Over the course of time that I have to address this issue, I want to give a very brief background on the scope of the fentanyl crisis facing our country and then tackle some of the things we can do, such as trying to undercut the illicit market for this devastating drug and ensuring we are treating addiction like a life-threatening chronic illness and not a crime.

The scope of this crisis is extraordinarily widespread. We have heard hon. members from different parties address its widespread nature, but I specifically would like to draw the attention of members the fact that 947 lives were lost in British Columbia in 2016. By comparison, death from motor vehicle accidents in somewhere in the range of a little more than 300. In Ontario, I believe, on average, two people die a day from an overdose of opioids. In my home province of Nova Scotia, we are losing one life approximately every five or six days.

This drug is migrating from the west coast to the east coast. Even though we know it is being manufactured and imported from parts of Asia and that British Columbia has borne the brunt of it so far, we need to act now so we can stem the bleeding that is happening on the west coast and prevent disaster to such extremes from affecting the rest of the country as well.

I find that a few measures in Bill C-37 are very helpful and will help undermine the illicit market for fentanyl. One of the first things we can do is tackle the equipment that is being imported to help manufacture this drug locally, things like pill presses and encapsulators. Bill C-37 would ensure that we would not allow the importation of these devices, thereby helping to prevent the production of the drug locally in the first place.

We are also planning on criminalizing the possession of any kind of equipment that can be used with the knowledge that it can be used toward trafficking in controlled substances, such as the law that currently applies to methamphetamines. This is a common-sense approach that will make it harder to produce and distribute this dangerous drug.

Should this legislation pass, we plan on making changes that will allow border services agents greater latitude to inspect suspicious packages, even though they may be smaller than the current norm allows. Again, the reason for this policy change is simple common sense. The potency of this drug is so much stronger than even heroin or other drugs found on the streets today. This needs to be addressed by ensuring that even the smallest amount can be detected and prevented from coming into Canada in the first place.

In addition, Bill C-37 makes serious efforts to divert access of this controlled substance to the underground market by introducing a new scheme that is characterized by monetary penalties to ensure we have a better ability to enforce the laws on the books now. Ensuring that compliance is encouraged, non-compliance is deterred, and that we have an effective mechanism to enforce our rules is a key step in stemming the distribution and production of this drug in Canada.

I would like to spend the remaining time I have on the importance of ensuring addiction is treated like a chronic life-threatening illness rather than a crime. This comes to the key feature of Bill C-37, which is the promotion of safe injection sites. Addicts would have a place where they could get the treatment they needed, rather than turn to the streets and bury themselves in communities where they would not have supports and the outcome of their use of the drug would be far more severe.

In preparing for today's speech, I consulted with medical professionals who had recently done research on this. They explained to me that the research was clear. The traditional approach of detox and abstaining is not one that works, particularly when people successfully try to get off the drug and have episodes of relapse. Their risk of overdose is so much higher because their tolerance is reduced.

If we look at the benefits of harm reduction, there is a handful that, again, appeal to common sense and are borne out on the evidence.

● (1355)

We know that the use of methadone prevents cravings and gives a different kind of high to help reduce addiction. We know that treatment in safe injection sites improves retention for people who do enter treatment. We know that it reduces needle sharing, which reduces the impact. Most important, it reduces death resulting from overdoses of opioids.

The Deputy Speaker: The hon. member for Central Nova will have five minutes remaining for his remarks and also another five minutes for questions and comments when the House next resumes debate on the question.

STATEMENTS BY MEMBERS

[English]

THOMAS GILBERT

Mr. Matt DeCoursey (Fredericton, Lib.): Mr. Speaker, Tommy Gilbert, the patriarch of his family, and many would say, of the communities of Burton and Oromocto, passed away on December 22 at the age of 90. A generous spirit who adored nature and the nature of political debate, Tommy was an active community organizer with

Statements by Members

strong ties to the region. This led to his election to the New Brunswick legislature in 1987.

A devout member of his church, Tommy organized fundraising efforts to help build and renovate a church hall. A steadfast supporter of Canada's military, Tommy was recognized as an honorary member of the 403 Helicopter Squadron at Base Gagetown. He will be remembered for his unwavering dedication to his community.

We extend our thoughts to his wife, Betty; his sister, Lucy; his 13 children, Catherine, George, Tim, Greg, Malcolm, Eleanor, Gerard, Tony, Mary, Patricia, Charles, Anne, and Susan, and their families; and many grandchildren and great-grandchildren.

* * *

● (1400)

[Translation]

EMPLOYMENT IN MONTMAGNY—L'ISLET— KAMOURASKA—RIVIÈRE-DU-LOUP

Mr. Bernard Généreux (Montmagny—L'Islet—Kamouraska—Rivière-du-Loup, CPC): Mr. Speaker, in 2016, I embarked on a tour focusing on the tourism industry. It was such a success that, this year, from March 25 to 31, I will be going on a business tour. I will visit businesses in my riding that are looking for workers.

I will put myself in the shoes of a worker expected to take on duties related to the 1,500 vacant jobs in my riding. I want to talk about how we can better match workers to available jobs in the Lower St. Lawrence and the Chaudières-Appalaches region in order to curb the unfortunate demographic decline those regions have experienced in the past few years.

My tour will be chronicled on social media with video montages of my visits, interviews with passionate business people, and, of course, information to help job seekers apply for jobs.

Since today is Valentine's Day, and since I love my part of the country, I invite all Canadians who are looking for work to come to Montmagny—L'Islet—Kamouraska—Rivière-du-Loup, where they will be given a warm welcome.

* * *

[English]

LAWRENCE COSTELLO AND DON FIELD

Ms. Cheryl Hardcastle (Windsor—Tecumseh, NDP): Mr. Speaker, on Valentine's Day, I rise to commemorate the lives of two inspirational people in my riding who loved their community, and their community loved them back.

Larry Costello was a powerful advocate for fellow veterans and the profound importance of honouring them in our country. Remembrance Day will not be the same without him. Larry inspired many in his 92 years. We will honour him by continuing his work.

Statements by Members

In Tecumseh, our baseball tradition has instilled great civic pride, and for that we owe so much to Don Fields. Don began as a coach, then was team manager, club president, and groundskeeper at Lacasse Park, a stunning showcase that reflects his devotion of over 30 years to building the Tecumseh Baseball Club. Rest in peace, number 22.

We carry them in our hearts and celebrate lives such as theirs that enrich our communities and our own lives.

* * *

[*Translation*]

TRANSLATION BUREAU

Mr. Steven MacKinnon (Gatineau, Lib.): Mr. Speaker, here is more good news: last week, the Minister of Public Services and Procurement gave the translation bureau the respect it deserves.

Following the announcement, Emmanuelle Tremblay, president of the Canadian Association of Professional Employees, said, “On the whole, the minister met our expectations”.

A process is under way to hire a new chief executive officer, whose priorities will be quality, renewal, and recruitment. To ensure quality, the bureau will be hiring a chief quality officer, and to support recruitment, it will hire 50 students every year, many of them from the co-op program.

This is very good news for official languages in the public service and for Canada.

* * *

[*English*]

CANCER RESEARCH

Mr. Bryan May (Cambridge, Lib.): Mr. Speaker, it is my pleasure to bring congratulations and highlight the excellent ongoing work in the fight against cancer.

The Terry Fox Research Institute, the Princess Margaret Cancer Centre, and the BC Cancer Agency are starting a pilot project to combine the work of investigators and clinicians. This joint project and framework will provide invaluable insight into how to fight cancer.

This collaboration invests \$12 million in four projects: a framework for genomic profiling of cancer patients; optimizing T-cell immunotherapy for ovarian cancer; molecular imaging to improve managing prostate cancer; and building the infrastructure for clinical and genomic data-sharing.

As we work towards a cure, I want to applaud the leadership and collaboration of the Terry Fox Research Institute, Princess Margaret Cancer Centre, and the BC Cancer Agency. Thanks, and well done.

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NANCY DIAMOND

Mr. Colin Carrie (Oshawa, CPC): Mr. Speaker, every city has citizens who are so dedicated to their community that their very name becomes synonymous with that community. In Oshawa, Nancy Diamond was one of those people.

If members were ever at an event in Oshawa, chances are, Nancy was there. With her signature smile and quick wit, she was always there to see our city and its residents succeed. The loss of Nancy at City Hall will be felt throughout our community

Nancy did it all, as a wife, as an active parent at her daughter's school, and as a supportive grandparent of two grandsons.

First elected to council in 1988, Nancy dedicated the next three decades of her life to the betterment of Oshawa. Working as a councillor, mayor, and community volunteer, Nancy was always looking for ways to make Oshawa a better place. She will be fondly remembered as one of the most compassionate, dedicated, and inclusive leaders in Oshawa's history. Her efforts to bring a university to Oshawa helped propel our city forward.

On behalf of everyone in Oshawa, I extend my heartfelt condolences. Our entire community joins together in mourning the loss of Nancy.

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●(1405)

PARLIAMENTARY REFORM

Ms. Pam Goldsmith-Jones (West Vancouver—Sunshine Coast—Sea to Sky Country, Lib.): Mr. Speaker, our government is no longer pursuing electoral reform. Across the country, there was truly no consensus.

However, in West Vancouver—Sunshine Coast—Sea to Sky Country, people really are interested in new ways of voting, and it is borne out of a belief that MPs can and should represent minority views and new ideas with good manners, proper discourse, less partisanship, and greater co-operation.

As we face the daunting challenges of climate change, an aging population, unprecedented forced migration, rising economic protectionism, and truth and reconciliation, our processes should help us work together better. We should help one another work together better.

I rise today out of respect and gratitude to Bet Cecil, and many more like her, who dedicate themselves to helping all members of Parliament work in this way, with accommodation, mutual respect, and engagement.

* * *

WOMEN BUSINESS LEADERS AND ENTREPRENEURS

Ms. Gudie Hutchings (Long Range Mountains, Lib.): Mr. Speaker, in Canada, women represent 48% of the workforce and more than half of university graduates. However, they remain under-represented in certain areas of the workforce, including on corporate boards and in senior management positions.

Ensuring equal opportunities for women in the workforce is a priority for both Canada and the United States. That is why in the first meeting between our Prime Minister and the President of the United States, I was pleased to hear about the launch of the United States Canada Council for the Advancement of Women Business Leaders-Female Entrepreneurs. Through this initiative, I expect greater growth of women-owned enterprises, further contributions to our overall economic growth and competitiveness, and the enhanced integration of our economies.

Our government is also working to increase women's participation on corporate boards and to build the first federal women's entrepreneurship strategy to remove barriers to women's participation in the business community from coast to coast to coast.

* * *

[Translation]

LE MOULIN DES JÉSUITES

Mr. Pierre Paul-Hus (Charlesbourg—Haute-Saint-Charles, CPC): Mr. Speaker, this week marks the 25th anniversary of the interpretation centre at the Moulin des jésuites.

The Moulin des jésuites de Charlesbourg has always been at the very heart of the lives of the people of Charlesbourg. The mill was built by the Jesuits in 1742 and remained operational until 1940. It was one of the last water mills in Quebec. The site remains active today and is home to the Trait-Carré interpretation centre, which welcomes tourists and school groups from Ontario, Manitoba, and Alberta.

At this site, visitors can experience many aspects of our history. Tomorrow is the 25th anniversary of the interpretation centre.

I want to commend the work of the staff and volunteers who help this Quebec institution continue to flourish and progress. They are the heart and soul of the mill. I also want to thank Joanne Timmons for her contribution, for she has been at the helm during the 25 years of operation of the Moulin des jésuites interpretation centre. I thank her from the bottom of my heart for her dedication. Happy 25th anniversary.

* * *

FAMILY REUNIFICATION

Mr. Marco Mendicino (Eglinton—Lawrence, Lib.): Mr. Speaker, today I am pleased to welcome the entire Brimo family, who will finally be reunited this Thursday, in Toronto, after being separated for a year.

[English]

The Brimos are a Yazidi Kurdish family from a village called Afrin, which is north of Aleppo, in Syria. They were forced to flee in 2013 after Daesh obliterated their home and their way of life.

It was in their darkest hour that the Brimos found out that they had been accepted as refugees here in Canada, that is, all except for one of their five daughters, Zeinab, who was left stranded back in Syria.

Statements by Members

After much hard work and coordination with the Minister of Immigration, I am happy to report that Zeinab will be arriving in Canada this week and will be reunited with her family once more.

[Translation]

I am very proud of the generosity of the people of Eglinton—Lawrence and especially the people from St. Clement's Church. We all share the responsibility of helping people who have been displaced and persecuted, and who need protection the most.

[English]

Welcome home to the Brimos.

* * *

● (1410)

[Translation]

BLACK HISTORY MONTH

Mrs. Alexandra Mendès (Brossard—Saint-Lambert, Lib.): Mr. Speaker, I want to take a moment today to acknowledge Black History Month and honour the many accomplishments and contributions of black Canadian men and women who have helped make Canada the multicultural, generous, and prosperous country that we are living in today.

For four centuries, Canada's black communities have been an integral part of the human fabric that we all share.

[English]

I would really like to thank and highlight the South Shore Black Community Association, which does outstanding work in Brossard—Saint-Lambert. It is an organization born of the need for an organized approach to address issues affecting the well-being of black residents on the south shore of Montreal.

Having worked with and for her community for the past three decades, Ketlyn Maitland-Blades, from Brossard, has rightly been recognized this month by her peers for her remarkable contributions. She is the December headliner in the calendar “Here to Stay, Here to Last”.

[Translation]

With much admiration and respect, I commend all black Canadians across the country.

* * *

[English]

SPECIAL EVENTS

Mrs. Karen Vecchio (Elgin—Middlesex—London, CPC): Mr. Speaker, today I have two things to present.

This is Congenital Heart Defects Awareness Day in Canada, and I would like to salute the wonderful volunteers and supporters of the Canadian Congenital Heart Alliance.

Over 250,000 Canadians are born with congenital heart disease. Years ago, having CHD meant that children had a 20% chance of reaching adulthood. Today over 90% of CHD children live into adulthood due to advances in medical care.

Statements by Members

I am proud to rise to highlight the Canadian Congenital Heart Alliance, which supports all Canadians with CHD.

Drum roll, please. The second annual World Tubing Championships return to St. Thomas. Over 60 teams will be barrelling down a custom-built tubing hill. All the funds raised will support the purchase of a CT scanner for the St. Thomas Elgin General Hospital.

Music, entertainment, local foods and beverages, fireworks, and custom costumes make this event one of a kind. Come to St. Thomas February 18 and 19 and see the World Championships of Tubing.

* * *

HAZEL MCCALLION DAY

Mr. Peter Fonseca (Mississauga East—Cooksville, Lib.): Mr. Speaker, this past Sunday, I had the pleasure of attending a special event for a special lady and a great friend. Today I rise to celebrate the 96th birthday of the city of Mississauga's longest-serving mayor, Hazel "Hurricane" McCallion. Through her energy and spirit, she helped transform Mississauga into the sixth largest city in Canada.

Today is special for another reason. On December 8, 2016, the Ontario Legislature gave unanimous consent in declaring February 14, now and forever, to be Hazel McCallion Day in the province of Ontario.

From the ticker tape to Twitter and YouTube sensation, a member of the Order of Canada, and a pioneer for women, she is a model of our resilient Canadian spirit.

Happy Birthday, Hazel. Enjoy this special day, and a happy Valentine's Day to all.

* * *

HAVE A HEART DAY

Mr. Romeo Saganash (Abitibi—Baie-James—Nunavik—Eeyou, NDP): Mr. Speaker, children are not born prejudiced. Children are born with curiosity, excitement, energy, and possibility. They are born to excel and follow their dreams.

Today, February 14, is Have a Heart Day. I can find inspiration and an example to follow in the thousands of children around the country who have organized and prepared Have a Heart Day. It is a child and youth-led event that brings together caring Canadians to help ensure that indigenous kids have the services they need to grow up safely at home, get a good education, be healthy, and be proud of who they are. These children reject racism, inherent in Canadian society. They have the courage to do what is right and stand up for their beliefs. These children show tremendous love to other children, undeterred by difference and by distance.

Meegwetch awaashat.

* * *

TAXATION

Mr. James Bezan (Selkirk—Interlake—Eastman, CPC): Mr. Speaker, for months, the defence minister has known that a small group of Canadian soldiers in the fight against ISIS were having their danger pay taxed, while others on the same deployment were not. The Liberal solution was to tax them all. Now, more than 300

Canadian soldiers will be losing up to \$9,000 for a six-month deployment because of the defence minister's inability to take action.

Let us not forget this is a battle against a genocidal death cult. The risk is real. The \$1,800 per month the Liberals are ripping away from our troops and their families could have been used to pay for the extra costs of child care, snow removal, or yard maintenance.

When the Conservative defence minister faced the same problem in Afghanistan, they cut through the bureaucratic red tape to ensure our troops would not be shortchanged. Under the Liberals, our troops feel like they have been kicked in the stomach. Their families feel cheated.

I call on the Liberal government to finally do its job, reverse this abhorrent decision and support the brave men and women who stand on guard for all of us.

* * *

●(1415)

PEACE BY CHOCOLATE

Mr. Sean Fraser (Central Nova, Lib.): Mr. Speaker, Happy Valentine's Day. In the spirit of this celebration, I want to share the sweetest of love stories, that between the dedicated community members of Antigonish, Nova Scotia and Peace By Chocolate. It is a local business, run by some of the community's newest members, the Hadhad family.

Antigonish welcomed the Hadhads with open arms as part of the effort that has now seen 40,000 Syrian refugees come to our shores. The Hadhads operated a chocolate factory in Syria that was lost to the war. With the help of the community, they have reopened a small factory and have been giving back to the country that welcomed them by donating a month's worth of profits in the relief efforts in Fort McMurray after the wildfires, and have now hired Canadians to work in my community of Antigonish. This would not have been possible without the volunteers, and I know the Hadhads are truly grateful.

Most recently, Peace By Chocolate opened its online store. I have gone to peacebychocolate.ca to order mine, so Sarah, Molly, and I can add a little sweetness to our Valentine's Day. I suggest you do the same, Mr. Speaker, because "one peace won't hurt".

The Speaker: Ah, to start on a sweet note is so nice.

*Oral Questions***ORAL QUESTIONS***[English]***TAXATION**

Hon. Rona Ambrose (Leader of the Opposition, CPC): Mr. Speaker, in last year's Liberal budget, Canadians were hit hard by new taxes on savings, payroll, and carbon. The self-employed were hit, and even children's arts and fitness classes. Canadians are sick and tired of feeling nickelled and dimed by the Prime Minister, and now we are hearing that he might even make it more expensive to go camping.

Having already raised taxes on Canadians, does the Prime Minister really think it is fair to do it all over again?

Right Hon. Justin Trudeau (Prime Minister, Lib.): Mr. Speaker, in last year's budget, we introduced the Canada child benefit, which helps nine out of 10 Canadian families with a larger tax-free cheque every month that they can spend on things like groceries, school supplies, new clothes for their kids. These are the kinds of things that make a huge difference and we were able to do it because we ended the Conservative practice of sending child benefits to millionaire families and, instead, delivered them to the people who really need them.

In this year's budget, I thank the member opposite, we are going to be featuring the fact that going to visit our national parks anywhere across the country for Canada's 150th birthday will be absolutely free.

An hon. member: Nothing's free.

Hon. Rona Ambrose (Leader of the Opposition, CPC): Mr. Speaker, no, nothing's free around here.

The Prime Minister has betrayed the middle class. In his first year, he introduced new taxes on savings, payroll, carbon, the self-employed, children's arts and fitness classes, tuition, and textbooks. We can use simple arithmetic here. It is clear that the tax bill for the ordinary Joe has gone way up.

Why is the Prime Minister making the middle class pay for his reckless spending?

Right Hon. Justin Trudeau (Prime Minister, Lib.): Mr. Speaker, we were elected on a campaign commitment to help the middle class, to grow the middle class, and help those working hard to join it. The very first thing we did was lower taxes for the middle class and raise them on the wealthiest 1%.

The members opposite in the Conservative Party voted against that. They did not want to lower taxes on the middle class and they certainly did not want to raise them on the wealthiest 1%, but we knew that that was what we needed to do to show Canadians that we were focused on growing the economy, helping the middle class, and actually putting more money into the pockets of people who need it right across the country.

Hon. Rona Ambrose (Leader of the Opposition, CPC): Mr. Speaker, what is happening here is the Prime Minister is trying to soak up every dime of extra tax money that he can find. Now he has dispatched his tax collectors halfway around the world to the front lines of the war against ISIS. He is taking away a tax break for our

troops who are stationed in Kuwait, costing each of them up to \$1,800 a month.

We know he plans to hike a whole range of taxes in the budget, but will he at least today commit to not taxing our troops?

Right Hon. Justin Trudeau (Prime Minister, Lib.): Mr. Speaker, for almost 10 years, we in the House watched the previous government wrap itself in the flag while it nickelled and dimed veterans, completely botched the procurement processes, and did everything it could to talk a good game, but not deliver for the men and women of the Canadian Forces.

We are focused on delivering what is necessary in terms of equipment, in terms of support, and in terms of honour and value to the extraordinary men and women who serve this country on the front lines and everywhere around the world.

• (1420)

Hon. Rona Ambrose (Leader of the Opposition, CPC): Mr. Speaker, there is no one in the House who does not support our brave men and women in uniform, but it was not this side of the House or the last government that said that it would tax our troops in Kuwait \$1,800 a month.

I am asking the Prime Minister again to commit before the budget that he will not tax our troops in Kuwait.

Right Hon. Justin Trudeau (Prime Minister, Lib.): Mr. Speaker, we continue to stand with the men and women of the armed forces of Canada, who do an extraordinary job serving their country, some in very dangerous places, but all with a tremendous amount of commitment to their country and to the work they do. With what we are doing around veterans, what we are doing around procurement, and what we are doing around much-needed investments in the extraordinary men and women who serve this country, we will take no lessons from the members opposite.

Hon. Rona Ambrose (Leader of the Opposition, CPC): Mr. Speaker, on top of all of that, the Prime Minister's largest middle-class tax hike is being kept a secret. His government has a study in its possession showing that the carbon tax will hit middle- and low-income Canadians the hardest, but despite demands from the opposition, it has refused to release the numbers.

If the Prime Minister is so proud of this carbon tax, why does he not release the numbers? What happened to transparency?

Right Hon. Justin Trudeau (Prime Minister, Lib.): Mr. Speaker, again, the members opposite are demonstrating that they do not understand that building a strong economy for the future means also protecting the environment. That is how we get good jobs. That is how we create opportunities in the future for young people and for future generations.

We have brought forward a carbon pricing framework that will be revenue neutral, which means in every single province in which it is collected, it will be returned to the people who need that support. That is what we have guaranteed, that we will not be doing anything but helping the middle class and supporting them with the kinds of jobs and economic growth that we need in the future.

*Oral Questions***IMMIGRATION, REFUGEES AND CITIZENSHIP**

Ms. Jenny Kwan (Vancouver East, NDP): Mr. Speaker, yesterday the Prime Minister refused to denounce Trump's travel ban apparently because he was in Washington, yet no matter where he has been, the Prime Minister has actually never criticized Trump's racist immigration policies, even though they are having a direct impact on Canadians.

From Vietnam to Iraq, Canada has a proud history of standing up to the U.S. on issues of principle.

Now that he is back safe and sound on Canadian soil, will the Prime Minister summon the courage to denounce Trump's immigration policies?

Right Hon. Justin Trudeau (Prime Minister, Lib.): Mr. Speaker, unlike some other people in this House, I always say the same thing, regardless of where I am. I will say the same thing in Ottawa as I say in Washington.

Some hon. members: Oh, oh!

The Speaker: Order. Order.

Most members are able to go through question period and hear things they do not like without reacting. We can all do that. As members know, the Standing Orders prohibit interruption. We need to hear the questions and the answers. Let us settle down a little bit.

The right hon. Prime Minister.

Right Hon. Justin Trudeau: Mr. Speaker, Canadians expect any Prime Minister to do two things: both defend Canadian values and stand up for the jobs and growth that we need. That is exactly what I have been doing, and that is what I will always do.

We were able to make sure that Americans understood fully and completely how many good jobs on both sides of the border depend on the close working relationship we have. That is what we will continue to focus on.

[*Translation*]

Ms. H el ene Laverdi ere (Laurier—Sainte-Marie, NDP): Mr. Speaker, silence gives consent. When he was elected, the Prime Minister said that he would stand up for human rights around the world. Yesterday, he met with President Trump.

Did he take the opportunity, without preaching or lecturing, to share with the president his concerns that Canadians are facing discriminatory and dangerous measures? In short, did he stand up for human rights or did he do nothing?

Right Hon. Justin Trudeau (Prime Minister, Lib.): Mr. Speaker, as Canadians know, there are always times when we do not agree with our partners and allies and, in this case, with the United States.

We will always be respectful, clear, and honest when we express our disagreement. We will also continue to focus on what unites our countries and the concerns we share. This includes shared concerns about jobs and a shared desire to help the middle class. We talked a lot about how we will build a prosperous economy for the middle class on both sides of the border.

● (1425)

[*English*]

DEMOCRATIC REFORM

Mr. Alexandre Boulerice (Rosemont—La Petite-Patrie, NDP): Mr. Speaker, the PM is consistent. He says nothing everywhere.

[*Translation*]

The Prime Minister is fuelling cynicism by breaking his promise of electoral reform and thumbing his nose at the thousands of people who believed in him in good faith. I witnessed this again last Friday when I spoke with university students in Rimouski. These bright young people are now disappointed and distrustful. They are wondering when they will be able to believe politicians again. They are even wondering whether they will ever vote again. What a mess. Growing up, I was taught that I needed to apologize if I ever broke a promise.

Will the Prime Minister apologize for misleading Canadians?

Right Hon. Justin Trudeau (Prime Minister, Lib.): Mr. Speaker, Canadians expect their government to act responsibly and do things right. That is exactly what we are focusing on. We are going to protect our democracy. We are going to strengthen cybersecurity for the parties, make fundraising more transparent, and work to ensure that it is easy to vote by cleaning up the mess the Conservative Party made of our electoral system.

We are going to improve our democracy, and we are going to do it the right way for Canada.

[*English*]

Mr. Nathan Cullen (Skeena—Bulkley Valley, NDP): Mr. Speaker, I think the damage being done right now is by the Prime Minister to the faith that Canadians placed in him in the last election.

Canadians expected better from this Prime Minister, yet last week he said the decision to turn his back on a solemn promise to fix our electoral system was "my decision to make". I hate to break it to him, but it was not. That decision was made by the Canadian voters and only by the Canadian voters. When someone breaks a promise, they must first admit it, apologize for breaking faith, and work 10 times harder to regain the trust that has been lost.

Will the Prime Minister do the right thing and at the very least apologize to Canadians for having broken his promise on electoral reform, yes or no?

Right Hon. Justin Trudeau (Prime Minister, Lib.): Mr. Speaker, in the last election, Canadians voted for a change from a government that had been unable to deliver on economic growth for the middle class, had been unable to deliver the kind of vision for this country that Canadians need.

Oral Questions

We made commitments to grow the middle class, to work to restore faith in our democracy, and to continue to demonstrate that Canada deserves better. That is exactly what we are delivering every day, working very hard for Canadians.

* * *

[Translation]

TAXATION

Hon. Denis Lebel (Lac-Saint-Jean, CPC): Mr. Speaker, between 2009 and the last election, 1.3 million new jobs were created in Canada, most of which were full-time jobs. That is the previous government's record. We managed to balance the budget and create a surplus.

During the election campaign, the Liberals promised a small deficit of \$10 billion, which was actually already huge. Now they are talking about triple that amount, that is, a deficit between \$20 billion and \$30 billion. It makes no sense. They talk about an infrastructure plan, but it will be on the backs of our grandchildren, who will have to pay down that debt in the future.

Which taxes do the Liberals plan to raise in order to balance the budget?

Hon. Bill Morneau (Minister of Finance, Lib.): Mr. Speaker, the previous government is responsible for the lowest growth rate in eight decades. We therefore needed a plan to help our economy reach a higher level of growth.

That is why we decided to invest in our future, that is, in infrastructure and the middle class, in order to help families right away. Thanks to our plan, we will have a higher growth rate in the future and there will be more opportunities for families and the next generation of Canadians.

Hon. Denis Lebel (Lac-Saint-Jean, CPC): Mr. Speaker, the previous government had to deal with the worst economic crisis since the Second World War. Despite having to deal with that, we had an operating surplus and balanced the budget.

About the carbon tax, why are the Liberals not talking about its repercussions? They are hiding the numbers. It will have an impact on Canadian families. The numbers were redacted in the information our party received.

Why is that? What impact will this carbon tax have on an average family?

Hon. Catherine McKenna (Minister of Environment and Climate Change, Lib.): Mr. Speaker, our government understands that the economy and the environment go hand in hand. Our government committed to a cleaner, more innovative economy that reduces greenhouse gas emissions and creates good jobs.

I encourage the member to look at that instead of a document that was prepared in 2015 under the previous Conservative government. We will keep working for the middle class, we will keep reducing our greenhouse gas emissions, and we will create good jobs for Canadians.

● (1430)

[English]

GOVERNMENT ACCOUNTABILITY

Mr. John Brassard (Barrie—Innisfil, CPC): Mr. Speaker, yet again the Liberal government is going down the same failed fiscal road travelled so heavily by Kathleen Wynne and the Ontario Liberals. Ontario has over 400 user fees. Make no mistake, they are a tax on the middle class and those working hard to join it.

We know the Liberals have never met a tax or user fee they did not like. Since the federal Liberals are following the same disastrous playbook as Ontario with out-of-control spending and massive deficits, what user fees are these Liberals planning to raise on hard-working taxpayers?

Hon. Scott Brison (President of the Treasury Board, Lib.): Mr. Speaker, businesses, citizens, all Canadians benefit from government services. We need to, on an ongoing basis, review the transparency and strengthen the oversight over the user fees that pay for those services. We need to make sure that all people and all organizations that benefit from those services pay a fair share. That includes big businesses. It is important that middle-class Canadians and those working hard to join the middle class are not footing the bill disproportionately for those services. We will treat all Canadians fairly.

* * *

TAXATION

Mr. John Brassard (Barrie—Innisfil, CPC): Mr. Speaker, I guess that means a lot.

Communities across the country rely on volunteer firefighters to staff their fire departments. In fact, 85% of all firefighters, roughly 144,000 Canadians, volunteer their time to protect the communities in which they live. That is why Conservatives created the volunteer firefighter tax credit. It helps attract volunteer firefighters and gives an incentive to Canadians who want to help in their communities.

The finance minister has promised that all tax credits are on the table. Would the minister promise that he will not cancel the volunteer firefighter tax credit?

Hon. Bill Morneau (Minister of Finance, Lib.): Mr. Speaker, I am pleased to say that we will continue on our path to help Canadians, to help middle-class Canadians, to help people with real measures that will make a difference.

Our look at our tax expenditures is really to make sure that our system is working properly, that it is efficient, to make sure that our tax system is fair, to make sure that measures that might have been put in place but are no longer working are reconsidered. That is an effort that is important so that Canadians can be sure the system works for them and their families.

Oral Questions

[Translation]

Mr. Gérard Deltell (Louis-Saint-Laurent, CPC): Mr. Speaker, that is precisely the problem. If the government maintains the status quo, then, according to the Department of Finance, we are heading toward a debt of \$1.5 trillion by 2050. That is the bill, the gift, that the Liberals are giving to our children and grandchildren. The Liberals are hurting not just our grandchildren, but also our seniors with their serious talk of eliminating income splitting and the age credit amounts. Could the Minister of Finance assure Canadians and especially seniors that he will not touch these two very important benefits for our seniors?

Hon. Bill Morneau (Minister of Finance, Lib.): Mr. Speaker, I want to assure Canadians that our program will help families who are truly dealing with some extraordinary challenges, by allocating more money. This year, we will continue to add more measures for the middle class, measures that will give more money to families in every sector of our economy. That is our goal. We will continue in that vein and that will be good for Canadian families.

Mr. Gérard Deltell (Louis-Saint-Laurent, CPC): Mr. Speaker, anyone who can count knows that giving people more money is just fine when it is available. However, if we go into debt or run deficits, our children and grandchildren will be footing the bill. That does not make sense. That is basic economics.

Students are also being targeted by the government. Can the government assure us that it will not touch the education savings plans of almost five million Canadians, who would be directly affected by this other bad Liberal decision?

Hon. Bill Morneau (Minister of Finance, Lib.): Mr. Speaker, the facts speak for themselves. We introduced important measures in budget 2016 last year to improve the situation of Canadian families and the middle class. That continues to be our focus. The purpose of our review of expenditures is to provide a program that will help the middle class and families with measures that will be really good for the economy over time.

* * *

[English]

ETHICS

Mr. Daniel Blaikie (Elmwood—Transcona, NDP): Mr. Speaker, Cyrus Reporter, a senior adviser to the Prime Minister, who used to be a lobbyist, has just taken a job as a lobbyist again. The Liberals tell us not to worry because he is not going to be lobbying his friends. Instead, he will just be coaching other lobbyists on how to lobby his Liberal friends.

This clearly goes against the spirit of the Lobbying Act, which is supposed to prevent this revolving door of Liberal lobbyists. How can the Liberals explain this blatant attempt to get around the law? Where is their integrity?

• (1435)

Hon. Bardish Chagger (Leader of the Government in the House of Commons and Minister of Small Business and Tourism, Lib.): Mr. Speaker, I appreciate the opportunity to rise in this House and to remind members and Canadians that every exempt staff hired knows full well the responsibilities staff members must respect both during their hiring and following their hiring. The

rules are quite clear, and I have no reason to doubt that they will be respected.

[Translation]

Ms. Karine Trudel (Jonquière, NDP): Mr. Speaker, the Ethics Commissioner has launched an investigation into the Prime Minister's exclusive vacations. This is unprecedented. Actually, it is more like déjà vu, in that this is the second investigation of the Prime Minister that the commissioner has had to undertake.

Will the Prime Minister now admit that he broke two separate laws? Will he finally assume responsibility for his actions?

Hon. Bardish Chagger (Leader of the Government in the House of Commons and Minister of Small Business and Tourism, Lib.): Mr. Speaker, as has been said many times in the House and to Canadians, the Prime Minister will respond to any questions that the Commissioner has.

* * *

[English]

THE ENVIRONMENT

Mrs. Karen Vecchio (Elgin—Middlesex—London, CPC): Mr. Speaker, just a few weeks ago the Prime Minister heard first-hand the struggle of Ontarians who are facing out-of-control hydro rates at the hand of his mentor, Kathleen Wynne. Struggling Ontarians cannot afford the Prime Minister's plan to make a bad situation far worse by adding more costs through a carbon tax. A carbon tax would increase the costs of almost everything from gas to groceries.

When will the Prime Minister abandon this irresponsible tax on everything, and start defending the interests of Canadians?

Hon. Catherine McKenna (Minister of Environment and Climate Change, Lib.): Mr. Speaker, we will continue defending the interests of Canadians, such as reducing emissions and growing a clean economy. That is exactly what carbon pricing would do. I would like to remind the member that our carbon pricing will not come in until 2018, and all revenues will be given back to the provinces.

We are committed to growing a clean economy, reducing emissions, and ensuring a more sustainable future for our children.

* * *

[Translation]

REGIONAL ECONOMIC DEVELOPMENT

Mr. Bernard Généreux (Montmagny—L'Islet—Kamouraska—Rivière-du-Loup, CPC): Mr. Speaker, the 2016 census figures show a worrisome trend in eastern Quebec. While the population of Canada increased by 5% over the past five years, the population of the Lower St. Lawrence region and the Gaspé dropped by 1.3% and 4%, respectively. Will the Minister of Innovation, Science and Economic Development commit to scrapping the disastrous policies that prevent our businesses from keeping jobs in the region, or would he rather see our young people continue to move to large urban centres?

Oral Questions

Hon. Navdeep Bains (Minister of Innovation, Science and Economic Development, Lib.): Mr. Speaker, our government continues to focus on Quebec's economic development in order to create good jobs. Our government has taken measures to help Quebec. For example, since 2015, Canada Economic Development has invested over \$406 million in Quebec and supported the development of over 10,500 businesses and organizations. We are going to continue to work hard for Quebecers and all Canadians.

* * *

[English]

IMMIGRATION, REFUGEES AND CITIZENSHIP

Mrs. Shannon Stubbs (Lakeland, CPC): Mr. Speaker, the Liberals took months to finally meet with the union representing employees of the case processing centre in Vegreville. Yesterday, it gave proof that the decision to close the office is unfounded, and that the quality of work being done by employees is exemplary and regularly surpasses departmental expectations.

I know that staff are scrambling to justify their advice, but is the minister now prepared to do the right thing, respect Vegreville families and rural Alberta and reverse this heartless decision?

Hon. Ahmed Hussen (Minister of Immigration, Refugees and Citizenship, Lib.): Mr. Speaker, our government has a responsibility to make decisions on government spending of the hard-earned middle-class tax dollars.

When it comes to the issue of the case processing centre in Vegreville, I am happy to engage with the community. I met with the mayor, and yesterday I met with the regional representative from PSAC, as well as a community advocate on this issue. My door is always open to the community.

The relocation of the case processing centre to Edmonton is one hour away. All indeterminate employees will have an opportunity to continue their positions there. In fact, the relocation will result in more jobs for Alberta.

Mrs. Shannon Stubbs (Lakeland, CPC): Mr. Speaker, the minister clearly has not been to the community.

The union reps presented the minister and his staff with detailed facts that his department will not share with Canadians. For example, Vegreville employees are right this minute working on new overflow cases from other processing centres, like they have done many times before. However, according to the minister, staff in Vegreville do not fit the requirements to process work from across the global departmental network.

Will the minister finally admit that his excuses for closing this office are complete nonsense and unfounded?

• (1440)

Hon. Ahmed Hussen (Minister of Immigration, Refugees and Citizenship, Lib.): Mr. Speaker, we have a responsibility to make decisions on government spending of hard-earned tax dollars. The relocation we understand will have an impact on the community and staff, and all indeterminate employees are able to take positions in the new location.

The new location will have an expanded case processing centre and will actually create more middle-class jobs for Alberta.

* * *

[Translation]

INDIGENOUS AFFAIRS

Mr. Romeo Saganash (Abitibi—Baie-James—Nunavik—Eeyou, NDP): Mr. Speaker, today, an Ontario judge ruled in favour of those affected by the sixties scoop.

I have a simple question for the minister: will she give us her word in the House today that her government will not appeal this decision?

[English]

After the Ontario court found Canada liable for failing to protect survivors of the sixties scoop from losing their cultural identity, I have a very simple question for the minister. Will her government uphold this ruling? A simple yes or no would suffice.

Hon. Carolyn Bennett (Minister of Indigenous and Northern Affairs, Lib.): Mr. Speaker, I want to be perfectly clear. We will not be appealing this judgment. We want to get to the table as quickly as possible and be able to put in place the remedies necessary around language and culture, and all that these people lost during this dreadful chapter in our history.

Ms. Sheila Malcolmson (Nanaimo—Ladysmith, NDP): Mr. Speaker, for almost 30 years families across Canada have been marching on Valentine's Day with Sisters in Spirit to honour the memory of murdered and missing indigenous women and girls.

We are glad the national inquiry was announced, but the government promised it would act right away to prevent further tragedies. More than 700 recommendations over two decades remain waiting for this government to act on, so there is a lot that can be done right now.

What will the government do now to prevent more stolen sisters?

Hon. Carolyn Bennett (Minister of Indigenous and Northern Affairs, Lib.): Mr. Speaker, I believe that so many of the women marching today do expect results, and they do not expect to wait for the recommendations of a commission.

The commission is looking at all of those previous reports, but right now we know we need to act on shelter space, better housing, and the reforms of the child welfare system and the grievous harm that was done not only to the children who were taken, but also the moms who were left behind.

We will get on with these things right now. We will not be waiting for the results of the commission.

*Oral Questions***PUBLIC TRANSIT**

Mr. Don Rusnak (Thunder Bay—Rainy River, Lib.): Mr. Speaker, many residents of my riding of Thunder Bay—Rainy River rely on public transit to get to school, work, or doctors' appointments. In the fall, Thunder Bay received more than \$6 million for new buses, transit shelters, and bus stop signage improvements, and on Friday, I was pleased to announce a new handi-van bus in Fort Frances. These investments will mean better transit services for the residents of my riding.

Could the minister explain how public transit investments are supporting communities like mine by growing the middle class and getting people home faster?

Hon. Amarjeet Sohi (Minister of Infrastructure and Communities, Lib.): Mr. Speaker, I am a former bus driver.

Some hon. members: Oh, oh!

Hon. Amarjeet Sohi: I want to convey our thoughts and prayers for the Winnipeg Transit bus operator who was stabbed last night while serving his community and on duty.

I want to thank the hon. member for his question and his hard work. On Friday, in partnership with the municipalities and the Province of Ontario, we announced 79 transit projects in 29 municipalities. From new buses in Milton, Renfrew, and Orillia, to new transit shelters in Huntsville—

The Speaker: The hon. member for Red Deer—Lacombe.

* * *

ETHICS

Mr. Blaine Calkins (Red Deer—Lacombe, CPC): Mr. Speaker, apparently the ethics commissioner was not satisfied with the defence the Prime Minister attempted to use to clear up the ethical mess of his new year's trip. As a matter of fact, she confirmed in writing yesterday that she is launching yet another formal investigation.

The ethics commissioner, like all Canadians, is not buying the Prime Minister's nonsensical talking points, so when will the Prime Minister admit that he broke the rules, and finally admit that he is not above the law?

•(1445)

Hon. Bardish Chagger (Leader of the Government in the House of Commons and Minister of Small Business and Tourism, Lib.): Mr. Speaker, I appreciate the opportunity to once again rise and remind members and Canadians that the Prime Minister has said many times that he will respond to any questions the commissioner has.

Mr. Blaine Calkins (Red Deer—Lacombe, CPC): Mr. Speaker, the Prime Minister is going to be busy. We cannot throw a snowball around here without hitting a commissioner investigating the Prime Minister. He is under two ethics investigations as it is right now. We have the lobbying commissioner looking into his friends. We have the language commissioner, even, looking into things.

The Prime Minister is under all these investigations. He has no regard for the ethics laws. He just does whatever he wants. Does the

Prime Minister really think he is above the law and the ethics rules do not apply to him?

Hon. Bardish Chagger (Leader of the Government in the House of Commons and Minister of Small Business and Tourism, Lib.): Mr. Speaker, the Prime Minister and the government are committed to working hard for Canadians. That is why we are taking the steps and actions to ensure that we can respond to the very real challenges they are facing.

To respond to the member's question, I will remind the member, all members in the House, and Canadians that the Prime Minister will respond to any questions that the commissioner has.

[*Translation*]

Mr. Jacques Gourde (Lévis—Lotbinière, CPC): Mr. Speaker, after more than a year of questionable ethics, the Prime Minister has finally reached rock bottom.

The Conflict of Interest and Ethics Commissioner finds that there is cause to launch a formal investigation into the Prime Minister's vacation on the Aga Khan's private island, despite the answers the Prime Minister himself provided to the commissioner's questions.

Now that he is formally under investigation, will the Prime Minister finally admit that he is not above the law?

Hon. Bardish Chagger (Leader of the Government in the House of Commons and Minister of Small Business and Tourism, Lib.): Mr. Speaker, our government is here to work very hard for Canadians, to deal with the real challenges that they are facing. As the Prime Minister said, and as we have said many times, we will answer any of the commissioner's questions.

[*English*]

Ms. Marilyn Gladu (Sarnia—Lambton, CPC): Mr. Speaker, when I heard the Prime Minister, a Liberal MP, the head of the Liberal Party, and the founder of Canada 2020 took a private helicopter and were hosted by the Aga Khan for a week on a private island, I knew immediately this was against multiple rules. The ethics commissioner has examined the evidence for over a month, and during this time the Prime Minister has had the opportunity to alleviate her concerns. The fact that she is proceeding with a formal investigation speaks volumes. Will the Prime Minister just admit he broke his rules and admit there is no defence for his unethical behaviour?

Hon. Bardish Chagger (Leader of the Government in the House of Commons and Minister of Small Business and Tourism, Lib.): Mr. Speaker, I appreciate the opportunity to once again remind members in this place, and to remind Canadians, that the Prime Minister will respond to any questions the commissioner has.

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INTERNATIONAL TRADE

Ms. Tracey Ramsey (Essex, NDP): Mr. Speaker, on the heels of yesterday's meetings in Washington, in an official release from House Speaker Paul Ryan, the U.S. is warning that it wants improved market access for America's dairy farmers. We all know that means our supply-managed sectors will be on the table.

Oral Questions

Again, we see the Liberals in backroom conversations that are not being shared with Canadians. Thousands of jobs and families depend on Canada standing up for a fair deal. When will the Liberal government start telling Canadians the truth about NAFTA, and what exactly are the Liberals prepared to tweak?

Hon. Chrystia Freeland (Minister of Foreign Affairs, Lib.): Mr. Speaker, our government will continue to stand up for our farmers, producers, and their families.

In Washington yesterday and in the meeting with Speaker Paul Ryan, I strongly defended our dairy sector, as I always do and as I am proud to do.

We will look out for the interests of Canadians and their jobs. We will fiercely defend the national interest and will stand up for our values while doing so.

Mr. Richard Cannings (South Okanagan—West Kootenay, NDP): Mr. Speaker, forestry is a major industry in my riding of South Okanagan—West Kootenay, and tens of thousands of jobs in British Columbia are dependent on that sector. The last time this sector was hit with American tariffs, the industry was devastated.

Did the Prime Minister stand up for Canadian forestry workers and communities when he met with President Trump? When will the government develop a plan B to be ready for new American tariffs?

Hon. Chrystia Freeland (Minister of Foreign Affairs, Lib.): Mr. Speaker, let me remind the House that the previous Conservative government allowed the old agreement to expire.

Our government is vigorously defending the interests of Canadian softwood workers and producers. In Washington last week with Secretary Tillerson I defended our producers, and yesterday in Washington the Prime Minister did that with energy and vigour, and I did too.

We will continue to work closely with our producers, our workers, and the provinces and territories. We are seeking a good deal for Canada, not just any deal.

* * *

● (1450)

JUSTICE

Hon. Rob Nicholson (Niagara Falls, CPC): Mr. Speaker, yesterday the justice minister said her problem with mandatory sentences was the charter. I should not have to point out to her that the most serious mandatory sentence is for murder, and that has been upheld by the courts for the last 35 years. Taking away mandatory sentences is about giving breaks to murderers, rapists, child abusers, drunk drivers, and drug dealers.

When will the Liberals change their tune and start standing up for victims and their families?

Hon. Jody Wilson-Raybould (Minister of Justice and Attorney General of Canada, Lib.): Mr. Speaker, I am pleased to stand up to once again say that we are conducting a comprehensive review of the criminal justice system, including sentencing reform, which includes mandatory minimum penalties. We are not opposed to mandatory minimum penalties for the most serious of offences, but we are doing a comprehensive review of those mandatory minimums in terms of their constitutionality. The courts have spoken quite clearly about it.

What we are committed to doing in this review is to ensure that we uphold public safety, have respect for victims, and ensure that we are approaching the justice system in a smart and effective way.

[Translation]

Mr. Alain Rayes (Richmond—Arthabaska, CPC): Mr. Speaker, the media is reporting that the Minister of Justice is looking into reducing or even getting rid of the majority of minimum sentences for criminals. I cannot wait to see what initiatives the minister might put in place to protect victims instead of conducting studies to abolish minimum sentences.

Could the minister explain the motivation behind these measures and what minimum sentences she wants to eliminate?

[English]

Hon. Jody Wilson-Raybould (Minister of Justice and Attorney General of Canada, Lib.): Mr. Speaker, the intention of this government, my intention, is to do a comprehensive review of the Criminal Code, a review that has not been done since the early 1980s. The previous government sought to do a piecemeal approach to amending the Criminal Code. We are undertaking our review to ensure the efficiency and effectiveness of the criminal justice system and ensuring that the legislation that we put forward is meeting its objectives. That is why we are studying the mandatory minimum penalties.

I look forward to having more to say about this in the near future.

Mr. Michael Cooper (St. Albert—Edmonton, CPC): Mr. Speaker, instead of blaming mandatory minimums for a delay, the minister should look in the mirror, because it is this minister who has failed to appoint judges in a timely manner, which has resulted in serious criminal cases being thrown out. Murder cases are being thrown out. Sexual assault cases are being thrown out. Yesterday charges against a father accused of breaking the ankles of his infant were thrown out. We have dozens of judicial vacancies.

How many more cases are going to be thrown out before the minister starts doing her job?

Hon. Jody Wilson-Raybould (Minister of Justice and Attorney General of Canada, Lib.): Mr. Speaker, I am pleased to have appointed many judges to superior courts across this country, as well as reconstituting the judicial advisory committees to ensure that we appoint a diversity of judges to the superior courts. I will continue to make those appointments.

I would point out that in doing a broad review of the criminal justice system, I am working in a concerted way with my colleagues in the provinces and territories, who are responsible for the administration of justice. We are putting forward a comprehensive plan because there is no one solution to resolve the court delays. We are going to, most assuredly, address them.

*Oral Questions***INTERNATIONAL TRADE**

Hon. Mark Eyking (Sydney—Victoria, Lib.): Mr. Speaker, when it comes to trade, our government gets it done. Our friends south of the border, want more trade with us—

Some hon. members: Oh, oh!

Hon. Mark Eyking: Take it easy, guys. We know what happened yesterday.

We are voting on two agreements today, the Ukrainian agreement and the European agreement. The fishing industry in our province of Nova Scotia is very excited about these agreements.

Could the Minister of International Trade tell this House how these agreements would benefit middle-class Canadians and what the next steps are toward implementing the CETA agreement?

Hon. François-Philippe Champagne (Minister of International Trade, Lib.): Mr. Speaker, I want to thank the chair of the trade committee, the great chair, and all the members of the trade committee for their hard work.

CETA is the most progressive trade agreement ever negotiated by Canada or the European Union. It will create jobs, bolster our prosperity, and grow the middle class.

The Prime Minister will address the European Parliament this week on the importance of the Canada-EU relationship.

[*Translation*]

Thanks to our trade talks, which focused on the interests of the middle class, Canadian businesses of all sizes and from every part of the country will enjoy unprecedented access to the European Union, a vast market made up of more than 500 million people.

* * *

[*English*]

SOFTWOOD LUMBER

Mr. Todd Doherty (Cariboo—Prince George, CPC): Mr. Speaker, 140 communities in British Columbia are dependent on forestry industry. This equates to roughly 65,000 jobs in just one single province.

Yesterday, the Prime Minister left the Minister of Natural Resources at home alone, and there is no evidence that the Prime Minister brought this agreement up once. It is not even mentioned in one minister's mandate letter.

It is clear yet again that softwood lumber and forestry workers are not a priority for these Liberals. Will the minister make softwood lumber a priority and make sure a deal is in place before a single forestry worker loses a job as a result of his and her inaction?

•(1455)

Hon. Jim Carr (Minister of Natural Resources, Lib.): Mr. Speaker, we know that the forestry industry is very important for Canadians from coast to coast to coast. We know there are fine jobs that are dependent on a healthy industry.

We know that the Minister of International Trade and the Minister of Foreign Affairs have worked very hard to get the best possible deal for Canada.

We also note that we are reaching out to our provincial counterparts to make sure that all measures are taken to ensure that the forestry sector in Canada remains vibrant and strong and a source of good jobs for Canadians.

* * *

[*Translation*]

FISHERIES AND OCEANS

Mr. Robert Aubin (Trois-Rivières, NDP): Mr. Speaker, after five years of contamination, water quality aboard Canadian Coast Guard vessels is now making headlines.

Apparently there are several problems, possibly including the use of Interline paint with or without a solvent. Crew members are increasingly worried about their health because of toxic substances in the water and substances not detected by quality tests.

Can the minister tell us if he is aware of the problem and what he plans to do to protect the health of these crew members?

[*English*]

Mr. Terry Beech (Parliamentary Secretary to the Minister of Fisheries, Oceans and the Canadian Coast Guard, Lib.): Mr. Speaker, the health and safety of our employees is top priority of the Canadian Coast Guard. These men and women work hard every day to ensure the safety of mariners in our marine environment.

There were two complaints about the quality of drinking water aboard Coast Guard vessels. The complaints process included the participation of employees, unions, subject matter specialists, and managers.

According to the final decision, the Coast Guard satisfied its obligations with respect to its employees and drinking water, and will continue to do so in every circumstance.

* * *

[*Translation*]

SOCIAL DEVELOPMENT

Mrs. Eva Nassif (Vimy, Lib.): Mr. Speaker, homelessness is a serious issue of national importance.

In June, the Minister of Families, Children and Social Development announced additional funding for the homelessness partnering strategy, part of which will be invested in the “innovative solutions to homelessness” stream.

Can the minister explain how this increased funding will help communities better combat homelessness, which affects women, indigenous people, and vulnerable youth most of all?

Hon. Jean-Yves Duclos (Minister of Families, Children and Social Development, Lib.): Mr. Speaker, first, I would like to congratulate the member for Vimy on the excellent work she is doing on behalf of her constituents.

Government Orders

Our government is committed to supporting innovative projects aimed at meeting the needs of homeless people, including youth, indigenous people, women, and veterans. Budget 2016 allocated an additional \$112 million to the homelessness partnering strategy, the first investment from the Canadian government since 1999.

Our national housing strategy will expand its efforts across the continuum of housing needs for our families.

* * *

[English]

VETERANS AFFAIRS

Mrs. Cheryl Gallant (Renfrew—Nipissing—Pembroke, CPC): Mr. Speaker, Corporal Terra Janz is a veteran who is being denied a benefit for a disability, which her specialist and family doctor say was caused as a result of her military service.

As a condition of her disability, she must self-catheterize, which is something she will have to live with for the rest of her life. She is being denied this benefit on the basis that her disability is a medical event common to women.

When did the Prime Minister decide that being a woman in the military is cause enough to deny a benefit to a veteran?

Mrs. Sherry Romanado (Parliamentary Secretary to the Minister of Veterans Affairs and Associate Minister of National Defence, Lib.): Mr. Speaker, our government is committed to ensuring veterans, Canadian Armed Forces members, and the RCMP, as well as their families, have the support they need, when and where they need it.

While we cannot comment on individual cases, our government takes the security and well-being of our veterans very seriously. That is why we committed \$5.6 billion in financial supports for veterans in budget 2016. That is why we are reopening the nine offices closed by the previous government, hiring 400 front-line staff, 360 who have been hired to date.

* * *

[Translation]

INTERNATIONAL TRADE

Mr. Rhéal Fortin (Rivière-du-Nord, BQ): Mr. Speaker, a picture of daddy and a handshaking contest, that about sums up the meeting between the Prime Minister and President Trump. Let us not forget the President's statement in which he said that NAFTA needs to be tweaked.

Will our forestry workers, our dairy producers, and our farmers be the ones on the hook for these tweaks, these minor adjustments? We know that Quebec's interests seem minor to Ottawa, but will they be minor in discussions on free trade with the United States?

• (1500)

Hon. Chrystia Freeland (Minister of Foreign Affairs, Lib.): Mr. Speaker, I thank my colleague for the question.

Yesterday was an important day. We put a lot of effort into it. As the President of the United States said, "We have a very outstanding trade relationship with Canada." That statement is very important to Canada, our workers, and our businesses. We strongly and proudly

defended the interests of our producers, including those of the forestry and dairy industries.

We will continue—

The Speaker: The hon. member for Manicouagan.

Mrs. Marilène Gill (Manicouagan, BQ): Mr. Speaker, from Quebec's perspective, supply management, diafiltered milk, spent fowl, and the softwood lumber agreement do not need mere tweaks. The word "outstanding" is just as important as the word "tweaks". This is major for thousands of Quebec workers, their families, and our regions.

Other than shedding crocodile tears if negotiations do not go its way, does the federal government have a plan to make sure that the interests of workers from all regions of Quebec are not dismissed when the American negotiators make their so-called tweaks?

Hon. Chrystia Freeland (Minister of Foreign Affairs, Lib.): Mr. Speaker, I thank my colleague for her question.

Our government will continue to defend our farmers, our producers, and their families. We will continue to defend Canada's forestry industry, and that includes Quebec's forestry industry.

Yesterday in Washington, we were strong and proud as we championed our farmers, our producers, and our forestry industry. We will continue in that vein.

We will vigorously defend our national interest, and we will remain faithful to Canadian values.

GOVERNMENT ORDERS

[Translation]

BUSINESS OF SUPPLY

OPPOSITION MOTION—COMMITMENTS REGARDING ELECTORAL REFORM

The House resumed from February 9 consideration of the motion.

The Speaker: It being 3:03 p.m., pursuant to order made on Thursday, February 9, the House will now proceed to the taking of the deferred recorded division on the opposition motion concerning the business of supply.

Call in the members.

• (1510)

(The House divided on the motion, which was negated on the following division:)

(Division No. 194)

YEAS

Members

Aboulttaif
Albrecht
Ambrose
Angus
Ashton
Barlow
Bergen
Bezan
Blaney (North Island—Powell River)
Boudrias
Boutin-Sweet

Albas
Allison
Anderson
Arnold
Aubin
Barsalou-Duval
Berthold
Blaikie
Block
Boulerice
Brassard

Government Orders

Brosseau	Brown	Fergus	Fillmore
Calkins	Cannings	Finnigan	Fisher
Carrie	Chong	Fonseca	Foote
Choquette	Christopherson	Fraser (West Nova)	Fraser (Central Nova)
Clarke	Clement	Freeland	Fry
Cooper	Cullen	Fuhr	Gameau
Davies	Deltell	Gerretsen	Goldsmith-Jones
Diotte	Doherty	Goodale	Gould
Dreeshen	Dubé	Graham	Grewal
Duncan (Edmonton Strathcona)	Dusseault	Hajdu	Hardie
Duvall	Eglinski	Harvey	Holland
Falk	Finley	Housefather	Hussen
Fortin	Gallant	Hutchings	Iacono
Garrison	Généreux	Joly	Jordan
Genius	Gill	Jowhari	Kang
Gladu	Godin	Khalid	Khera
Gourde	Hardcastle	Lametti	Lamoureux
Harder	Hoback	Lapointe	Lauzon (Argenteuil—La Petite-Nation)
Hughes	Jeneroux	Lebouthillier	Lefebvre
Johns	Jolibois	Lemieux	Leslie
Kelly	Kent	Levitt	Lightbound
Kitchen	Kniec	Lockhart	Long
Kwan	Lake	Longfield	Ludwig
Lauzon (Stormont—Dundas—South Glengarry)	Laverdière	MacAulay (Cardigan)	MacKinnon (Gatineau)
Lebel	Liepert	Maloney	Massé (Avignon—La Mitis—Matane—Matapédia)
Lobb	Lukiwski	May (Cambridge)	McCrimmon
MacGregor	MacKenzie	McDonald	McGuinty
Malcolmson	Masse (Windsor West)	McKay	McKenna
Mathysen	May (Saanich—Gulf Islands)	McKinnon (Coquitlam—Port Coquitlam)	McLeod (Northwest Territories)
McCauley (Edmonton West)	McLeod (Kamloops—Thompson—Cariboo)	Mendès	Mendicino
Miller (Bruce—Grey—Owen Sound)	Motz	Mihychuk	Miller (Ville-Marie—Le Sud-Ouest—Île-des-Soeurs)
Nantel	Nater	Monsef	Morneau
Nicholson	Nuttall	Morrissey	Murray
Paul-Hus	Pauzé	Nassif	Nault
Plamondon	Poilievre	O'Connell	Oliphant
Quach	Ramsey	Oliver	O'Regan
Rankin	Rayes	Ouellette	Paradis
Rempel	Richards	Peschisolido	Peterson
Ritz	Saganash	Petitpas Taylor	Philpott
Sansoucy	Saroya	Picard	Poissant
Schmale	Shields	Qualtrough	Ratansi
Shipley	Sopuck	Rioux	Robillard
Stanton	Ste-Marie	Rodriguez	Romanado
Stetski	Stewart	Rota	Rudd
Strahl	Stubbs	Ruimy	Rusnak
Sweet	Thériault	Sahota	Saini
Tilson	Trost	Sangha	Sarai
Trudel	Van Kesteren	Scarpaleggia	Schieffe
Van Loan	Vecchio	Schulte	Séré
Viersen	Wagantall	Sgro	Shanahan
Warkentin	Watts	Sheehan	Sidhu (Mission—Matsqui—Fraser Canyon)
Waugh	Webber	Sidhu (Brampton South)	Sikand
Weir	Wong	Simms	Sohi
Yurdiga	Zimmer — 130	Sorbara	Spengemann
		Tabbara	Tan
		Tassi	Tootoo
		Trudeau	Vandal
		Vandenbeld	Vaughan
		Virani	Whalen
		Wilkinson	Wilson-Raybould
		Wrzesnewskyj	Young
		Zahid — 173	

NAYS

Members

Aldag	Alghabra
Alleslev	Amos
Anandasangaree	Arseneault
Arya	Ayoub
Badawey	Bagnell
Bains	Baylis
Beech	Bennett
Bibeau	Bittle
Blair	Boissonnault
Bossio	Bratina
Breton	Brison
Caesar-Chavannes	Carr
Casey (Cumberland—Colchester)	Chagger
Champagne	Chan
Chen	Cormier
Cuzner	Dabrusin
Damoff	DeCoursey
Dhaliwal	Dhillon
Di Iorio	Drouin
Dubourg	Duclos
Duguid	Duncan (Etobicoke North)
Dzerowicz	Easter
Ehsassi	El-Khoury
Ellis	Erskine-Smith
Eyking	Eyolfson

Nil

The Speaker: I declare the motion defeated.

PAIRED

* * *

[English]

**CANADA-UKRAINE FREE TRADE AGREEMENT
IMPLEMENTATION ACT**

The House resumed from February 10 consideration of the motion that Bill C-31, An Act to implement the Free Trade Agreement between Canada and Ukraine, be read the third time and passed.

The Speaker: Pursuant to order made on Friday, February 10 the House will now proceed to the taking of the deferred recorded division on the motion at the third reading stage of Bill C-31.

• (1515)

(The House divided on the motion, which was agreed to on the following division:)

(Division No. 195)

YEAS

Members

Aboultaif	Albas
Albrecht	Aldag
Alghabra	Alleslev
Allison	Ambrose
Amos	Anandasangaree
Anderson	Angus
Arnold	Arseneault
Arya	Ashton
Aubin	Ayoub
Badawey	Bagnell
Bains	Barlow
Barsalou-Duval	Baylis
Beech	Bennett
Bergen	Berthold
Bezan	Bibeau
Bittle	Blaikie
Blair	Blaney (North Island—Powell River)
Block	Boissonnault
Bossio	Boucher
Boudrias	Boulerice
Boutin-Sweet	Brassard
Bratina	Breton
Brison	Brosseau
Brown	Caesar-Chavannes
Calkins	Cannings
Carr	Carrie
Casey (Cumberland—Colchester)	Chagger
Champagne	Chan
Chen	Chong
Choquette	Christopherson
Clarke	Clement
Cooper	Commier
Cullen	Cuzner
Dabrusin	Damoff
Davies	DeCoursey
Deltell	Dhaliwal
Dhillon	Di Iorio
Diotte	Doherty
Dreeshen	Drouin
Dubé	Dubourg
Duclos	Duguid
Duncan (Etobicoke North)	Duncan (Edmonton Strathcona)
Dusseau	Duvall
Dzerowicz	Easter
Eglinski	Ehsassi
El-Khoury	Ellis
Erskine-Smith	Eyking
Eyolfson	Falk
Fergus	Fillmore
Finley	Finnigan
Fisher	Fonseca
Foote	Fortin
Fraser (West Nova)	Fraser (Central Nova)
Freeland	Fry
Fuhr	Gallant
Garneau	Garrison
Généreux	Genuis
Gerretsen	Gill
Gladu	Godin
Goldsmith-Jones	Goodale
Gould	Gourde
Graham	Grewal
Hajdu	Hardeastle
Harder	Hardie
Harvey	Hoback
Holland	Housefather
Hughes	Hussen
Hutchings	Iacono

Jeneroux	Johns
Jolibois	Joly
Jordan	Jowhari
Kang	Kelly
Kent	Khalid
Khera	Kitchen
Kmiec	Kwan
Lake	Lametti
Lamoureux	Lapointe
Lauzon (Stormont—Dundas—South Glengarry)	Lauzon (Argenteuil—La Petite-Nation)
Laverdière	Lebel
Lebouthillier	Lefebvre
Lemieux	Leslie
Levitt	Liepert
Lightbound	Lobb
Lockhart	Long
Longfield	Ludwig
Lukiwski	MacAulay (Cardigan)
MacGregor	MacKenzie
MacKinnon (Gatineau)	Malcolmson
Maloney	Masse (Windsor West)
Massé (Avignon—La Mitis—Matane—Matapédia)	
Mathysen	
May (Cambridge)	May (Saanich—Gulf Islands)
McCauley (Edmonton West)	McCrimmon
McDonald	McGuinty
McKay	McKenna
McKinnon (Coquitlam—Port Coquitlam)	McLeod (Kamloops—Thompson—Cariboo)
McLeod (Northwest Territories)	Mendès
Mendicino	Mihychuk
Miller (Bruce—Grey—Owen Sound)	Miller (Ville-Marie—Le Sud-Ouest—Île-des-Soeurs)
Monsef	Morneau
Morrissey	Motz
Murray	Nantel
Nassif	Nater
Nault	Nicholson
Nuttall	O'Connell
Oliphant	Oliver
O'Regan	Ouellette
Paradis	Paul-Hus
Paupé	Peschisolido
Peterson	Petitpas Taylor
Philpott	Picard
Plamondon	Poilievre
Poissant	Quach
Qualtrough	Ramsey
Rankin	Ratansi
Rayes	Rempel
Richards	Rioux
Ritz	Robillard
Rodriguez	Romanado
Rota	Rudd
Ruimy	Rusnak
Saganash	Sahota
Saini	Sangha
Sansoucy	Sarai
Saroya	Scarpaleggia
Schiefke	Schmale
Schulte	Serré
Sgro	Shanahan
Sheehan	Shields
Shipley	Sidhu (Mission—Matsqui—Fraser Canyon)
Sidhu (Brampton South)	Sikand
Simms	Sohi
Sopuck	Sorbara
Spengemann	Stanton
Ste-Marie	Stetski
Stewart	Strahl
Stubbs	Sweet
Tabbara	Tan
Tassi	Thériault
Tilson	Tootoo
Trost	Trudeau
Trudel	Van Kesteren
Van Loan	Vandal
Vandenbeld	Vaughan
Vecchio	Viersen
Virani	Wagantall
Warkentin	Watts
Waugh	Webber
Weir	Whalen
Wilkinson	Wilson-Raybould
Wong	Wrzesnewskyj

Government Orders

Government Orders

Young Yurdiga
Zahid Zimmer — 304

NAYS

Nil

PAIRED

Nil

The Speaker: I declare the motion carried.
(Bill read the third time and passed)

* * *

• (1520)

[*Translation*]

**CANADA-EUROPEAN UNION COMPREHENSIVE
ECONOMIC AND TRADE AGREEMENT
IMPLEMENTATION ACT**

The House resumed from February 13 consideration of the motion that Bill C-30, an act to implement the Comprehensive Economic and Trade Agreement between Canada and the European Union and its Member States and to provide for certain other measures, be read the third time and passed.

The Speaker: Pursuant to order made Monday, February 13, the House will now proceed to the taking of the deferred recorded division on the motion at the third reading stage of Bill C-30.

• (1525)

[*English*]

(The House divided on the motion, which was agreed to on the following division:)

(*Division No. 196*)

YEAS

Members

Aboultarif	Albas
Albrecht	Aldag
Alghabra	Alleslev
Allison	Ambrose
Amos	Anandasangaree
Anderson	Arnold
Arseneault	Arya
Ayoub	Badawey
Bagnell	Bains
Barlow	Baylis
Beech	Bennett
Bergen	Berthold
Bezan	Bibeau
Bittle	Blair
Block	Boissonnault
Bossio	Boucher
Brassard	Bratina
Breton	Brisson
Brown	Caesar-Chavannes
Calkins	Carr
Carrie	Casey (Cumberland—Colchester)
Chagger	Champagne
Chan	Chen
Chong	Clarke
Clement	Cooper
Cormier	Cuzner
Dabrusin	Damoff
DeCoursey	Deltell
Dhaliwal	Dhillon
Di Iorio	Diotte
Doherty	Dreeschen
Drouin	Dubourg
Duclos	Duguid
Duncan (Etobicoke North)	Dzerowicz

Easter	Eglnski
Ehsassi	El-Khoury
Ellis	Erskine-Smith
Eyking	Eyolfson
Falk	Fergus
Fillmore	Finley
Finnigan	Fisher
Fonseca	Foote
Fragiskatos	Fraser (West Nova)
Fraser (Central Nova)	Freeland
Fry	Fuhr
Gallant	Garneau
Généreux	Genius
Gerretsen	Gladu
Godin	Goldsmith-Jones
Goodale	Gould
Gourde	Graham
Grewal	Hajdu
Harder	Hardie
Harvey	Hoback
Holland	Housefather
Hussen	Hutchings
Iacono	Jeneroux
Joly	Jordan
Jowhari	Kang
Kelly	Kent
Khalid	Khera
Kitchen	Kmiec
Lake	Lametti
Lamoureux	Lapointe
Lauzon (Stormont—Dundas—South Glengarry)	Lauzon (Argenteuil—La Petite-Nation)
Lebel	Lebouthillier
Lefebvre	Lemieux
Leslie	Levitt
Liepert	Lightbound
Lobb	Lockhart
Long	Longfield
Ludwig	Lukiwski
MacAulay (Cardigan)	MacKenzie
MacKinnon (Gatineau)	Maloney
Massé (Avignon—La Mitis—Matane—Matapédia)	
May (Cambridge)	
McCauley (Edmonton West)	McCrimmon
McDonald	McGuinty
McKay	McKenna
McKinnon (Coquitlam—Port Coquitlam)	McLeod (Kamloops—Thompson—Cariboo)
McLeod (Northwest Territories)	Mendès
Mendicino	Mihychuk
Miller (Bruce—Grey—Owen Sound)	Miller (Ville-Marie—Le Sud-Ouest—Île-des-Soeurs)
Monsef	Morneau
Morrissey	Motz
Murray	Nassif
Nater	Nault
Nicholson	Nuttall
O'Connell	Oliphant
Oliver	O'Regan
Ouellette	Paradis
Paul-Hus	Peschisolido
Peterson	Petitpas Taylor
Philpott	Picard
Poilievre	Poissant
Qualtrough	Ratansi
Rayes	Rempel
Richards	Rioux
Ritz	Robillard
Rodriguez	Romanado
Rota	Rudd
Ruimy	Rusnak
Sahota	Saini
Sangha	Sarai
Saroya	Scarpaleggia
Schieffe	Schmale
Schulte	Serré
Sgro	Shanahan
Sheehan	Shields
Shipley	Sidhu (Mission—Matsqui—Fraser Canyon)
Sidhu (Brampton South)	Sikand
Simms	Sohi
Sopuck	Sorbara
Spengemann	Stanton
Strahl	Stubbs
Sweet	Tabbara
Tan	Tassi

Government Orders

Tilson
Trost
Van Kesteren
Vandal
Vaughan
Viersen
Wagantall
Watts
Webber
Wilkinson
Wong
Yurdiga
Zimmer— 257

Tootoo
Trudeau
Van Loan
Vandenbeld
Vecchio
Virani
Warkentin
Waugh
Whalen
Wilson-Raybould
Young
Zahid

[English]

This bill merits the support of all members of the House. I am particularly pleased that our friends in the New Democratic Party are in support of what is, essentially, a public health measure.

There have been debates in this place and elsewhere across the country for over a decade and we saw some of the divisive community fights that ensued in Vancouver and other locales across the country on the issue of substance abuse, community health, and the measures for those who suffer from drug addiction. I applaud my colleagues in the House who support the measures that have now become more and more urgent, so that we may address the public health issues that are raised by the scourge of substance abuse in Canada.

Whether we are talking about the measures taken in Vancouver or the ones taken in Montreal lately, measures that I know are being debated in communities across this country, the process outlined in the bill will be simplified, will take root in communities and among workers at the street level or across the spectrum of public health services who look after those who have substance abuse issues, and those who look to our communities and organizations to provide support.

It is a great pleasure for me to rise to speak on this bill and the principles of it. It has been exhaustively debated and my colleagues have weighed in and supported it very strongly. I thank the members of the party opposite and the New Democratic Party. I urge all members of the House to rise in support of this important legislation.

● (1535)

Mr. Garnett Genuis (Sherwood Park—Fort Saskatchewan, CPC): Mr. Speaker, what the member has missed in the context of this debate is that there was an opportunity to expedite certain portions of this legislation, which I think we all agreed on, while, at the same time, giving proper debate to the one provision that is more controversial because it takes away effective opportunities for consultation from communities.

Conservatives proposed to expedite some of the necessary measures, but, instead, the government refused and has now brought forward closure when many members who were interested in speaking to this bill have not had an opportunity. I wonder if he would tell us why the government was not prepared to work in a non-partisan fashion, to move forward more quickly many of the essential elements of the bill, while still allowing proper debate on the government's proposal to reduce community consultation.

Why did Liberals have to make it a partisan issue, use closure, and slow down some of the vital portions of the bill? Why are they doing it this way and why did they not work with the rest of the parties in the House?

Mr. Steven MacKinnon: Mr. Speaker, my question back to the member would be this. Over the course of the 10 years when people in Vancouver were trying to establish Insite, a groundbreaking service, where was the party opposite in listening to community voices, public health advocates, and, yes, evidence-based scientists? Where was that party in allowing the kind of debate required to establish that vital community service in Vancouver and other communities?

NAYS

Members

Angus
Aubin
Blaikie
Boudrias
Boutin-Sweet
Cannings
Christopherson
Davies
Duncan (Edmonton Strathcona)
Duvall
Garrison
Hardcastle
Johns
Kwan
MacGregor
Masse (Windsor West)
May (Saanich—Gulf Islands)
Pauzé
Quach
Rankin
Sansoucy
Stetski
Thériault
Weir— 47

Ashton
Barsalou-Duval
Blaney (North Island—Powell River)
Boulterice
Brousseau
Choquette
Cullen
Dubé
Dusseault
Fortin
Gill
Hughes
Jolibois
Laverdière
Malcolmson
Mathysen
Nantel
Plamondon
Ramsey
Saganash
Ste-Marie
Stewart
Trudel

PAIRED

Nil

The Speaker: I declare the motion carried.

(Bill read the third time and passed)

Hon. Rona Ambrose: Mr. Speaker, I am rising on a point of order. Normally we do not recognize the absence of a member, but I know that the Prime Minister and all members of the House would join me in recognizing the incredible hard work of the member for Abbotsford on the Canada-EU free trade agreement.

* * *

● (1530)

[Translation]

CONTROLLED DRUGS AND SUBSTANCES ACT

The House resumed consideration of Bill C-37, an act to amend the Controlled Drugs and Substances Act and to make related amendments to other Acts, as reported (with amendments) from the committee.

The Deputy Speaker: I wish to inform the House that, because of the recorded divisions, government orders will be extended by 25 minutes.

Mr. Steven MacKinnon (Parliamentary Secretary to the Minister of Public Services and Procurement, Lib.): Mr. Speaker, it is an honour for me to rise in the House to show my support for Bill C-37.

Government Orders

We were having a debate in the chamber, as it should be, and that party wanted to shut down the debate.

Mr. Joël Lightbound (Parliamentary Secretary to the Minister of Health, Lib.): Mr. Speaker, on such an important issue as safe consumption sites, which could, indeed, save lives, according to the vast majority of health experts, facts and evidence, and what we have seen in Vancouver, it has to proceed quickly.

It became a partisan issue. The previous Conservative government responded to the Supreme Court judgment that set out five clear criteria on which to approve sites in communities where they are needed and, instead, provided 26 onerous, lengthy, complicated criteria that made it hard for communities to have the needed safe consumption sites, which prevent sickness and save lives. At this point, we should move forward with Bill C-37.

I would ask the member, going back to what the Supreme Court clearly stated, if it would give more flexibility to provide safe consumption sites, to give exemptions where they are needed, where they save lives, and where communities demand it, like Montreal, which has just received approval after such a lengthy period. It had been asking for these sites for close to two years. Does he feel this would help protect Canadians, as Mayor Coderre said, even if it is sometimes from themselves?

[Translation]

Mr. Steven MacKinnon: Mr. Speaker, I thank my hon. colleague, who has shown incredible leadership. I am delighted to see that he is there to support the Minister of Health on this issue.

As has been the case for a good number of issues, our approach has been based on science, evidence and, above all, jurisprudence. The bill as it stands is consistent with all these principles and is in rather stark contrast to the previous government's approach, which opposed community activists and was contrary to the jurisprudence and, yes, to findings about public health.

[English]

Mr. Gord Johns (Courtenay—Alberni, NDP): Mr. Speaker, medical experts have been clear that there is an alarming lack of access to publicly funded detox and treatment centres in Canada. Certainly as politicians we know this. The health committee's recent report on the opioid crisis made three specific recommendations calling for significant new federal funding for public community-based detox and addictions treatment. Will budget 2017 contain significant new funding for addictions treatment?

[Translation]

Mr. Steven MacKinnon: Mr. Speaker, I concur with my hon. colleague that we must do more on this file.

This bill is a giant step forward. It ensures we listen to the people on the ground and helps provide greater access to infrastructure and community facilities.

I believe this is a big step forward, but we must continue to work with the provinces, territories, and community stakeholders in order to solve what we both recognize is a major problem.

● (1540)

[English]

Mrs. Karen Vecchio (Elgin—Middlesex—London, CPC): Mr. Speaker, I am very happy to stand today and speak to Bill C-37, an act to amend the Controlled Drugs and Substances Act and to make related amendments to other acts.

I have listened to many of the speakers in the last few debates on this, and everyone is pointing fingers, saying that the other government did not do this and we are doing this, but I am coming here as a mom. I am the official critic for families, children, and social development, and I am thinking about what we can do that is best for our families and best for our communities.

Many people are giving information regarding safe injection sites and why they work, but I am looking at the communities. One of the most important things to me is having a safe community and having a good place to raise my children and all Canadian children. When we are talking about this, we have to go back to why we are putting in these laws. It is about the safety of Canadians, whether it is the safety of those people who are unfortunately addicted or the safety of the families that are living beside injection sites or living in areas where there is a huge drug issue.

When this started being discussed in December, I sent an op-ed to *The London Free Press*, which is one of our local newspapers. Immediately following that, I set up an appointment with Dr. Christopher Mackie, who is the medical officer of health and the CEO of the mental health unit. Many people thought we would be on different sides. He comes at it in a more liberated way, and I come at it in a more conservative way, basically because of being a mom. At the end of the day, we had basically no things that were not in common. Our concerns were the same. It was all about making sure that when our children go to school, they are safe. It was about making sure that when people are dealing drugs, they are not interfering in our communities. We recognize that it happens, and it is extremely unfortunate that it happens.

What is happening is that we are moving forward on things that we are really not comfortable with. As a mom, when I spoke to Dr. Mackie, I told him about my discussions with my own children regarding marijuana and about why it is so important for families to sit down and have these discussions. Things like marijuana, heroin, opioids, and all of these things are coming into our children's paths much more frequently, and they are something we do not understand.

I am a child of the eighties, and my teenage years were great in the eighties. We heard of cocaine and marijuana, but we did not see it in our small communities.

Government Orders

Everyone is looking at the discussions we are having, but we have to look at them through a family filter. We talk about gender-based analysis. I want to ask every member of Parliament to look at this through the filter of a parent. That is what I am asking.

In the city of London, when they were putting in a methadone clinic, there were discussions about where it would go. There were so many people concerned, because it was going directly across the street from a high school on Dundas Street in St. Thomas. To this day, five years later, it is still a huge concern, because in that pocket of the community, there has been a lot of turbulence, whether it is crime, increased drug use, or things of that sort. What is it teaching our children as they exit from the high school and there is a methadone clinic across the road? What signals are we sending to our children? Is it saying no to drugs or that we are there to assist them?

We are failing our children. We are failing the next generation by not teaching them right from wrong and not teaching them that the use of drugs and hard drugs is difficult. They are going to have addiction issues. They are going to have problems with brain development.

We are not starting at step one anymore. We are going to step 10 and saying, as one of the members said, let us legalize all drugs. I do not know if he was serious, because he was looking at drugs as not being a crime. Let us be serious. It may not be a crime to use drugs, but what does it lead to?

I have a lot of personal experience in my community with my own family's drug use. It is not me personally, but I have been touched intimately because of drugs. I have known people who have passed away. A person I grew up playing baseball with died right before Christmas, in our own community, from taking carfentanil. I knew this gentleman, Jeff. He died at the age of 46. He was a father with children. He had a son he loved like members would not believe and tons of friends. The problem was that he got mixed up with drugs when he was very young, and that is the life that led him down the path to his death.

● (1545)

I think what is happening is that we are blurring what is right and wrong, and we are saying that this is how we are going to help. Why do we not start at the front end, which is education and letting people know how to speak to their children and letting people know that the use of heroin is not right? We give so many reasons for saying that we need to have this. Why do we not start at square one and make it right in the first place?

I believe that we have to have places where we can help people rehabilitate. We know that there is a drug crisis, and we need to do better. Where do we start?

I like 90% of this bill. I think it is really important that when packages come into Canada, they are tested, that we do not allow counterfeit companies that come in to manufacture pills, and that we do not allow pill presses or anything like that. I think it is really important to have legislation against that, because it is helping in the war against drugs, and we know that this is happening.

However, when we start talking about the one piece, the safe injection sites and the fact that there would not be consultations in

our communities, that is where I have to say stop. As I said, back in the city of London, where, across from H.B. Beal, they have a methadone clinic, there were many parents who came forward to the Thames Valley District School Board to state their opinions.

In a letter I read last year regarding safe injection sites, a woman spoke about her daughter who, at the age of 13, became addicted to cocaine. The daughter, who went into one of these clinics, at the time said that the ability to get drugs was even easier once these clinics were available to her.

We have to understand that it is not a fix. It is a band-aid approach unless we go into it full scale to help Canadians, whether it is Canadian families or Canadian youth at risk. We need to make sure that we are doing better, and we are not doing that. That is what makes me so concerned.

We are talking about fentanyl. We know that in Vancouver, more than 950 people have died because of it. In my own community, we had six overdoses in one weekend right before Christmas, and unfortunately, one person died.

I was speaking to both the police chief of the city of St. Thomas, Darryl Pinnell, who will be retiring shortly, and the police chief of the city of London, John Pare. I wanted to discuss with them some of their concerns in their cities. To be honest, I thought when I went into this conversation with the police chiefs, we would be talking about prostitution, because we know that there has been some sex trafficking going on in our communities. I thought we would be talking about marijuana and the concern about people driving under the influence of marijuana, but the big issue for the two police chiefs was fentanyl. In the city of London, I know that there have been three different seizures of fentanyl that has come into our communities. I applaud them for doing their great work. However, we have to do more.

We sit here and become so open and so allowing of things, whether we are talking about sexual expression or drug use. We have lost our innocence. As a parent, I can tell members that each and every time I have a conversation with my children, it is about talking about right and wrong. However, when we are watching television, when we are watching the news, when we are seeing things on the Internet, when we are having these discussions, do we not think we are also saying, "Drug use, well, you know, it happens"? It happens, but it has to stop happening. Our job is to change that.

Maybe I am coming out here as a Pollyanna. A gentleman, many years ago, said that I was his Pollyanna. I like to see the positive side. When I look at this, we are starting the wrong way. We should be educating people. We should be having a program and educating people about the use of drugs. Instead, we are allowing it. We are even talking about legalizing all drugs. What the heck?

What really concerns me is that we are going in the wrong direction. I am worried about what we are doing to the future of Canadians. What are we saying? What is right and wrong? Those are some of my concerns.

Government Orders

We can do better. I think we are all just kind of saying that opening these clinics will be fine. It is a band-aid approach. Unless we have wraparound services to allow people to rehabilitate and get off drugs, it is not going to help anybody. It is a short-term cure. Although I understand the need, it is just that, a short-term cure. When the municipalities and the communities are not involved in the decision on where these sites are going to go, we are in trouble.

I thank all members for their time and for listening to Karen, the mom, today. That is what I believe, and I wanted to share it with members today.

• (1550)

[*Translation*]

Mr. Joël Lightbound (Parliamentary Secretary to the Minister of Health, Lib.): Mr. Speaker, I would like to thank the Conservative Party member for her speech.

I often hear Conservatives on the other side of the House talking as though the communities were never consulted about the bill that we introduced.

I would simply like to remind them that, under paragraph 42(2)(e), some of the information that will be requested by the Minister of Health will be expressions of community support or opposition. That is one of the criteria that must be considered, as set out in the Supreme Court ruling.

With regard to what the member was saying about the importance of education, it is true that people need to stay far away from drugs. I think that everyone agrees on that. At the same time, we cannot stick our heads in the sand and pretend that there are no Canadians struggling with this problem, which is causing too many deaths.

In British Columbia alone, 1,000 people died of drug-related overdoses in 2016. There has also been a major increase in the number of overdose deaths in Alberta. This is a problem in cities all across Canada.

I believe we are taking a fact-based approach. We are trying to reduce the harm that this can cause while still cracking down on the problem. We are doing that by allowing authorities to open packages weighing less than 30 grams, which could contain as many as 15,000 fatal doses, while adopting an approach that seeks to reduce the devastation caused by drugs.

My question is simple. Can the member see the balance that exists in Bill C-37, and can she comment on that?

[*English*]

Mrs. Karen Vecchio: Mr. Speaker, I appreciate the comments by the member, but I do not believe that the balance is there that once was.

I was in Gastown, and I saw three people smoking crack. I knew I was not in Sparta anymore. It was that simple. The girl from southwestern Ontario had a total eye-opener. We have to recognize this.

I believe that communities need to be more involved, and some of the members of the police force I have worked with are concerned that they are not. As I have indicated, we have seen some poor decisions made in the past that have resulted in teenagers having

these things available to them, with schools across the street from methadone clinics and things of that sort.

Ms. Jenny Kwan (Vancouver East, NDP): Mr. Speaker, I am a mother of two, and as the member for Vancouver East, we are in the centre of the crisis.

Today it is fentanyl and carfentanil. Back in the day, when I got involved in lobbying for harm reduction initiatives, including Insite, it was heroin and heroin overdoses. In our community park, Oppenheimer Park, we planted 1,000 crosses back then to commemorate each person whose life was lost.

I get it that we need a comprehensive approach. However, let me say that today, right here as we debate, people are dying in our communities, whether it be in my community, in Calgary, Alberta, Toronto, Montreal, or other communities. This is happening even in small communities.

Dead people do not detox. Therefore, first and foremost, is it not incumbent upon us to do something to make sure that people survive the day? This is what the bill is about. It is what Insite was about and continues to be about. This is what we have to do so that people have a chance to succeed. Dead people do not detox. Would the member agree with that?

Mrs. Karen Vecchio: Mr. Speaker, I thank the member for her passion. I think it is really important that we share these stories, because it is what will make Canada a better country.

As indicated, during the voting, the Conservative Party put forward an amendment. We looked at all the clauses, and one clause we were not set with was to do with the injection sites. Everything else was fine, but this is where we have an issue.

I understand where the member is coming from, because I am fortunate to sit with the member for South Surrey—White Rock, who is devastated about what is happening in her community. I will do what is best, but at the same time, I think we need to make sure that we have these honest discussions.

What is happening in the member's community is horrific, but it affects everyone, and it goes across the country. We need to make sure that all the communities are on board. We need to make sure that we have safe communities.

As I indicated, walking on Vancouver streets, I did not expect to see people falling out of windows and smoking crack. It is a beautiful city, but that is what I saw. That is not what we want our communities to be about. We want safe communities, so we have to find a balance.

The biggest thing for me is communication with communities to make sure that these injection sites are going in places that are best for their communities to keep them safe.

• (1555)

Mr. Doug Eyolfson (Charleswood—St. James—Assiniboia—Headingley, Lib.): Mr. Speaker, it is an honour to rise today to speak in support of Bill C-37, an act to amend the Controlled Drugs and Substances Act and to make related amendments to other acts. The bill directly addresses the national public health crisis of opioid overdoses and provides measures to prevent increasing harm to Canadians and communities all across the country.

Government Orders

I would like to speak to the importance of two key components of the bill: first, streamlining the process of supervised consumption sites; and second, providing additional enforcement capacities to the Canadian Border Services Agency, which would help prevent illicit opioids from entering Canada through international routes and therefore reduce the risk of controlled substances entering the hands of Canadians.

These components of the bill are critical to Canada's fight against the opioid epidemic currently sweeping across Canada.

As we know, when the previous federal government decided it would not extend the legal exemption for Insite in Vancouver, advocates initiated a legal challenge, which reached the Supreme Court of Canada.

In 2011, the Supreme Court ruled that the health evidence in support of Insite was substantial and opened up the possibility of establishing additional facilities in Canada if there was an appropriate balance between achieving public health and public safety.

This balance was organized into five criteria: first, evidence, if any, on the impact of such a facility on crime rates; second, the local conditions indicating a need for such a supervised injection site; third, the regulatory structure in place to support the facility; fourth, the resources available to support its maintenance; and fifth, expressions of community support or opposition.

Simply put, the legislation removes the burdensome 26 application criteria put forward by the previous government. Instead, it uses the five factors outlined by the Supreme Court of Canada in its 2011 ruling on Insite in order to streamline the process.

It has been established that opioid addiction is typically chronic, lifelong, difficult to treat, and associated with high rates of morbidity and mortality. Our ultimate goal is to reduce, and ultimately help eliminate opioid addiction but we first have to stop people from dying. We know that supervised consumption sites work to do just that.

Just a few of the organizations that support supervised consumption sites are: the Canadian Medical Association, the Canadian Nurses Association, the Canadian Association of Nurses in HIV/AIDS Care, the Public Health Physicians of Canada, the Canadian Public Health Association, the Registered Nurses' Association of Ontario, and the Urban Public Health Network. Furthermore, international organizations, such as the World Health Organization and the Centers For Disease Control and Prevention, are in favour of harm reduction services.

As a member of the Standing Committee on Health, I had the honour of assisting with the swift passage of Bill C-37 through the committee stage. With the current health crisis across Canada, the rapid passage of the bill is imperative. Time is of the essence to help save lives, and as I previously mentioned, a key outcome of the legislation is that the length of time required to process applications for supervised consumption sites would be significantly reduced, while still providing the necessary balance between public health and public safety.

Many witnesses throughout the Standing Committee of Health's study on the opioid crisis stated that there were significant barriers associated with the previous government's Respect for Communities Act and its 26 criteria. The act created an onerous application process for community groups wishing to apply for a supervised consumption site, as evidenced by the lack of applications that have been successful since the legislation was put in place.

For example, three supervised consumption sites were approved last month in Montreal under the previous government's legislation. Although their approval is positive, the time it took to process the application was quite long, as it was submitted in May 2015. That is 17 months the city of Montreal had to wait to assist their vulnerable citizens with opioid addictions. That is too long. I agree the important criteria must be met before supervised consumption sites are established within communities, but the application process must reflect the urgency of the situation. I believe Bill C-37 would do just that.

● (1600)

One significant statement made during the Standing Committee on Health's clause-by-clause on Bill C-37 was by the hon. member for Vancouver Kingsway. He stated, "On the first day that Insite opened, they reversed 15 overdoses". That is a staggering number of people saved in one day.

By streamlining the application process, Bill C-37 would ensure applications would be approved in a timely fashion, paving the way to save more lives. For example, at Insite there have been over 4,922 overdose reversals, and not a single death has occurred at that facility. Supervised consumption sites save lives and help reduce the spread of HIV and other infectious diseases.

I was shocked to hear that in 2016 in B.C. alone, a total of 914 people died from an overdose, an 80% increase from the previous year. This alarming statistic shows that it is our responsibility as federal members of Parliament to act now.

Another key component of the legislation that I wish to speak to is how the bill addresses the illegal supply, production, and distribution of drugs. One of the key findings of the September 2016 report published by the RCMP regarding the current opioid crisis Canada faced was that China continued to be the pivotal source for illicit fentanyl and its analogues, precursors, other novel emerging opioids, and tableting equipment that supplied Canada-based traffickers.

Bill C-37 addresses this issue by proposing to give Canada's border services officers greater flexibility to inspect suspicious mail, no matter the size, that may contain goods that are prohibited, controlled, or regulated. The current legislation prohibits the CBSA from opening suspicious mail that weighs 30 grams or less. If the CBSA found such a package, it would have to seek the permission of the addressee, which would prove to be difficult. This gap in enforcement capacity is problematic as just one standard size mail envelope, 30 grams, can contain enough fentanyl to cause 15,000 overdoses.

Government Orders

Given the prevalence of illicit drugs found in international packages is greater than domestic mail, this measure would only be for international incoming mail. Our border agents need to be given the clearance to inspect these packages to help stem the flow of illicit drugs entering into Canada.

According to the same report by the RCMP, in May and June of 2016 the CBSA intercepted for the first time two separate shipments of carfentanyl, which is estimated to be 100 times more potent and toxic than fentanyl and 10,000 times greater than morphine.

Therefore, we know there has been an increase in trafficking and it is our responsibility to equip the Canada Border Services Agency with the tools needed to stop it.

Bill C-37 would save lives, whether that would be by the seizure of a shipment of an illicit opioid by the CBSA or through the nurses at new supervised consumption sites, whose applications would be approved based on the new set of five criteria. This legislation is the next step in fighting the crisis we see across Canada, and I believe this bill is a step in the right direction to help Canadians today.

Many Canadians are one overdose away from becoming another tragic statistic in the ever-increasing Canadian epidemic of opioid addiction. This evidence-based legislation could not be more timely. With these rising fatalities, it is now more important to act. It is my hope that Bill C-37 will be granted the same swift movement through the Senate as it is being granted in the House of Commons. It would enable Canada to tackle this nationwide problem and help to ensure the safety of vulnerable Canadians. The faster it is enacted, the faster it will help save lives.

Ms. Dianne L. Watts (South Surrey—White Rock, CPC): Mr. Speaker, I have a question because I know this is a multifaceted issue. There are many streams and it is a very complex. The member spoke about saving lives and said that the injection sites would do just that. I do not have any disagreement with that.

However, I have before me just a random snapshot of 12 kids who are dead. They were aged 21, 23, 24, three at 21. A Delta mother lost two of her children within 20 minutes of each other, both kids in their 20s. We are talking about deaths, overdoses and adolescents.

Could the member please tell me how Bill C-37 would address that issue for those adolescents who are taking pills and not using injection sites?

•(1605)

Mr. Doug Eyolfson: Mr. Speaker, the Government of Canada and Health Canada's action on opioid misuse does in fact address these problems, with improved public education and prescribing practices, a number of issues that will help to address this. Are these issues addressed in Bill C-37? No, they are not. Is Bill C-37 our only weapon in the fight against opioid misuse and overdose? No, it is not.

Ms. Dianne L. Watts: Mr. Speaker, this is fentanyl. They are all dead from fentanyl.

Mr. Doug Eyolfson: Mr. Speaker, to clarify, fentanyl is an opioid. However, the fact is that Health Canada has a strategy on opioid use, which is separate from Bill C-37. We are addressing that problem, and we are addressing a separate problem with Bill C-37.

Mr. Gord Johns (Courtenay—Alberni, NDP): Mr. Speaker, this crisis is affecting people, even in rural communities. It is not just an urban issue. I live in a region with high child poverty. Unfortunately, we are seeing children who are experimenting with drugs and they are ending up in urban centres. They need help.

When the health committee conducted an emergency study into the opioid crisis, the first recommendation it made, with all-party support, was to declare the opioid overdose a national public health emergency. This would give the public health officer of Canada extraordinary powers to act immediately, while the bill worked its way through Parliament. It has been echoed by provincial ministers across the country.

In the face of a mounting death toll, why will the government not declare a national public health emergency so we can start saving lives today in rural and urban communities, and for the sake of our children?

Mr. Doug Eyolfson: Mr. Speaker, that is an important question, one to which we gave some thought.

We have responded to every request the provinces have raised with our government in this crisis and we have worked with them. If there were a public emergency under the Emergencies Act, the chief public health officer would not have any new or special powers to address this. Therefore, we thought this was a tool of last resort and with this bill, we would be equipping our health agencies with the proper tools with which to fight this crisis.

Mr. Len Webber (Calgary Confederation, CPC): Mr. Speaker, it is a pleasure to serve with the hon. member on the health committee. As an MD, he certainly has a lot of great input into our discussions.

During the member's speech, he indicated that China was a main source of illicit opioids coming into our country, fentanyl and carfentanyl. In fact, 98% of illicit drugs and illicit opioids, and fentanyl, comes from China. This is what was indicated to us by the RCMP during our committee hearings.

Our Conservative caucus put a motion on the table during the discussion. We wanted to have the Chinese ambassador come to our committee to discuss what the Chinese government was doing, but the Liberal government turned down our motion.

Why would the government be more concerned about being friends with the Chinese government than stopping the flow of deadly drugs on Canadian streets?

Mr. Doug Eyolfson: Mr. Speaker, I echo the hon. member's statement. It is a pleasure to work with him on the health committee. His dedication to help the well-being of Canadians is unparalleled.

In regard to the request, the reason the health committee did not grant this request was that inviting the Chinese ambassador to address our committee on a matter of China's exporting, excise and criminal laws was completely outside the purview of the health committee.

Government Orders

●(1610)

Mr. John Aldag (Cloverdale—Langley City, Lib.): Mr. Speaker, I am pleased to rise today to speak in support of Bill C-37, an act to amend the Controlled Drugs and Substances Act and to make related amendments to other acts. The bill is part of the Government of Canada's comprehensive approach to drug policy, one that strikes a balance between public health and public safety.

Last year in my province of British Columbia, over 900 people died of drug overdoses. This was an 80% increase from 2015 and we now know that the opioid fentanyl was disproportionately responsible for these deaths.

As the medical community has known for some time and as the general public is becoming increasingly aware, fentanyl is a difficult drug to combat. When used legitimately, it is a powerful pain suppressor which can help people who are suffering with acute and chronic ailments. However, when used inappropriately, incredibly small doses can be fatal.

What has become evident to my community is that illicit fentanyl has become both widely available and far too easy to obtain, so today I stand in the House not only for my riding of Cloverdale—Langley City or even as a British Columbian, but for all Canadians who have been or may be affected by the opioid crisis.

Central to the Government of Canada's efforts to help individuals and communities affected by the current drug emergency is the reintroduction of harm reduction as an integral part of our country's narcotics strategy. This bill includes changes to streamline the application process for new supervised consumption sites, which I believe is not simply a compassionate course of action but a responsible and evidence-based decision which has been proven to save lives.

This important public health initiative will be partnered with the recently announced Canadian drugs and substances strategy. This strategy is built on four pillars: prevention, treatment, harm reduction, and enforcement, which will be grounded in a strong evidence base to bring about a decrease in both the manufacture and consumption of illicit opioids and the tragic incidence of overdose deaths across our country.

This government knows that while we must address the public health perspective in dealing with the crisis at hand, we must also deal with the illicit drug supply issue. That is why Bill C-37 addresses problematic drug use from all sides and includes proposals to respond to controlled substances obtained through illicit sources.

Canada's drug control laws are centred on the Controlled Drugs and Substances Act, also known as the CDSA. This act serves the dual purpose of protecting public health and maintaining public safety.

The CDSA provides controls over drugs that can alter mental processes and that may result in harm to one's health and to society when misused. This is done by regulating the legitimate use of controlled substances and prohibiting unlawful activities, such as the import, export, and trafficking of controlled substances and precursors.

As I discussed earlier, problematic and illegal substance use coupled with an illicit drug supply that has become increasingly more dangerous has led to a spike in overdoses and deaths. This risk is especially pertinent to fentanyl given its extreme potency and difficulty to detect in other so-called recreational drugs. Our government is committed to protecting public health and safety by curbing production and trafficking of banned substances. Bill C-37 would amend the CDSA to provide the necessary tools to do so.

At the end of 2016, the Government of Canada added six fentanyl precursors to the list of controlled substances under the CDSA to help address the illegal production of fentanyl and related drugs. If passed, Bill C-37 would provide a wider array of effective tools to fight the illegal production and trafficking of all dangerous narcotics, including fentanyl and carfentanyl.

In addition, many overdoses have come as a result of ingesting drugs that appear identical to legitimately produced pharmaceuticals. These drugs are made without adequate controls and often contain unpredictable amounts of high potency and potentially lethal substances, such as fentanyl and carfentanyl.

Essential to making these illegal drugs are pill presses and encapsulator devices that allow illegal producers to turn out thousands of counterfeit pills or capsules in a very short time. This presents a significant risk to public health and safety.

That being said, pill presses and encapsulators are also used in legitimate manufacturing processes in the pharmaceutical, food, and consumer product industries. This is why a registration system is being proposed. This new requirement would impose minimal burden on legitimate manufacturers. Importers of pill presses and encapsulators would simply have to register with Health Canada prior to bringing these devices into this country. Importation of these devices without proof of registration would be prohibited and border officials could detain those arriving without proper registration.

●(1615)

Changes are also being proposed to help information sharing between Health Canada and the Canada Border Services Agency about the importation of pill presses and encapsulators, as well as with law enforcement agencies in the course of an investigation.

In addition to the registration of imported pill press and encapsulator equipment, Bill C-37 would broaden the scope of pre-production activities associated with the production of illegal drugs. Pre-production activities include buying and assembling the chemical ingredients or industrial equipment with the intention of using it to make illicit narcotics. The offences and punishments would be extended to capture equipment and chemicals not currently listed in the CDSA schedules.

Government Orders

Bill C-37's proposed amendments to the Customs Act would also allow border officials to open incoming international mail weighing 30 grams or less if there are grounds to suspect it contains goods which are prohibited, controlled, or regulated under another act of Parliament. This would allow border officials to open packages that are suspected to contain substances intended for use in the production of illicit drugs. It is in response to substantial evidence that illicit drugs, such as fentanyl, are being brought into Canada through the postal system. As was noted by a member previously, 30 grams may seem like a small amount, but it is equivalent to approximately 15,000 lethal doses of fentanyl.

The changes proposed in Bill C-37 are an important part of the government's multi-faceted plan to address the growing opioid crisis in Canada. The bill would provide law enforcement agencies with the tools they need to take early action against suspected drug production operations and to respond to the ever-changing illicit drug market.

At the end of 2016, news of over 10 overdose deaths in one night in British Columbia highlighted an already alarming and tragic situation, and the opioid crisis has not gone away since the beginning of the new year. Instead, it gets worse, as hard-working emergency responders and public health officials struggle to keep up with the increasing number of those afflicted. Unfortunately, I witness this challenge in my own riding of Cloverdale—Langley City, one of Canada's communities most affected by the opioid crisis. Sadly, my constituents are not alone in facing this issue.

As we in this House study legislation from day to day, we must often ask ourselves: What will be the direct result of this legislation, this action? With Bill C-37, we have an opportunity to pass legislation that would directly save lives. There is currently tremendous work being done to combat this issue, such as the RCMP's Surrey outreach team, which has been effective in addressing addiction and homelessness issues in the local community. This team responded to 55 overdoses in just two weeks and has continued saving lives in the city of Surrey. While the individual efforts of police detachments and public health officials have resulted in positive results at the local level, these front-line responders need federal assistance and a national framework to tackle the issue.

The sooner Bill C-37 becomes law in Canada, the sooner it can help those most afflicted by this ongoing public health emergency. I trust that all members of the House understand the importance of this bill and hope that they will support it.

I would like to close with a comment relating to an earlier speaker, who talked about needing to take a family approach to this crisis. I would like to remind all members that we have seen 900 deaths in B. C. in the last year. Those are 900 families affected by this tragic opioid crisis. It is only by working together across all parties that we will actually be able to make Canadians safe, focus on families, give them a safe and healthy upbringing, and deal with those who are facing crises in their lives.

Ms. Dianne L. Watts (South Surrey—White Rock, CPC): Mr. Speaker, in Bill C-37, all language that articulated the process for public consultation has been removed. At the health committee, amendments were put forward to try to obtain letters of support or

opposition within a two-kilometre radius of a site, which the Liberals voted against; to identify schools and day cares within a two-kilometre radius, which they voted against; a letter of support or opposition from the mayor and council, and the police chief, which they voted against; and a minimum of 40 days' consultation, a maximum of 90 days, which they voted against.

Could the member please tell me why the Liberals do not want any public consultation?

• (1620)

Mr. John Aldag: Mr. Speaker, I would like to thank the member opposite for the work that she has done in Surrey and south of the Fraser in trying to provide protections for the community.

The member raises a good point, but the point of the bill is to deal with treatment measures that are effective. Being able to deal with safe consumption sites is absolutely pivotal in dealing with this crisis. We will have to talk to Canadians and neighbours but, ultimately, hopefully the bill will pass fairly quickly so that we can deal with the introduction of safe consumption sites into communities and to do it in a responsible manner with the communities to minimize the impacts, while also making sure that those who are in crisis have the opportunity to access those services.

Mr. Lloyd Longfield (Guelph, Lib.): Mr. Speaker, I would like the member to build on his last comment in terms of what the medical community and law enforcement agencies think regarding the focus of Bill C-37 on harm reduction within communities and the need to provide not only safety for communities but also health care for individuals who need it.

Mr. John Aldag: Mr. Speaker, a pivotal part of this is the introduction of safe consumption sites, but there are so many other fronts to come at this public health crisis, which is why I am really proud to speak in support of Bill C-37. It would take a multi-faceted approach in dealing with this crisis. It would help communities across the country deal with the issue that we are facing.

Mr. Gord Johns (Courtenay—Alberni, NDP): Mr. Speaker, during the study of the opioid crisis, the health committee heard that improved access to mental health services would also support people who use drugs. In addition, the committee heard that access to mental health services for front-line workers is critical to ensure their wellness and continued ability to provide support to others. Given the critical importance of these services, why is the Liberal government using funding for mental health as leverage in its divide and conquer negotiations over the health transfer escalator?

Government Orders

We talk about mental health and we talk a lot about youth and children. In British Columbia, a lot of children end up on the street experimenting with drugs, and they end up getting into hard drugs. A lot of them have mental health issues. Right now, the highest risk residential care facility in Burnaby, British Columbia, the Maples facility, has a one-year waiting list. Youth cannot wait one year when they are high risk and need help. We know that they need urgent help.

Our call is to call this a national emergency and to get new emergency resources. However, we heard a member across the way say that they would not get that. What can be done immediately to help these children?

Mr. John Aldag: Mr. Speaker, I would like to thank the member opposite for raising the very important issue of mental health and how this affects so many aspects of public health in the country.

Despite some of the challenges on the rollout of the health accords, we are seeing progress in negotiations in making mental health issues of importance to governments. It is something that I have spoken about. It affects so many members of society, and our government will continue to work on how we can improve mental health services within Canada.

Ms. Rachael Harder (Lethbridge, CPC): Mr. Speaker, though I stand in support of much of Bill C-37, there are a few issues I have trouble supporting. I will take the time to share my thoughts today.

Whether we support supervised injection sites or not, one thing is certainly true, and that is that the placement of a site will impact the communities in which they are located. For this reason, I believe it is absolutely necessary for communities to adequately consult with members of the public and hear them out. As a member of the Standing Committee on Health, I was very troubled when the Liberals voted against my amendment that would ensure public consultation be carried out before the building of a site.

“Social licence” was a phrase that we heard repeatedly used by the Liberals during the last federal election. We heard buzz phrases like “community input”, “consultation”, and “evidence-based decision making”. In the Prime Minister’s mandate letter to the health minister, he said, “I expect that our work will be informed by performance measurement, evidence, and feedback from Canadians”.

The Prime Minister went on to say:

Government and its information should be open by default. If we want Canadians to trust their government, we need a government that trusts Canadians.

This begs a question then. Why do the Liberals not trust Canadians to have a voice when it comes to the placement of a safe consumption site? Under the current text of Bill C-37, the minister is under no obligation to issue public notice that a supervised injection site is being considered for a community. Further, the organization that is applying for the authorization is the only group required to demonstrate that local consultations have in fact taken place. This clearly undermines the impartiality of these consultations, since an applying organization can simply cherry-pick who it consults with.

Let us imagine an alternate scenario here for just a moment: say, the construction of an oil pipeline. No one would be comfortable with a decision to go ahead with building a pipeline if the decision

were based solely on the oil company’s report of its consultations with local environmentalists and first nations representatives. Moreover, no one would accept that a federal minister in Ottawa would have the facts to sufficiently decide where a pipeline should go, at least not without significant study by impartial experts and wide-ranging consultation with those who would be most impacted by the decision. Why then does the present Liberal government feel it is acceptable to trust that an applying organization has indeed consulted comprehensively when it comes to building a supervised injection site?

In my riding of Lethbridge, Alberta, I have to say that I am incredibly impressed with the efforts to which my community has gone with regard to collaboration and consultation. The organization that is taking the lead on studying the need and feasibility of opening a supervised consumption site is going beyond the scope of this legislation in order to ensure that community members are respected and given a voice and that all levels of government are included. It is very concerned that community partnerships are formed and that comprehensive services are created that include a treatment model.

Why is it doing so much work? It is doing this because it understands the importance of social licence, something the Liberals use as buzzwords but do not actually understand how to do. The organization in my riding understands that, while it could get the application approved without broad consultation, the suspicion and animosity that this would generate within our community would actually go against the very nature and purpose of the site.

I believe that education, consultation, and collaboration are very key components to dealing with the crisis at hand. This is why I, as a member of the health committee, sought to amend this legislation. My amendment would have required the minister to provide 45 days’ public notice to communities where an application was being considered and that the feedback would then be made available to the public. Across government, it is typical for consultations of this sort to last between 30 and 90 days. For my efforts at the committee, I was accused by my Liberal and NDP counterparts of wanting to kill addicts who would overdose while consultations were taking place. Apparently they believe an application will be processed in fewer than 45 days, which is usually unheard of.

It does, however, beg the question as to just how thorough this application process would be when it comes to considering whether or not a site should be opened. I believe it is not a simple process, but I wonder if the Liberals just plan on ramming them through.

Government Orders

•(1625)

The health department will need to review the information provided, confirm the information is accurate, write its recommendation, brief the minister, and receive her decision. This takes time. If the government expects this process to take fewer than 30 working days, it would mean the department would have virtually no time to confirm the accuracy of the material provided. There is a real concern, then, that the Liberal's so-called streamlined process is nothing more than a rubber stamp.

When our Conservative government was in power, one of the bills the government of the day brought forward was the Safe Streets and Communities Act. This legislation required that meaningful consultation with community members be carried out before a supervised injection site could be established. Because this legislation was quite detailed, having 26 different requirements, it ensured that a fully informed decision was made.

The Liberals have gutted these requirements, removing the requirement for evidence and reducing the criteria from 26 to five. The Liberals justified their decision to gut the Safe Streets and Communities Act by saying it was too onerous, but the same week the Liberals forced a stop to debate, silenced the health committee, and rammed this bill through, the Minister of Health announced the approval of three new supervised injection sites for Montreal. Clearly, the former criteria were not too cumbersome.

A thorough application process helps organizations avoid mistakes and sets them up for long-term success. This has been affirmed by one centre after another in European countries. The fact that the Liberals rushed Bill C-37 through the House, by cutting off debate and imposing unprecedented restrictions at committee, shows they are unwilling to listen and unwilling to consult, as they promised they would during the election. Furthermore, refusing to hear from a single witness, either in favour or opposed to the bill, means parliamentarians have no context to understand whether or not the bill actually lives up to the intention of the drafters.

Ironically, at committee, the Liberal members voted to amend their own legislation. This is odd. They deleted the requirement that applicants must provide evidence to support their application. This is something the Supreme Court actually outlined. This is from the government that claims to value science and evidence-based decision-making. It is one of the tag lines they like to use quite commonly.

It is really quite concerning, because, as my Liberal colleagues have pointed out, lives do in fact hang in the balance. On December 16 of last year, nine people passed away from drug overdoses in Vancouver. Eight of these deaths took place in the Downtown Eastside. Interestingly enough, it was in the Downtown Eastside that the Vancouver fire and rescue department responded to 745 calls due to overdoses in November. This is significant, because the Downtown Eastside is the home of Insite, the first legal supervised injection site in Canada. Interestingly, the Liberals and the NDP have rushed Bill C-37 through Parliament with the rationale that legalizing supervised injection sites is the only way to stop rising numbers of opioid overdose fatalities. However, the evidence from Vancouver's Downtown Eastside appears to contradict this narrative. Despite the presence of a supervised injection site, offering clean

needles and the ability to test street drugs for fentanyl, there continue to be dozens of overdose fatalities only steps away from the Insite building. It is clear that the Liberals have not fully considered the impact of this legislation.

Our Conservative caucus supports all but one section of the bill. The Conservative critic for health attempted to work with the Liberals to separate out that one section, while passing the remaining sections, in order to allow the health committee to conduct a proper study. The Liberals refused this offer. Instead, they have used every procedural trick in the book to ram the bill through the House with absolutely no scrutiny or thorough process.

Again and again, the Liberals have shown that they uphold democracy the same way a screen holds water. This reckless approach undermines the authority of local communities to have a voice over their own affairs. It threatens the effectiveness of this legislation by preventing drafting errors from coming to light. It also increases suspicion around the approvals process, thus undercutting local support for harm-reduction facilities. For these reasons, I stand in opposition to Bill C-37.

•(1630)

Mr. Joël Lightbound (Parliamentary Secretary to the Minister of Health, Lib.): Mr. Speaker, I always find it a little rich to be lectured on democracy by the Conservatives, who developed an expertise in all sorts of measures that were, frankly, far from democratic, and they developed quite the expertise on time allocation.

The reason we are moving forward with the bill as fast as possible, and we have the support of the NDP, is precisely because the bill would save lives. The member does not have to take my word for it. She can take the word of the medical experts, the mayors, the provincial officers who have asked for these safe injection sites.

Had the previous Conservative government responded to the Supreme Court judgment in a way that reflected what is asked instead of making it so onerous for communities where these sites are needed, where these sites would save lives and prevent transmission of diseases, we would not be here today with Bill C-37.

Does the member at least agree that the section, which their amendment requests to remove, is one major section that would make the laws in Canada closer to what the Supreme Court has said, that would prevent the loss of life that we have seen occurring far too often in this country, with regard to opioids?

•(1635)

Ms. Rachael Harder: Mr. Speaker, the hon. member across the way said that, if we had heard from the medical community or if they had a voice on this issue, then we would be able to acknowledge that there is a call for this and that it does in fact save lives.

The truth is that I would have loved to hear from those individuals who could have confirmed that. They are called witnesses, and there was a motion put forward by the Liberals that prevented us from being able to hear from witnesses during committee stage.

Government Orders

Had the Liberals not moved that motion, we would have heard from those witnesses, but we did not.

Ms. Linda Duncan (Edmonton Strathcona, NDP): Mr. Speaker, I thank my colleague from Alberta for her presentation on the bill.

I find it hard to find anyone in my city of Edmonton who sides with the position she is taking. Some years ago, the Conservatives brought forward a bill in response to a court direction that they actually take action to establish safe injection sites, because in the opinion of the court, having heard experts, they actually save lives.

The Canadian Medical Association's Dr. Haggie, then the president, in responding to that court decision said:

While for some this is an ideological issue, for physicians it's about the autonomy to make medical decisions based on evidence, and the evidence shows that supervised injection reduces the spread of infectious diseases and the incidence of overdose and death.

Dr. Stan Houston, who is a renowned doctor in Edmonton, strongly supports this. He says there are lots of reasons to support safe injection sites, including reducing hepatitis C and HIV.

More than 87 organizations in my city have called for the federal government to support them on establishing these safe injection sites, so I am wondering what evidence the member has to show, if she thinks it should be evidence-based, against the establishment of safe injection sites.

Ms. Rachael Harder: Mr. Speaker, once again I would like to acknowledge that under the previous criteria, three safe injection sites were approved for the city of Montreal, clearly showing that those 26 criteria were not in fact too cumbersome, but actually very much needed in order to make sure that these centres were set up to be effective for the long term.

Many experts whom I have talked to have affirmed that it is good to go through a thorough application process to make sure that these injection sites are set up to effectively serve the communities in which they are placed.

On a second note, with regard to evidence again, I would love to see evidence, and that is why I was so impressed that our former government's criteria beforehand actually called for evidence, because we should be making evidence-based approaches.

Unfortunately, the Liberals gutted the word "evidence" from the piece of legislation, Bill C-37 that is before us today, so it is no longer required. We are not making decisions based on evidence anymore, because the Liberal government took it out.

The Deputy Speaker: Before we resume debate, it is my duty, pursuant to Standing Order 38, to inform the House that the questions to be raised tonight at the time of adjournment are as follows: the hon. member for Louis-Saint-Laurent, Economy; the hon. member for Selkirk—Interlake—Eastman, National Defence; and the hon. member for London—Fanshawe, Veterans Affairs.

Resuming debate, the hon. member for Brampton West.

Ms. Kamal Khera (Parliamentary Secretary to the Minister of National Revenue, Lib.): Mr. Speaker, I am very pleased to rise in the House today to speak in support of Bill C-37, an act to amend the Controlled Drugs and Substances Act and to make related amendments to other acts.

As members are aware, Canada is facing an opioids overdose crisis across this country. We have seen very troubling figures and have heard many tragic stories. As stated earlier in the House, British Columbia alone saw 916 illicit drug overdose deaths in 2016, an almost 80% increase from the year before. The majority of these overdoses are due to opioids. Other parts of the country have been impacted as well, with Alberta reporting 343 apparent overdoses related to fentanyl in 2016, which is an over 30% increase from the year before. While some areas have been more acutely affected than others, drug use is not unique to one part of the country, and the potential for this crisis to spread is very real.

Our government is committed to addressing this complex public health issue through a comprehensive, collaborative, compassionate, and evidence-based approach to drug policy in Canada. To that end, the Minister of Health with support from the Minister of Public Safety and the Minister of Justice announced the new Canadian drugs and substances strategy on December 12 of last year.

This new strategy replaces the previous national anti-drug strategy with a more balanced approach for restoring harm reduction as a core pillar alongside prevention, treatment, and enforcement, and supporting these pillars with a strong evidence base. The Canadian drugs and substances strategy formalizes our government's commitment to taking an evidence-based and more appropriate health-focused approach to addressing problematic substance abuse in our country.

The bill before us would ensure a sound and modernized legislative base to support this new strategy. This comprehensive bill aims to balance protecting public health and maintaining public safety. It is designed to better equip health professionals and law enforcement with the tools they need to address this issue.

Specifically, this bill would improve the government's ability to support the establishment of supervised consumption sites as a key harm reduction measure in communities. It would address the illegal supply, production, and distribution of drugs, and reduce the risk of controlled substances used for legitimate purposes being diverted to the illegal market by improving compliance and enforcement tools.

In addition to introducing this new strategy, proposing this bill, and building on our five-point action plan, our government has taken and continues to take concrete steps to address problematic substance use. Since coming into office, our government has used all the tools available to address this issue.

Government Orders

One of the first steps our government took, as expressed by experts, was calling for an increase in availability of naloxone, a drug that temporarily reverses an opioid overdose. We acted quickly in this regard to remove the requirement to have a prescription to facilitate access to naloxone in March 2016. Further, our government completed an expedited review of an easier to use nasal spray version of naloxone, which, as of October 2016, is now approved for sale in Canada.

In the meantime, our Minister of Health used the extraordinary legal authorities available to her under the Food and Drugs Act to issue an interim order to allow the emergency import of naloxone nasal spray from the United States. This significant step has increased access for emergency responders and helps to address the growing number of opioid overdoses.

We have also demonstrated our support for the establishment of supervised consumption sites, a key harm reduction measure. Through a thorough and rigorous review in January 2016, Health Canada granted an exemption from the Controlled Drugs and Substances Act for the Dr. Peter Centre to operate as a supervised consumption site.

Not long after that, in March 2016, Health Canada granted Insite an unprecedented four-year exemption to continue its extremely important work in the Downtown Eastside neighbourhood of Vancouver. Insite has demonstrated time and again through a countless number of peer-reviewed research studies that it saves lives without increasing drug use and crime in the surrounding area. This four-year exemption is a positive shift from the previous annual exemptions. Just last week, Health Canada issued three new exemptions for supervised consumption sites in the city of Montreal, the first such exemptions outside of the province of British Columbia.

●(1640)

I do want to briefly touch upon a concern that was raised in this House by the opposition, that the views of communities would no longer be important in the assessment of an application to establish a supervised consumption site. Let me be very clear; this was actually determined by the Supreme Court of Canada. The Supreme Court of Canada determined that the Minister of Health must consider expressions of community support or opposition when reviewing such applications.

Our government is respecting the Supreme Court of Canada's decision by proposing to include these factors in this legislation. We support the need for community consultation in the application process for considering the establishment of supervised consumption sites. We understand and respect that communities may have valid concerns about a proposed site, and that these concerns deserve to be heard and should be adequately addressed by applicants in their applications. The proposed amendments would demonstrate that respect for communities is a multi-faceted issue. It means that the concerns of communities must be considered and addressed by the applicants. However, it also means that the federal government should not place any unnecessary barriers in the way of communities that need and want to establish supervised consumption sites as part of their local drug harm reduction strategy.

In order to combat this crisis head on, our government is also supporting private member's bill, Bill C-224, the good Samaritan drug overdose act, a bill that would help encourage individuals who witness an overdose to call for emergency help. It would provide immunity from minor drug possession charges for individuals who experience or witness an overdose and call for emergency assistance.

The opioid crisis is something we know we cannot fix alone. We need collaboration with all levels of government, experts, and professionals. This is why we are committed to working with our colleagues across Canada to address the opioid crisis, from medical professionals to law enforcement partners.

In November last year, the Minister of Health co-hosted an opioid summit and conference along with the Ontario minister of health. The summit and conference brought together governments, experts, and key stakeholders to address the opioid crisis and to determine a path forward. Participants heard a number of perspectives on this crisis from people who use drugs, families devastated by opioid misuse, health care providers, first responders, educators, and researchers. Provincial ministers and heads of organizations with the ability to bring about change committed to a joint statement of action to address the opioid crisis. This joint statement of action reflects a combined commitment for each participant to work within respective areas of responsibility to improve prevention, treatment, and harm reduction associated with problematic opioid use by delivering on concrete actions. We will publicly report on the progress of these actions, starting in March 2017.

In conclusion, Bill C-37 is a key example of our government's commitment to establishing a comprehensive, collaborative, compassionate, and evidence-based approach to drug policy in order to reduce the harms caused by drugs that are currently being experienced by individuals. One life lost to an opioid overdose is one too many. We need to take action now. As this bill would help save lives, I strongly encourage all the members in this House to support this very important piece of legislation.

●(1645)

Ms. Dianne L. Watts (South Surrey—White Rock, CPC): Mr. Speaker, as my colleague just said, one life lost is too many.

I go back to the Delta mother who lost both her children within 20 minutes of each other, both of them in their 20s. I have a list here of over a dozen kids aged 21, 23, 24, and mid-20s. That is just a snapshot. These kids were not injecting. They were not using consumption sites.

I would like to ask the member what the government is doing in this regard, because one life lost is one too many.

Ms. Kamal Khara: Mr. Speaker, my condolences go out to the family that my colleague just mentioned.

Government Orders

We need to have a comprehensive approach in order to face this crisis. Harm reduction alone will not solve the opioid crisis. It requires a range of approaches, which also include treatment. There is a tragic shortage of treatment facilities in this country. In my previous role as Parliamentary Secretary to the Minister of Health, I heard loud and clear that there is a significant gap in getting access to treatment, especially when it comes to mental health and addictions.

That is why our government is able to offer the provinces and territories \$5 billion of new money for mental health and addictions in the health accord. We certainly hope that provinces, especially those facing the greatest challenges, will use some of these resources to expand access to treatment facilities so that people will get the treatment that they need.

Ms. Jenny Kwan (Vancouver East, NDP): Mr. Speaker, I have been listening to this debate with interest of course and often the Downtown Eastside, the community I represent, has been referenced.

The member for Lethbridge talked about the Insite situation, where people in or around a community continue to overdose, as though somehow that is evidence to show that Insite is not working, as though somehow that is evidence to show that harm reduction is not working.

If the member looked into this situation she would realize that Insite is not a 24-hour, seven days a week service. It has also reached its capacity. This goes to say why this legislation needs to be passed. We need to get on with ensuring supervised injection facilities are happening in communities where there is a demonstrated need, as the Supreme Court decision clearly outlined.

I would extend this invitation to the member opposite, in fact, to all members of the House. When anybody wants to speak to a witness, I would welcome them. I would personally ensure that they could sit down and talk about this issue with Dr. Patricia Daly, who is the chief medical health officer for the City of Vancouver, as well as Dr. Perry Kendall, who is the health officer for the Province of British Columbia. I would like to extend this offer to the member for Lethbridge and to the member who just spoke on the issue of supports.

People are burning out in our community—

● (1650)

The Deputy Speaker: Order. Unfortunately, we have run out of time. We need to give the hon. parliamentary secretary an opportunity to respond.

Ms. Kamal Khera: Mr. Speaker, I saw the member on health committee when I sat on it previously. It is amazing what she does for her community. It is really commendable.

As I have said many times in the House, our government's policies are driven by science and evidence. Evidence clearly shows that when properly established and maintained, supervised consumption sites can save lives and improve health without negatively impacting surrounding communities. They provide hygienic facilities and sterile equipment. They are supervised by qualified staff members who can provide advice on harm reduction and treatment options, as well prevent overdoses. These sites may be the first time an individual comes in contact with a health care professional.

Ms. Sheila Malcolmson (Nanaimo—Ladysmith, NDP): Mr. Speaker, it is an honour to speak on behalf of the people of Nanaimo—Ladysmith, but this is certainly a hard story. I support the government's approach moving forward, but I want to talk about the impact in my immediate community, to describe the imperative of why action is so important.

Since 2008, Nanaimo has had more deaths per capita from drug overdoses than anywhere else in British Columbia. Our region had a 135% increase in opioid deaths last year, and fentanyl was present in 50% of overdoses. This is a national emergency. Our region has not had the action that we need on it and the federal government response has been unacceptably slow.

In October, at the health committee, I urged action of a study, which was initiated by an NDP motion by my colleague, the member for Vancouver Kingsway, that federal leadership was needed immediately to tackle the opioid overdose epidemic. I urged better access to Drug treatment programs and safe consumption sites, and support for health professionals, including addiction training. I urged that the government also create a national action plan on post-traumatic stress disorder for front-line emergency personnel and public safety officers in this vital line of work.

When I talk with firefighters in Nanaimo, they tell me they used to see three overdose calls a year. Now they see three a shift. These fine young men and women signed up to fight fires mostly. I want to read some of the words from Mike Rispin, one of the chiefs at the downtown Nanaimo fire department. He says:

In my 25 years as a fire fighter we have had periods when there was a sharp increase in opioid overdoses, due to a stronger drug on the streets. These periods lasted usually only a few weeks.

Sadly, the recent introduction of fentanyl has made our response to overdoses a regular occurrence and I can only foresee this as a regular ongoing issue...I...can only imagine what we will see with the use of carfentanil (which has been discovered in town now). We will be having even more O/D's and more difficulty bringing those patients back to consciousness.

Nanaimo is a small community of 90,000 but the overdoses we are seeing now is increasing dramatically. Thankfully the Island health authority has opened a safe injection site which should assist in reducing deaths from the use of opioids.

How did we get here? Opioid prescription rates are sky-high in Canada versus other countries. Our doctors over-prescribe, and that is because the pharmaceutical companies oversell.

Chronic pain is not managed well in our country. Some people are just left completely on their own and they do become drug-dependent because they are not getting the pain management support they need.

Government Orders

We also have, and we have seen this particularly in the riding of my colleague, the member for Vancouver East, childhood sexual abuse unrecognized, unreported, untreated. Gabor Maté, a doctor who has worked particularly in the Downtown Eastside, said every drug-addicted woman patient of his, every one of them, was a victim of childhood sexual abuse. This is the “hungry ghost” syndrome that he describes a psychic wound that cannot be healed, people turn to drugs.

Some communities were used as a test market for new drug ingredients. That certainly is our speculation about Nanaimo. Many people using illegal drugs are not aware that fentanyl is included in them and they get into terrible trouble.

In my community, I want to salute the many heroes who have stepped up in the absence of provincial and federal leadership. They have saved a lot of lives, but it has been at a great personal cost to them. I am hugely grateful for their work. By supporting this bill, I hope we will get the support they need to do this very difficult job they have been given.

Another group that is such a hero in my community is AIDS Vancouver Island and the AVI Health Centre. Claire Dineen, the health promotion educator in Nanaimo, has led training for 800 people who are now trained in how to administer naloxone, which is the antidote to fentanyl. That woman has saved a lot of lives.

● (1655)

I also want to salute Dr. Paul Hasselback, who is the chief medical officer for the Vancouver Island Health Authority. People are very lucky to have a man like him in our riding. When I meet with him, he has both the United Nations Declaration on the Rights of Indigenous Peoples and the recommendations of the Truth and Reconciliation Commission on his desk. That is a sign of a man who is fully integrated in his work and making change in our country. He wrote:

For the past four years, the riding that “you” represent has had rates of narcotic overdose fatalities that are some of the highest in the country....During this time close to one hundred of our neighbours, friends, and families have passed away from this preventable tragedy. In four years, overdoses have become a leading cause of preventable deaths in our community....an integrated approach to a community response has resulted in a much smaller increase in 2016 when compared to other BC communities. Action can save lives.

He went on in his letter to state:

When finally presented through actions of the province of BC with ways to implement overdose prevention sites where emergency response is available, the community has overwhelmingly embraced the service....Supervised consumption is to be recognized as a health service that can and should be provided in a variety of settings....We also need to look to the future and how to prevent drug addiction. Youth employment, affordable housing, meaningful community contributions are our best approach to engaging those that illicit drug predators would target as future consumers.

Action is needed now to mitigate this crisis, and needs to consider what could be done to reverse the recruitment of persons to experiment with potentially addictive drugs....While legislation is welcomed, it focused again predominantly on the enforcement side of the equation, permitting for harm reduction services. What actions will the federal government take in prevention and in facilitating treatment or at least research into effective treatment? What actions will the government take on engaging youth on drugs similar to past efforts to work on tobacco?

He finished by saying:

Family Day is a great day to remember that many of our friends and colleagues have personally been affected through a member of their family. I have many stories that I have heard that are gut wrenching efforts to help loved ones. There are also stories of success to be shared.

I have another success story from my riding. This is sent by a third-year biology student attending Vancouver Island University. He was one of the organizers of Vancouver's first unsanctioned supervised injection sites. When people were dying on the streets and we could not get provincial or federal support, Jeremy Kalicum and others took action, and he writes this description:

In short order, we established an unsanctioned supervised injection site equipped with harm reduction supplies, volunteer nurses, and naloxone. Our goal was to provide a judgment-free space that would allow people who use drugs to feel that their situation and struggles were not being ignored. Although people who use drugs were initially skeptical of our service they soon learned that we were not there to entrap them...[we] wanted them to be safe.

That facility is not operating now because the health authority opened a supervised injection site in the last few weeks.

I am proud that the New Democrats led the fight against the Conservatives' Bill C-2, which was absolutely damaging at the exact time we needed progressive action. I am glad the Liberals are bringing forward Bill C-37. It is overdue. We wanted it a year ago. We want the Liberals to call this a national emergency.

The war on drugs approach has clearly been a failure. Instead of stigmatizing and punishing Canadians who are suffering from substance abuse disorders, it is time for bold and compassionate leadership from the federal government. We need to rapidly expand proven harm reduction approaches, while making significant long-term investments in prevention and public addiction treatments of all kinds.

I urge Parliament to vote in favour of Bill C-37. I urge the government to accelerate its action in some of the other areas that New Democrats have identified, to view drug addiction as a health issue, and, most important right now, to send our thanks and support to the front-line responders who fill a tremendous gap in a time of true national emergency.

● (1700)

Mr. Kevin Lamoureux (Parliamentary Secretary to the Leader of the Government in the House of Commons, Lib.): Mr. Speaker, it is important to recognize that the New Democrats have acknowledged the importance of the legislation and supported us in trying to push it forward. It is truly appreciated, but it is one aspect of a comprehensive approach that the government has taken to deal with a national crisis.

I wonder if the member would comment on the importance of working with the many different stakeholders, whether it is provincial entities, the municipal governments, first responders, or the communities. There is a much larger role for all of us to play and the important role the national government needs to play is one of leadership. It is a holistic approach in trying to prevent many of these accidental overdoses from taking place. Would the member agree?

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Ms. Sheila Malcolmson: Mr. Speaker, we were hoping a year ago that the federal government would step up and declare the opioid overdose crisis a national emergency. We had testimony at the health committee. Dr. Emberley from the Canadian Pharmacists Association said that it was definitely a national problem, that no community was unaffected and for that reason, he believed it had to be treated as a national crisis. As well, Dr. Blackmer from the Canadian Medical Association said that the chief public officer should be coordinating a national response to the opioid overdose crisis.

There is a lot the federal government can learn from what is being done at the provincial level. This is a national emergency. We wish the Liberals had stepped up earlier. We certainly thought they were going to based on their election rhetoric. People have died in the interim. We want them to accelerate their actions and support front-line workers, addicts and their families.

• (1705)

Ms. Linda Duncan (Edmonton Strathcona, NDP): Mr. Speaker, I would like to thank my colleague for her very heartfelt and well-founded speech on the bill. As she says, we need the federal government to respond to this national health emergency crisis. We also need, as a way to prevent this and as she mentioned, investments in affordable housing and harm reduction safe injection sites. That is what my mayor, Mayor Don Iveson, is calling for in the city. Right now, the cities have to pay for the protection measures that are in place to have police respond. Therefore, they are to be given naloxone kits but also the analysers which cost a lot of money.

What additional measures, in addition to passing the bill, could the federal government take to ensure people are no longer living at risk and people who are resorting to drugs feel there is some kind of mental health support available for them?

Ms. Sheila Malcolmson: Mr. Speaker, there is so much work the federal government can do if it truly wants to step up to the plate on this. I was elected to local government for 12 years before being elected to the House and we heard this again and again. If we had partnership with the federal government on a national strategy to abate poverty, we would lift so many people out of being in health crisis. If we better supported home care, then we would have seniors supported where they want to be, which is at home. We would not have people brought into the emergency department, clogging up acute care beds.

One after the next, if we take our federal leadership role to help people in the most desperate places, we save money ultimately for the government. We are easier on front-line workers and families, and we allow people to have the dignified life that every Canadian surely deserves.

[*Translation*]

Mr. Peter Schiefke (Parliamentary Secretary to the Prime Minister (Youth), Lib.): Mr. Speaker, today I will be talking about Bill C-37.

[*English*]

I rise today in support of Bill C-37, an act to amend the Controlled Drugs and Substances Act and to make related amendments to other Acts, which contains essential amendments to address the current opioid crisis as well as problematic substance use more generally.

[*Translation*]

Problematic substance use and addiction pose significant risks for individuals, families, and communities. Our government is committed to addressing this complex public health issue using an approach that protects public health and maintains public safety through drug policy that is comprehensive, collaborative, compassionate, and evidence-based.

[*English*]

Problematic substance use and addiction pose significant risks for individuals, families, and indeed, communities. Our government is committed to addressing this complex public health issue using an approach that protects public health and maintains public safety through drug policy that is comprehensive, collaborative, compassionate, and most importantly, evidence based.

A comprehensive public health approach to this crisis must include harm reduction alongside prevention, treatment, and enforcement. Harm reduction recognizes that not all individuals are ready, willing, or able to seek treatment for drug addiction. Those who for whatever reason are outside the treatment system deserve to be treated with dignity and respect. Just like every other Canadian, their lives are valuable and they are worth saving.

Supervised consumption sites and other evidence-based harm reduction measures provide services to active drug users to help improve their health and prevent harms, including death. I know some members in the House talk about supervised consumption sites as controversial and say that they have well-grounded concerns about this portion of Bill C-37. Today, I want to address these concerns by discussing the evidence on supervised consumption sites. This evidence is available in peer-reviewed journals, including some of the most esteemed medical journals around the world. We are living in a time when opinions can somehow become facts simply by stating them in a public forum. This concerns me and it should concern everyone in the House.

As Canadians, we are lucky to have the most well-researched supervised consumption site in our own backyard, Insite. While supervised consumption sites have existed in Europe since the 1980s, the studies done on Insite produced specific, measurable evidence of the impact of this supervised consumption site on drug users and on the surrounding community. Insite began as a pilot project and was the focus of a significant scientific evaluation. Over 30 peer-reviewed journal articles came out of this evaluation, all of which demonstrated that Insite was achieving its objectives without having a negative impact on the surrounding community. I will not stand here and list off each of these studies, but I will mention a few.

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For example, a 2004 study published in the *Canadian Medical Association Journal* found that in the 12 weeks after Insite opened, the number of drug users injecting in public and the number of publicly discarded syringes and injection-related litter were reduced as a direct result of Insite being there.

Further, a 2006 study published in *The New England Journal of Medicine* found that at least weekly use of Insite and any contact with the facility's addictions counsellors were both independently associated with people entering a detoxification program more quickly.

Finally, given the opioid crisis that we are currently facing, I want to highlight a 2011 study published in *The Lancet*. It found that fatal overdose rates in the area around Insite decreased by 35% after the opening of the site. This is compared to a decrease of only 9.3% in the rest of the city during the same time period.

Furthermore, the European Monitoring Centre for Drugs and Drug Addiction indicates that the common concerns regarding supervised consumption sites, such as increases in crime and drug use, are simply not grounded in evidence.

It is clear from the research that supervised consumption sites can play an important role in a community's response to problematic drug use. However, this does not mean that supervised consumption sites should be opened without taking into account the needs of a community and public health and safety considerations through a thorough review of an application. Rather, it means that the application process should start from a place that acknowledges the evidence. Sites need to be properly established, considering the need for a site, community concerns, and local conditions that may influence the effectiveness of the site. They must be properly maintained to ensure clients continue to receive proper care and communities continue to have confidence in the service that is being provided.

It is understandable that Canadians may have questions and concerns regarding the establishment of such a site in their community. These sites are still relatively novel in North America. That is why consultation with communities plays an integral role in the success of a site.

The Supreme Court clearly recognized the importance of consulting with community members when establishing such facilities and included community support or opposition as one of the five key factors the Minister of Health must consider when assessing any application.

● (1710)

[*Translation*]

I do want to make one thing clear. Consultations are just one part of the application process. The government is committed to evidence-based decision-making. That means casting aside current ideological debate during discussions about drug use, taking all of the relevant information into account, and making informed, evidence-based decisions.

That is why Bill C-37 would replace the 26 criteria currently in the legislation with five factors described by the Supreme Court of

Canada in *Attorney General of Canada, et al. v. PHS Community Services Society, et al.* in 2011.

[*English*]

Reducing the number of criteria applicants would have to address would relieve the administrative burden on communities seeking to establish a supervised consumption site, but it would also do so without compromising the health and safety of those operating the site, its clients, or the surrounding community. Removing the application criteria from legislation allows the government to maintain a thorough evidence-based application process that can be adapted and updated over time to reflect emerging science. At the same time, it would keep communities at the heart of applications and allow applicants to respond more quickly to emerging health issues.

For example, there would no longer be a requirement for applicants to submit evidence that supervised consumption sites are effective and have public health benefits. As I noted earlier, the evidence in this regard is clear. Instead, applicants would need to demonstrate the need for the site and the public health benefits of the proposed site for the local community. This change would help ensure that applicants considered their local context, including the needs of their community, when designing their proposed site.

This government is committed to making objective, transparent, and evidence-based decisions. With respect to supervised consumption sites, the evidence is clear: properly established and maintained sites can save lives without having a negative impact on the surrounding community.

I urge all members to support Bill C-37 so that we can move forward on addressing the opioid crisis through a comprehensive response that includes evidence-based harm reduction measures that help save lives.

● (1715)

Ms. Dianne L. Watts (South Surrey—White Rock, CPC): Mr. Speaker, I was delighted to hear that the consultation was an integral part of the strategy and that the community was at the heart. However, all of the language around community consultation was removed from the bill.

Several amendments were also voted down. I will touch on some of them. One was regarding obtaining letters of support or opposition within a two-kilometre radius of a site. That was voted down. One was regarding identifying schools and day cares within a two-kilometre radius. That was voted down. One was regarding obtaining a letter of support or opposition from the mayor and council, or the police chief. That was voted against.

There is no criteria laid out within the bill, and I wonder where the integral part of community consultation within Bill C-37 is as it relates to the comments that my colleague has just made.

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Mr. Peter Schiefke: Mr. Speaker, it is actually outlined quite clearly under the heading “Application”, proposed paragraph 56.1(2)(e), “expressions of community support or opposition.” The reason it is included in there is it is one of the five key criteria that was outlined by the Supreme Court in its decision. It is a key component of what we are proposing here. We are very proud that we are including it, because we understand the importance of ensuring that communities provide their support and have a chance to voice their opposition or support of any one of these sites.

Mr. Gord Johns (Courtenay—Alberni, NDP): Mr. Speaker, I want to thank my hon. colleague first for really understanding and highlighting the importance of Insite and the role it has played in saving lives and protecting people who are struggling through addiction.

The health committee heard about the chronic underfunding of community-based detox and addictions treatment. Under the Conservative government, we saw addiction treatment get cut by 15%. I would ask the member if he also agrees that there is a lack of investment in treatment facilities for people with addictions.

I know the Liberals said that they do not support calling this a national emergency, and do not believe that would give the public health officer any new tools. I am wondering what new tools the government can offer in immediate resources in the upcoming budget, because this is a crisis. Will the member agree with me that this is a national emergency?

Mr. Peter Schiefke: Mr. Speaker, one thing I can say is that this government takes this crisis very seriously. There are many aspects of Bill C-37 that are going to do some good across the country. We are ensuring that we are doing all that we can as a government to respond to this crisis.

There are two key components. One is to ensure that we provide the CBSA with the tools necessary to allow it to look at packages that are less than 30 grams that are coming in from the United States and elsewhere. This would make sure that the primary source of this product coming into our country is being addressed by the CBSA. The other component is to ensure that we register the pill pressers and other devices that are required to make some of these opioids.

We are taking a comprehensive approach, a wide-eyed view. I am very proud of the different initiatives that are included in Bill C-37. I will add that we are always looking at different ways that we can ensure we are doing right by Canadians, particularly youth who are affected by the opioid crisis. We are going to continue to look at different ways that we can help them.

• (1720)

Mrs. Cathy McLeod (Kamloops—Thompson—Cariboo, CPC): Mr. Speaker, one thing that is of particular concern to me is we have known that fentanyl and carfentanil have been coming in from China for probably close to a year now. I would like to ask the hon. member why it has taken so long to get this particular piece of legislation to the table. The Liberals talk about this meaning lives. It has taken a year to deal with something as simple as giving border security agents the tools they need to stop some of the fentanyl and carfentanil from coming into this country.

Mr. Peter Schiefke: Mr. Speaker, as I said, this is something we have been working on for quite some time, ensuring that we are

consulting with stakeholders all across the country, giving the justice committee and different committees the time necessary to look at this, and making sure the recommendations we are putting in place will actually have an impact on solving this crisis.

One of the things I will state again is we are very proud of the fact that this bill would empower the CBSA to look at the different packages that are coming in. It would allow CBSA to do something that it has not been able to do before, which is to look at packages that are less than 30 grams to see whether they contain fentanyl, so we can put a stop to the direct source of this problem, which is this product making its way into our country to begin with. As I said, we are always going to look at different ways of doing it. We are going to ensure that we take the time to do it right by consulting the different stakeholders.

Mr. Len Webber (Calgary Confederation, CPC): Mr. Speaker, it is my pleasure to rise today to speak to Bill C-37. The bill would amend the minister's powers and discretion when it comes to approving drug injection sites in communities across Canada. It would remove community safeguards and put these important decisions entirely in the hands of a single minister and not in the hands of the local community.

In an ideal world, we would not have to deal with the issue of drug addicts and where they choose to consume their deadly drugs, but we do. In an ideal world, drug abuse and the crime it causes in our communities would not be something we would have to face, but it is. In an ideal world, every addict would be on the road to recovery and the success rate would be 100%. That is just not the case. In reality, drug abuse has been around as long as anyone can remember, and it is getting worse. Literally, people are dying every day from their addiction and drug abuse.

Many years ago, before I entered politics, I served on the Alberta Alcohol and Drug Abuse Commission, or AADAC. I served on it for a number of years. I learned a lot about drug addiction and the incredible pain that it causes. The experience there affirmed to me why we should never deal with drugs in a cavalier manner.

Canada already has good legislation in place to permit drug consumption sites or safe injection sites, whatever we want to call it, but let me stress before I continue that there is no such thing as a safe injection site as there is nothing safe about drug injection and the abuse of drugs.

The Liberals and the NDP claim that this current legislation is so onerous that no organization can succeed in getting the drug consumption site approved, yet we see that the government approved three of them in Montreal earlier this month. This proves the current legislation does strike a good balance.

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Referring to the current legislation and its purpose, the Supreme Court of Canada has set out clear criteria that must be met before a drug consumption site can be approved. One pillar of the current Conservative legislation was strong community consultation, which the Supreme Court agreed was essential. These consultations were not meant as a way to prevent sites from opening, but rather to adhere to the advice of experts in the field and to respect the community that would eventually have to support such a facility.

Experts in drug addiction have testified before Parliament that for a drug consumption site to be effective and have any benefit, there must be a buy-in from the local community, a buy-in from the local law enforcement, and a buy-in from the local health officials.

Let us stop for a moment and explain what these sites are. These sites are a designated place where we allow people to cause harm to themselves while immune from the law of the land. They can shoot up with a deadly illegal drug as long as they do it at one of these sites. If they do the same thing a block away, they are breaking the law. We must ask ourselves, how do we allow certain people to break the law multiple times a day, and how do we square that with society's expectations as laid out in our criminal laws? How do we condone the use of illegal drugs as a society and then tell our kids that they are not good for them?

Very few people who are offered help at these injection sites ever accept an offer for treatment. They do not want to give up their highs and face the reality that awaits them. Of those who do enter treatment, even fewer see the program through. Of those who see the program through, even fewer actually stay clean.

I have had numerous conversations with addictions counsellors in the past, and many have told me that the reality is, finding someone they can take from a drug abuser status to a somebody clean status is like finding a needle in a haystack. They say that in reality, most of these people currently addicted to drugs will die from their addiction. They may die earlier in life. They may develop health-related issues. They may die while engaged in crime to feed their addiction or they may simply overdose.

• (1725)

These addiction counsellors say that these sites do save lives but then they question if they really do. If an addict's life is saved today or tomorrow or next week, but that individual dies the week after from an overdose, was that life really saved? The counsellors suggested that these consumption sites are therefore not really a conduit to treatment but rather facilities for self-destruction and abuse until the addiction wins the war on its victims. That is a sobering assessment of what we face.

Therefore, we really need to target the source of this problem as it appears rarely fixable after the fact. We need to prevent access to addictive substances before an addict develops. We need to stop the Liberal and NDP attitude of acceptance when it comes to drugs. Instead of campaigning to make drugs legal, those members should be campaigning to make it harder for folks to get introduced to the world of drugs. I along with my Conservative colleagues have been pushing for the Liberal government to tackle the root cause and that is the continuous flow of illegal drugs into our country and onto our streets.

I was appalled when all Liberal members voted down a motion I introduced a few months back in health committee to get the Chinese ambassador to come and tell us what his government is doing to prevent deadly drugs from being shipped into Canada, because 98% of illicit drugs come from China. Voting down that motion was disheartening and disgraceful. The Liberal government is more concerned about being friends with the Chinese government than it is with stopping the flow of deadly drugs on Canadian streets.

The Liberals and the NDP want to make it really easy to open up a drug consumption site by removing the safeguards, removing community consultations, and turning a blind eye to the effect it will have on the community. The NDP wants to remove all of the burden of proof from the applicants when it comes to opening up drug injection sites. It is funny. Those members want a less onerous application process for safe injection sites, yet they want to increase the burden on job-creating applicants when it comes to building pipelines. They argue that safe injection sites will save lives. I say that getting pipelines built will save lives as building them would reduce our escalating suicide rate in Alberta. High unemployment and the despair in our oil patch is also costing lives.

As I stated before, the experts are telling us that we need community buy-in for these facilities to be successful. Why do the Liberals and the NDP want to sneak these facilities into our communities without proper consultation?

Drug consumption sites do have some benefits. They allow us to hide our problems away from the streets and they do save addicts so that they can fuel their addiction for another day. In very few cases they also facilitate a path for recovery. Let us not kid ourselves and believe that there is a lot of light at the end of this tunnel. These sites do help keep things like dirty needles out of our parks. They do make it cheaper for the health care system to monitor and save some addicts. They do not reduce the drug problem in Canada. They do not stop people from becoming addicts. They very seldom get addicts off drugs. These sites do not curtail the profits for organized crime. They are not a silver bullet. They are one very weak tool in our fight against addiction and its deadly toll.

If we want these sites to have some positive benefit and improve outcomes then we need community buy-in and this is done through open, transparent, and exclusive consultations. Sadly, this is not what this bill would do. It would weaken the existing legislation. Therefore I must vote against it.

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● (1730)

Mr. Joël Lightbound (Parliamentary Secretary to the Minister of Health, Lib.): Mr. Speaker, the member mentioned that community support as stated by the Supreme Court was not meant as a way to prevent safe consumption sites from opening. It was not meant to prevent the opening of safe consumption sites. We have taken the exact language that is in the Supreme Court judgment, which states that one of the factors to be taken into account is the expression of community support or opposition.

What was meant to prevent these sites from opening were the 26 criteria in Bill C-2 that the previous government put forward.

The member mentioned that three sites have opened in Montreal. Does he know how long it took for those sites to open even though we are facing a health crisis in Canada when it comes to opioids? I will answer my own question. It took nearly two years for those sites to open even though the community, the mayor, the provincial actors, as well as health professionals in Montreal wanted them. Is the member at least aware of the time it took for these sites to be approved under the previous legislation?

While I have the floor, I must say that I am a bit challenged by the comparison that the member made between pipelines and these safe consumption sites. Addicts are people. The government has a responsibility to protect people sometimes from themselves and that is what these safe consumption sites are all about.

Mr. Len Webber: Mr. Speaker, I will address the member's second point first with regard to the comparison of pipelines with safe injection sites.

The point that I was trying to make in committee was simple, although maybe difficult to express. I firmly believe that when applying for a pipeline or a drug injection site, the burden of proof should rest with the applicant and not the taxpayer. I know that New Democrats believe that those applying for a pipeline must prove that it is in the public interest, that it is safe, and that strict operating conditions would be applied. I expect the same of those who want to open drug injection sites in communities. That was my point with regard to pipelines.

With regard to community consultation and how long it took to get these facilities in Montreal, it may take time, but we also know that there is a lot of Nimbyism in our communities, and I do not blame them. These facilities are magnets for the types of people and activities that we work hard to shield our children from. That said, these facilities will have to go somewhere else, on somebody else's street.

The key thing, hon. member, is that communities be properly consulted and this legislation would not allow that. This is what the experts are telling us, hon. member, and why the Liberal government is so determined to move ahead without hearing from key stakeholders.

The Assistant Deputy Speaker (Mr. Anthony Rota): I want to remind hon. members to speak through the Speaker and not directly to members across the aisle, even if it is very politely, as was done.

The hon. member for Courtenay—Alberni.

● (1735)

Mr. Gord Johns (Courtenay—Alberni, NDP): Mr. Speaker, I first want to thank my hon. colleague for raising his concern about drugs in our communities. I wish we did not have drugs in our communities. I share his concern.

The war on drugs has not worked. That approach has not worked. People are using hard drugs in our communities, people we know. I saw a man in downtown Vancouver, who came from a good family, who is struggling with addiction. He went to Insite, a safe place to do drugs. He ended up getting treatment and went home. It is really important to know that we can save lives.

I hope it is not the Conservative position that those who are not ready or able to seek treatment today are not worth saving. The Conservative government cut addiction facilities by 15%. Maybe the member can explain this to the House, We know that we have to take a multi-faceted approach. We have to do what we can to stop drugs coming into our communities, to provide safe places for people to do drugs, and for people to get the therapy and addiction services they need. Does the member agree with me that we need to take a multi-faceted approach?

No one has died at Insite. It is important that we take a holistic approach to tackling this problem. We have tried with education. Children are now doing drugs in Vancouver. I hope the member will come to the Downtown Eastside. He will meet people from my rural community who have ended up there and see the benefits of this facility.

Mr. Len Webber: Mr. Speaker, I will tell the hon. member that I have been to Insite. I toured it over the summer. It was a disturbing and sad sight. Of course, I agree with the work that is being done at Insite, but my main point tonight was that we need community consultation when we implement other facilities like Insite into other communities across Canada. The tour that I was allowed to partake in with a number of colleagues was disturbing. The police accompanied us and we went into the back alleys on East Hastings.

I can say that the work it is doing is good work. Needles are being put away safely, people are provided with safe needles, people are monitored, and naloxone is available if it is required, which is a good thing. However, my point tonight was that we need community consultation before opening safe injection sites across Canada.

The Assistant Deputy Speaker (Mr. Anthony Rota): Resuming debate. The hon. member for Lac-Saint-Louis will have approximately two minutes, so I advise him to give us a condensed version of his speech.

Mr. Francis Scarpaleggia (Lac-Saint-Louis, Lib.): Mr. Speaker, I am very pleased to rise today to speak in support of Bill C-37. Protecting the health and safety of Canadians is a key priority of this government, and that is why on December 12, 2016, the Minister of Health, with support from the Minister of Public Safety and Emergency Preparedness, introduced Bill C-37 in the House of Commons.

Government Orders

[Translation]

This bill would make several amendments to the Controlled Drugs and Substances Act and the Customs Act in connection with the government's efforts to address the current opioid crisis as well as problematic substance use more generally.

[English]

This a comprehensive bill that seeks to balance the important objectives of protecting public health and maintaining public safety. It is designed to better equip both health professionals and law enforcement with the tools they need to address this issue.

[Translation]

Over the last decade, the harms associated with problematic substance abuse in Canada have become more complex and have been changing at a rapid pace. The line between licit and illicit substances has blurred with the opioid crisis, prescription drug misuse, and the rise of new designer drugs.

[English]

The government is committed to helping Canadians affected by problematic substance abuse. Legislative and regulatory controls are certainly an important part of this approach. However, as we know, drug use and dependency pose significant risks for individuals, families, and communities. Our approach to addressing problematic substance abuse must include preventing and treating addiction, supporting recovery, and reducing the negative and social impacts of drug use on individuals and their communities through evidence-based harm-reduction measures. These obviously must also be part of our approach to addressing the problem.

Harm reduction is viewed by experts as a cost-effective element of a well-balanced approach to public health and safety.

It has been a very good debate. I have listened intently, and it has been very informative.

● (1740)

[Translation]

The Assistant Deputy Speaker (Mr. Anthony Rota): It being 5:40 p.m., pursuant to order made earlier today, it is my duty to interrupt the proceedings and put forthwith every question necessary to dispose of the report stage of the bill now before the House.

[English]

The question is on Motion No. 1. Is it the pleasure of the House to adopt the motion?

Some hon. members: Agreed.

Some hon. members: No.

The Assistant Deputy Speaker (Mr. Anthony Rota): All those in favour of the amendment will please say yea.

Some hon. members: Yea.

The Assistant Deputy Speaker (Mr. Anthony Rota): All those opposed will please say nay.

Some hon. members: Nay.

The Assistant Deputy Speaker (Mr. Anthony Rota): In my opinion the nays have it.

And five or more members having risen:

The Assistant Deputy Speaker (Mr. Anthony Rota): The recorded division on Motion No. 1 stands deferred.

The next question is on Motion No. 2. Is it the pleasure of the House to adopt the motion?

Some hon. members: Agreed.

Some hon. members: No.

The Assistant Deputy Speaker (Mr. Anthony Rota): All those in favour of the motion will please say yea.

An hon. member: Yea.

The Assistant Deputy Speaker (Mr. Anthony Rota): All those opposed will please say nay.

Some hon. members: Nay.

The Assistant Deputy Speaker (Mr. Anthony Rota): In my opinion the nays have it.

I declare the motion defeated.

(Motion No. 2 negated)

The Assistant Deputy Speaker (Mr. Anthony Rota): The House will now proceed to the taking of the deferred recorded division at the report stage of the bill. The question is on Motion No. 1.

Call in the members.

● (1820)

[Translation]

(The House divided on the motion, which was negated on the following division:)

(Division No. 197)

YEAS

Members

Aboultaif	Albas
Albrecht	Allison
Ambrose	Anderson
Arnold	Barlow
Bergen	Berthold
Bezan	Block
Boucher	Brassard
Brown	Calkins
Carrie	Chong
Clarke	Clement
Cooper	Deltell
Diotte	Doherty
Dreeshen	Eglinski
Falk	Finley
Gallant	Généreux
Genus	Gladu
Godin	Gourde
Harder	Hoback
Jeneroux	Kelly
Kent	Kitchen
Kmiec	Lake
Lauzon (Stormont—Dundas—South Glengarry)	Lebel
Liepert	Lobb
Lukiwski	MacKenzie
McCauley (Edmonton West)	McLeod (Kamloops—Thompson—Cariboo)
Miller (Bruce—Grey—Owen Sound)	Motz

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Richards
Saroya
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Sopuck
Strahl
Sweet
Van Kesteren
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Warkentin
Waugh
Wong

Massé (Avignon—La Mitis—Matane—Matapédia)
Mathysen
May (Saanic—Gulf Islands)
McDonald
McKay
McKinnon (Coquitlam—Port Coquitlam)
Mendès
Mihychuk
Soeurs)
Monsef
Morrissey
Nantel
Nault
Oliphant
O'Regan
Paradis
Peterson
Philpott
Plamondon
Quach
Ramsey
Ratansi
Robillard
Romanado
Rudd
Rusnak
Sahota
Samson
Sansoucy
Scarpaleggia
Schulte
Sgro
Sheehan
Sidhu (Brampton South)
Simms
Sorbara
Ste-Marie
Stewart
Tan
Thériault
Trudel
Vandenbeld
Virani
Whalen
Wilson-Raybould
Young
McCrimmon
McGuinty
McKenna
McLeod (Northwest Territories)
Mendicino
Miller (Ville-Marie—Le Sud-Ouest—Île-des-
Morneau
Murray
Nassif
O'Connell
Oliver
Ouellette
Pauzé
Petitpas Taylor
Picard
Poissant
Qualtrough
Rankin
Rioux
Rodriguez
Rota
Ruimy
Saganash
Saini
Sangha
Sarai
Schieffe
Serré
Shanahan
Sidhu (Mission—Matsqui—Fraser Canyon)
Sikand
Sohi
Spengemann
Stetski
Tabbara
Tassi
Tootoo
Vandal
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NAYS

Members

Aldag
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Anandasangaree
Arya
Ayoub
Bagnell
Barsalou-Duval
Beaulieu
Bennett
Bittle
Blair
Boissonnault
Boudrias
Boutin-Sweet
Breton
Brosseau
Cannings
Carr
Casey (Charlottetown)
Chan
Choquette
Cormier
Cuzner
Damoff
DeCoursey
Di Iorio
Dubé
Duclos
Duncan (Etobicoke North)
Dusseau
Dzerowicz
Ehsassi
Ellis
Eyking
Fergus
Finnigan
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Fraser (Central Nova)
Fry
Garrison
Gill
Goodale
Graham
Hajdu
Hardie
Holland
Hughes
Hutchings
Johns
Joly
Jowhari
Khalid
Kwan
Lamoureux
Lauzon (Argenteuil—La Petite-Nation)
Lebouthillier
Lemieux
Levitt
Lockhart
Ludwig
MacKinnon (Gatineau)
Maloney

Alghabra
Amos
Arseneault
Aubin
Badawey
Bains
Baylis
Beech
Bibeau
Blaikie
Blaney (North Island—Powell River)
Bossio
Boulerice
Bratina
Brisson
Caesar-Chavannes
Caron
Casey (Cumberland—Colchester)
Chagger
Chen
Christopherson
Cullen
Dabrusin
Davies
Dhaliwal
Drouin
Dubourg
Duguid
Duncan (Edmonton Strathcona)
Duvall
Easter
El-Khoury
Erskine-Smith
Eyolfson
Fillmore
Fisher
Foote
Fraser (West Nova)
Freeland
Garneau
Gerretsen
Goldsmith-Jones
Gould
Grewal
Hardcastle
Harvey
Housefather
Hussen
Iacono
Jolibois
Jordan
Kang
Khera
Lametti
Lapointe
Laverdière
Lefebvre
Leslie
Lightbound
Longfield
MacGregor
Malcolmson
Masse (Windsor West)

PAIRED

Nil

The Speaker: I declare Motion No. 1 defeated.

[English]

Hon. Jane Philpott (Minister of Health, Lib.) moved that the bill be concurred in.

The Speaker: The question is on the motion. Is it the pleasure of the House to adopt the motion?

Some hon. members: Agreed.

Some hon. members: No.

The Speaker: All those in favour of the motion will please say yea.

Some hon. members: Yea.

The Speaker: All those opposed will please say nay.

Some hon. members: Nay.

The Speaker: In my opinion the yeas have it.

And five or more members having risen:

Government Orders

● (1830)

(The House divided on the motion, which was agreed to on the following division:)

(Division No. 198)

YEAS

Members

Aldag	Alghabra
Alleslev	Amos
Anandasangaree	Arseneault
Arya	Aubin
Ayoub	Badawey
Bagnell	Bains
Barsalou-Duval	Baylis
Beaulieu	Beech
Bennett	Bibeau
Bittle	Blaikie
Blair	Blaney (North Island—Powell River)
Boissonnault	Bossio
Boudrias	Boulerice
Boutin-Sweet	Bratina
Breton	Brison
Brosseau	Caesar-Chavannes
Cannings	Caron
Carr	Casey (Cumberland—Colchester)
Casey (Charlottetown)	Chagger
Chan	Chen
Choquette	Christopherson
Cormier	Cullen
Cuzner	Dabrusin
Damoff	Davies
DeCoursey	Dhaliwal
Di Iorio	Drouin
Dubé	Dubourg
Duclos	Duguid
Duncan (Etobicoke North)	Duncan (Edmonton Strathcona)
Dusseau	Duvall
Dzerowicz	Easter
Ehsassi	El-Khoury
Ellis	Erskine-Smith
Eyking	Eyolfson
Fergus	Fillmore
Finnigan	Fisher
Fonseca	Footo
Fortin	Fraser (West Nova)
Fraser (Central Nova)	Freeland
Fry	Gameau
Garrison	Gerretsen
Gill	Goldsmith-Jones
Goodale	Gould
Graham	Grewal
Hajdu	Hardcastle
Hardie	Harvey
Holland	Housefather
Hughes	Hussen
Hutchings	Iacono
Johns	Jolibois
Joly	Jordan
Jowhari	Kang
Khalid	Khera
Kwan	Lametti
Lamoureux	Lapointe
Lauzon (Argenteuil—La Petite-Nation)	Laverdière
Lebouthillier	Lefebvre
Lemieux	Leslie
Levitt	Lightbound
Lockhart	Longfield
Ludwig	MacGregor
MacKinnon (Gatineau)	Malcolmson
Maloney	Masse (Windsor West)
Massé (Avignon—La Mitis—Matane—Matapédia)	
Mathysen	
May (Saanich—Gulf Islands)	McCrimmon
McDonald	McGuinty
McKay	McKenna
McKinnon (Coquitlam—Port Coquitlam)	McLeod (Northwest Territories)
Mendès	Mendicino
Mihychuk	Miller (Ville-Marie—Le Sud-Ouest—Île-des-Soeurs)

Monsef	Morneau
Morrissey	Murray
Nantel	Nassif
Nault	O'Connell
Oliphant	Oliver
O'Regan	Ouellette
Paradis	Pauzé
Peterson	Petitpas Taylor
Philpott	Picard
Plamondon	Poissant
Quach	Qualtrough
Ramsey	Rankin
Ratansi	Rioux
Robillard	Rodriguez
Romanado	Rota
Rudd	Ruimy
Rusnak	Saganash
Sahota	Saini
Samson	Sangha
Sansoucy	Sarai
Scarpaleggia	Schieffe
Schulte	Serré
Sgro	Shanahan
Sheehan	Sidhu (Mission—Matsqui—Fraser Canyon)
Sidhu (Brampton South)	Sikand
Simms	Sohi
Sorbara	Spengemann
Ste-Marie	Stetski
Stewart	Tabbara
Tan	Tassi
Thériault	Tootoo
Trudel	Vandal
Vandenbeld	Vaughan
Virani	Weir
Whalen	Wilkinson
Wilson-Raybould	Wrzesnewskij
Young	Zahid — 214

NAYS

Members

Albas
Allison
Anderson
Barlow
Berthold
Block
Brassard
Calkins
Chong
Clement
Deltell
Doherty
Eginski
Finley
Généreux
Gladu
Gourde
Hoback
Kelly
Kitchen
Lake
Lebel
Lobb
MacKenzie
McLeod (Kamloops—Thompson—Cariboo)
Motz
Nicholson
O'Toole
Poilevre
Reid
Richards
Saroya
Shields
Sopuck
Strahl
Sweet
Van Kesteren
Viersen
Warkentin
Waugh
Wong

PAIRED

Nil

The Speaker: I declare the motion carried.

* * *

BUSINESS OF THE HOUSE

Hon. Bardish Chagger (Leader of the Government in the House of Commons and Minister of Small Business and Tourism, Lib.): Mr. Speaker, there have been consultations among the parties and I believe you would find agreement for the following motion. I move:

[*Translation*]

That, notwithstanding any Standing Order or usual practice of the House, the hours of sitting and the order of business of the House on Tuesday, February 21, 2017, shall be those of a Monday.

The Speaker: Does the hon. Leader of the Government in the House of Commons have the unanimous consent of the House to move the motion?

Some hon. members: Agreed.

The Speaker: The House has heard the terms of the motion. Is it the pleasure of the House to adopt the motion?

Some hon. members: Agreed.

(Motion agreed to)

[*English*]

The Speaker: It being 6:31 p.m., the House will now proceed to the consideration of private members' business as listed on today's Order Paper.

PRIVATE MEMBERS' BUSINESS

GENETIC NON-DISCRIMINATION ACT

The House proceeded to the consideration of Bill S-201, an act to prohibit and prevent genetic discrimination, as reported (with amendment) from the committee.

•(1835)

[*English*]

SPEAKER'S RULING

The Assistant Deputy Speake (Mr. Anthony Rota): There are eight motions in amendment standing on the Notice Paper for the report stage of Bill S-201. Motions Nos. 1 to 8 will be grouped for debate and voted upon according to voting patterns available at the table.

[*Translation*]

I will now put Motions Nos. 1 to 8 to the House.

[*English*]

MOTIONS IN AMENDMENT

Mr. Randy Boissonnault (Edmonton Centre, Lib.) moved:

Motion No. 1

That Bill S-201 be amended by deleting the short title.

Private Members' Business

Motion No. 2

That Bill S-201 be amended by deleting Clause 2.

Motion No. 3

That Bill S-201 be amended by deleting Clause 3.

Motion No. 4

That Bill S-201 be amended by deleting Clause 4.

Motion No. 5

That Bill S-201 be amended by deleting Clause 5.

Motion No. 6

That Bill S-201 be amended by deleting Clause 6.

Motion No. 7

That Bill S-201 be amended by deleting Clause 7.

Motion No. 8

That Bill S-201 be amended by deleting Clause 8.

He said: Mr. Speaker, I will use my time to address Bill S-201, an act to prohibit and prevent genetic discrimination, and the amendments that were tabled yesterday, which propose to delete clauses 1 through 8 of the bill.

I will begin by noting that the proposed amendments were neither the subject of discussion nor debate before the Standing Committee on Justice and Human Rights during its consideration of the bill. It is important to take this opportunity to address some critical concerns arising from the proposed legislation.

I will first clarify that I fully support the intent of Bill S-201, which is to protect Canadians from being discriminated against on the basis of their genetic characteristics. I agree wholeheartedly that no one should be singled out solely on the basis of a genetic predisposition to a particular disease or condition. That is why I believe fundamentally that the amendments to the Canadian Human Rights Act should remain in this bill as a matter falling squarely within the federal jurisdiction.

As all members of this House are aware, it is our duty as parliamentarians to ensure that we fundamentally respect the Constitution before passing any laws. Part of that duty means that we must remain vigilant of the constitutional division of powers between the federal Parliament and our provincial counterparts. In particular, clauses one through seven of Bill S-201, which would enact the genetic non-discrimination act, or GNDA, intrude into provincial jurisdiction over contracts and the provision of goods and services.

This is not about abstract or academic concerns, nor is it about solely co-operative and respectful federalism, which forms the bedrock of democracy in this country. This is a matter of our fundamental obligation, as members of Parliament, to ensure that legislation complies with our Constitution.

I share the concerns previously expressed by the government. Cabinet is certainly not alone in this view, as a number of the provinces have written to the government in opposition to the GNDA portion of Bill S-201. I will return to these letters shortly, but first I will offer some background on the constitutional responsibilities we have with respect to our provincial partners.

Private Members' Business

[Translation]

The Constitution Act of Canada calls for a separation of powers between the federal Parliament and the provincial and territorial legislative assemblies by theme. Based on these shared jurisdictions, the Parliament of Canada can only legislate on the powers included in the Constitution and residual powers, while provincial legislatures have their own areas of jurisdiction.

• (1840)

[English]

To determine whether the federal legislation respects this division of powers, the courts look to whether the law's "pith and substance", what the law is really about, relates to a federal area of power.

[Translation]

The act to prohibit and prevent genetic discrimination prohibits any person from requiring an individual to undergo a genetic test or disclose the results of a genetic test as a condition of offering or maintaining specific conditions in a contract or agreement, and of providing goods or services.

When we look at this context, it is clear that the legislation in question, in its wording and substance, regulates contracts and the provision of goods and services. These things fall fully under provincial legislative jurisdictions over property and civil rights.

[English]

The Constitution engages concerns that are bigger than any one piece of legislation, no matter how laudable its intent. As written, the GNDA impedes on a critical set of powers which belongs exclusively to the provinces.

[Translation]

I will now focus my attention to the responses from the provincial governments. Over the past few weeks, our government has received a series of letters from the provinces of Quebec, British Columbia, and Manitoba on the matter of Bill S-201. Every one of these letters suggest that the act to prohibit and prevent genetic discrimination would encroach on an exclusively provincial jurisdiction.

In one letter co-signed by three Quebec ministers, the Hon. Stéphanie Vallée, minister of justice and attorney general of Quebec, the Hon. Carlos Leitão, minister of finance, and the Hon. Jean-Marc Fournier, minister responsible for Canadian relations and the Canadian francophonie, opposed the act to prohibit and prevent genetic discrimination.

They said that by virtue of the subject matter of the bill, it constitutes a clear intrusion in exclusively provincial jurisdictions. They add that the regulation of contracts and the provision of goods and services are in fact matters that fall under provincial jurisdiction. They say that, like us, they refer to the jurisdiction of the provinces and the Supreme Court's position in Reference re Assisted Human Reproduction Act, whereby the extent of Parliament's power to legislate criminal law must not upset the balance of the division of powers.

The ministers concluded by suggesting that there should be a more collaborative and respectful approach to the federal-provincial

division of powers in order to address the issue of genetic discrimination.

[English]

Next is a letter from the Hon. Cameron Friesen, the Minister of Finance in Manitoba. Minister Friesen expresses similar concerns to those of his Quebec colleagues, stating, "We have consulted with other governments and among my staff, and we agree that there is considerable potential for this act to stray into areas of provincial jurisdiction over insurance. As you might expect, provinces are not inclined to relinquish our constitutional authority, and certainly not without discussion. Provinces will likely be forced to seek judicial review on the validity of this legislation if it receives royal assent."

Minister Friesen also draws attention to the broader policy discussion regarding disclosure of genetic information that ought to occur between the federal and provincial governments before comprehensive legislation is passed.

The third letter comes from the Hon. Suzanne Anton, the Minister of Justice and Attorney General of British Columbia. Minister Anton begins by noting that the B.C. government is "very supportive" of the intention behind Bill S-201. She underscores her government's commitment to the protection of basic human rights, and raises significant concerns with Bill S-201.

Minister Anton states, "However, we share the view...that the proposed Act may go beyond Parliament's legislative jurisdiction. In fact, we would identify the following considerations relative to the issues raised by this Bill: 1...the proposed Bill has the potential to encroach in a number of areas of provincial jurisdiction, and as such, would benefit from a more comprehensive review and amendment prior to passage; and 2. Proportionality: In reviewing the potential consequences for an act of prohibited discrimination under the Bill relative to a comparable discrimination under human rights legislation, it appears that the consequences of this Bill would be significantly greater and arguably disproportionate relative to the consequences of actual discrimination." The minister concludes by stating that as a result of these concerns, the Government of British Columbia opposes Bill S-201 in its current form.

In reviewing these letters, there is no doubt that as a government we are running the risk of provoking and impeding upon the jurisdiction of our provincial partners. That is why we have proposed the deletion of clauses 1 through 7 of Bill S-201. It is not because of disagreement with the stated goal of the bill. In fact, the contrary is true. It is because of a sincere belief in upholding the fundamental balance of federalism, without which our country cannot function. This issue is too important to not get right.

In my remaining time, I will briefly address reasons for proposing the deletion of clause 8 of Bill S-201, which contains the amendments to the Canada Labour Code, CLC. Employment-related discrimination in Canada is typically addressed by human rights legislation like the Canadian Human Rights Act, not by labour legislation. There is concern about singling out one specific form of discrimination for protection in the CLC, and about establishing a separate complaints mechanism under the CLC that would only consider complaints of genetic discrimination. By amending both the CLC and the Canadian Human Rights Act, we would be creating two parallel and overlapping avenues for redress. This would be confusing for employers and employees, and could result in conflicting decisions and an inefficient use of public resources. In Canada, addressing discrimination falls squarely under the purview of the Canadian Human Rights Commission, and that is where it must remain.

Bill S-201 also departs from the traditional and respectful approach to labour law reform, which involves consultation and consensus building between employers, labour unions, and the federal government. For these reasons, clause 8 of this bill should be deleted.

While recognizing the tremendous work that has gone into the development of Bill S-201, only the amendments to the Canadian Human Rights Act should be supported by the House.

In closing, I wish to emphasize that all Canadians should be protected from genetic discrimination, a matter that requires ongoing co-operation between federal and provincial governments. Such important intergovernmental co-operation must and will continue to protect the rights of all Canadians.

• (1845)

Hon. Rob Nicholson (Niagara Falls, CPC): Mr. Speaker, I am very surprised, quite frankly, at the comments by my colleague.

When this was before committee, those who testified generally agreed that it was within the Constitution of this country. We heard evidence completely on that. The hon. member said he is completely supportive of all the efforts behind this, but when the bill has been gutted, that gets called into question. I am very disappointed on that, quite frankly. I would have been interested in hearing what they heard from the Province of Ontario. I am sure, when those members were out soliciting legal opinions, the Province of Ontario told them it was okay. Did it? I can imagine that is what it said.

Despite that, I am pleased to support this bill because it is important. It would prohibit requiring any individual to take a genetic test or to disclose the results of that genetic test.

The time has come for us to do something about genetic discrimination. It can take many forms, all of which are unjust and feed the Orwellian mentality, which can be destructive to the welfare of a free and open society.

Genetic testing is routinely used as a tool for medical diagnosis, which is a positive thing. As the science of genetic testing has evolved into a multi-billion dollar industry, so too has the possible misuse of this information in ways that are contrary to patients' best interests. Canada, unlike most other western nations, has not kept pace with the rapid growth of the genetic field and thus has no laws

Private Members' Business

provincially or federally that protect Canadians from having their own genetic information used against them.

This bill would ensure that Canadians are fully protected against employers or insurance companies that would deny employment or ensure coverage.

Studies indicate that there are also grave social consequences to the misuse of genetic testing. It is a dangerous precedent, as certain groups may encounter discrimination based on their race. For instance, people could be evaluated not on the basis of their merit and abilities, but on predictions of future health and/or their performance based on ethnicity. For instance, in the United States, African Americans statistically do not live as long as Americans of European descent, even when there are no socio-economic factors present. Scientists have also discovered that Jewish people can have a propensity for Huntington's disease. They too could be denied insurance.

Increasingly, and rightly so, patients are reluctant to agree to have their medical genetic testing done for fear the results may be used against them, thereby putting their own health at risk even when such testing might prevent disease and give the patient the opportunity to adopt lifestyle choices to avoid medical complications.

Recently, *The Globe and Mail* reported on a case of a 24-year-old professional who was dismissed after sharing with his employer that he had tested positive for Huntington's disease, although his symptoms would not manifest for approximately 20 years. Canada is the only G7 nation not to have protections in place for citizens like him.

Currently, there are 38,000 genome tests that can be done, and that number is growing exponentially, daily indeed. Canada has not kept pace with the science, and it is imperative that we do so now. It is our duty.

Bill S-201 would prohibit service providers from demanding or requiring a person to disclose past results of genetic testing in order to exercise prejudice. Insurance companies and employers are not the only ones in this area that can be affected by forced disclosure.

If we do not pass this bill, it will become exponentially harder to pass in the future, in my opinion, but it would do the right thing in protecting people from possible discrimination.

We have to get involved with this. There are legal opinions. The bill fits perfectly within federal jurisdiction. I am sure the hon. member and others in the government in their solicitations were looking for reasons to defeat this legislation. As I pointed out to them, the provincial jurisdiction with the largest justice department in Canada happens to be in Ontario. What did Ontario say? Ontario said it is okay with this. It does not have any particular objections to this bill.

This is an opportunity for all members of Parliament, regardless of which political party they are a part of, to stand up and do the right thing. I hope this gets passed by all members of the House.

Private Members' Business

• (1850)

Mr. Alistair MacGregor (Cowichan—Malahat—Langford, NDP): Mr. Speaker, it is an honour to stand here and add my voice in strong support of Bill S-201, an act to prohibit and prevent genetic discrimination.

I want to recognize the hard work of Senator James Cowan, recently retired, who has been shepherding this legislation in one form or another for several years now. In light of his retirement, it would be a tremendous gesture on the part of the House to honour his work on this legislation and pass the bill without amendments.

I also want to acknowledge the hard work of the member for Don Valley West who has sponsored this bill in the House of Commons and has provided convincing and sustained arguments for its passage every step of the way.

Finally, I want to thank my colleagues on the Standing Committee of Justice and Human Rights who I worked with on this bill through five meetings. I especially want to thank my Liberal colleagues on that committee for having the courage to stand up against the wishes of their government and help pass the bill through the committee without any significant changes.

I support the need to protect Canadians from genetic discrimination through strong federal legislation. We believe all Canadians should be afforded the best health care possible, and genetic testing is increasingly part of health care prevention. Accordingly Canadians should have a right to know their genetic characteristics without fear of discrimination by employers or insurance companies.

Indeed, with few exceptions, the vast majority of witnesses said that the passage of the bill with all of its main clauses intact was vital to protect against genetic discrimination. My Liberal colleagues on the committee did well to listen to the evidence during the clause-by-clause consideration of the bill to pass it in its present form.

There are three main pillars to Bill S-201, which my colleague for Don Valley West refers to as the three legs of a stool, all are necessary to keep the stool from falling over.

First, the bill would enact a new genetic non-discrimination act to prohibit any person from requiring an individual to undergo a genetic test or disclose the results of that test as a condition of the following: either providing goods or services to an individual, or entering into and continuing a contract or agreement with that individual. These changes are detailed through clauses 1 through 7 of the bill.

Second, the bill would amend part III of the Canada Labour Code to protect employees from being required to undergo or disclose the results of a genetic test and would provide employees with other protections related to genetic testing and test results. These changes are detailed in clause 8 of the bill.

Finally, the bill would amend the Canadian Human Rights Act to prohibit discrimination on the grounds of genetic characteristics. That is part of clause 9.

I want to make it very clear for all hon. members that the bill must pass with all of these provisions in place in order to make it effective.

During the witness testimony, we heard from a variety of witnesses. We had the Canadian Human Rights Commission, the Centre for Israel and Jewish Affairs, the Canadian Coalition for Genetic Fairness, the Canadian Association of Genetic Counsellors, the Canadian Medical Association, and the Canadian College of Medical Geneticists. We had several constitutional experts, including Bruce Ryder, Peter Hogg, Hugo Cyr, and Pierre Thibault. We also heard from the Canadian Institute of Actuaries, and had moving testimony by Dr. Ronald Cohn, the pediatrician and chief at the Hospital for Sick Children.

In particular, there are a few examples of the testimony that I want to include in my limited time.

Representatives from the Canadian Human Rights Commission have testified that if this bill were amended to contain only the clause to amend the Canadian Human Rights Act, we could not responsibly tell Canadians that they could feel free to have genetic testing without the fear of genetic discrimination. In fact, Ms. Marie-Claude Landry, none other than the chief commissioner of the Canadian Human Rights Commission, underlined this when she stated, "While changing the Canadian Human Rights Act will be a positive step for human rights, it cannot address all the concerns surrounding genetic discrimination."

Dr. Ronald Cohn gave particularly moving testimony at the committee about young children whose conditions required genetic testing for diagnosis, but whose families felt they could not consent to the testing for fear of genetic discrimination. Without the testing, he could not properly treat these very sick children.

• (1855)

Dr. Cohn and over 100 genetic scientists, medical doctors, genetic councillors from universities across Canada wrote to the Prime Minister in November of last year and urged him to retain all of the key provisions of the bill as it was passed by the Senate.

The committee also heard captivating testimony from the Canadian Medical Association, the Canadian Association of Genetic Counsellors, and the Canadian College of Medical Geneticists about the medical promise of genetic testing and the revolution in medicine it presented. However, the full potential of genetic testing will not be realized if people are legitimately worried about discrimination.

I want to turn to the constitutional issues. I see that the member for Edmonton Centre, who has recently joined us on the justice committee, has moved several report stage amendments to Bill S-201. His motions call for the deletion of clauses 1 through 8, which will effectively gut the bill and turn it into nothing less than a paper tiger when it comes to protecting Canadians against genetic discrimination.

The deletion of these clauses will leave the bill with nothing more than an amendment to the Canadian Human Rights Act, which will give Canadians a false sense of security that they will not be discriminated against because of genetic testing. I pointed to this fact earlier in my speech from the testimony of the commissioner of that commission.

Private Members' Business

I have respect for the member for Edmonton Centre, but this action on his part makes me more than a little angry. These amendments flagrantly ignore the recommendations of the committee and they are an insult to the witness testimony and the hard work of that committee.

One of the main concerns of the legislation was the constitutionality of the proposed genetic non-discrimination act. In fact, the minister in a letter to the justice committee, dated November 17, 2016, outlined the government's concerns with the aforementioned clauses. She felt that it intruded into the provincial jurisdiction over the regulation of contracts and services.

Our committee consulted with a variety of constitutional experts, one of whom was none other than the great Professor Peter Hogg. He is probably the most consulted constitutional scholar in Canada. These eminent scholars clearly held the view that the prohibitions listed in the first clauses of the bill were a clearly justified use of the federal criminal law power.

In previous rulings, the Supreme Court of Canada has held that a valid criminal law power requires (1) a prohibition; (2) a penalty, and (3) a criminal law purpose such as peace, order, security, morality, and health. Federal criminal law power against a public health evil relies on the fact that it is directed against human conduct that has a injurious or undesirable effect on members of the public.

The Chief Justice of the Supreme Court has stated that “acts or conduct that have an injurious or undesirable effect on public health constitute public health evils that may properly be targeted by the criminal law”.

Discrimination based on genetic testing does have an injurious and undesirable effect on public health. When people are too afraid to go for genetic testing because of the fears of discrimination, this does not allow physicians to do their job properly. Taking a test that could help someone's life should not be a calculated risk.

I ask all hon. members in the House, especially my Liberal colleagues across the way, to please summon the courage to do what is right, support the bill without these amendments, listen to the hard work that the committee did, and let us do something right for Canada. Let us get rid of these amendments and pass the bill as it was passed by the Senate.

● (1900)

Mr. Robert Oliphant (Don Valley West, Lib.): Mr. Speaker, I want to begin my remarks today echoing the previous speaker, who was thankful for the tremendous work of the recently retired Senator James Cowan, who put his heart and his soul, his head, and his hard work into getting this bill to us today.

I also thank the members of the Senate human rights committee who spent hours getting the bill right so that it could pass there unanimously and get to this, the other place, in their words.

I thank the patients and the doctors, the parents and researchers, the advocates, legal scholars, the many health groups, and the Centre for Israel and Jewish Affairs that persisted in making sure that this bill passed at second reading and got to the Standing Committee on Justice and Human Rights, so ably chaired by the member for Mount Royal.

I thank all the members of that committee, and also the former justice minister and the member for Cowichan—Malahat—Langford, both for their remarks and for their work on the committee; and the whole committee for sending it back to this House unchanged so that we could consider it, pass it, and start making a difference in the lives of Canadians this very day. It is a rare opportunity that we in this House can actually pass a bill that will change the lives of millions of Canadians and change it for the better for sure.

Unfortunately the amendments presented by the member for Edmonton Centre would essentially gut this bill. If they are passed, they would rob it of its ability to help all Canadians and limit its effect to very few. For me, the bill as it stands right now is the only way to ensure that all Canadians, regardless of where they live, where they work, where they receive health care; and where they may face discrimination in family law, labour law, or with respect to the provision of any good or service, will not be discriminated against because of their genetic characteristics. This is a bold law. It is a 21st century law designed to combat a 21st century problem new to us since the discovery of the human genome. The proposed amendments would, as I said, make the protection envisioned in this bill so narrow and so small as to make it impotent in the face of a problem that any Canadian could be challenged with. Unfortunately, the member for Edmonton Centre is new to the justice committee. He did not have the advantage of being part of it when, after very careful consideration, the committee chose to return the bill to this House with full and complete support for every one of its clauses.

The committee considered the medical necessity of the bill, the horrendous choices faced by adults and particularly parents of young children who have to decide whether to undergo a genetic test in the face of possible discrimination. The committee members saw the social evil of failing to protect every Canadian, ensuring that we all get the best health care possible. They also considered the jurisdictional questions, and came to an all-party conclusion. I am so happy to have brought together the NDP and the Conservatives. It does not happen often enough, but it is Valentine's Day and I am sensing some love there. This is an all-party conclusion that it is indeed within the right and the responsibility of the federal government to enact this bill.

Legal scholars appearing before the committee did not all agree, but the majority said without hesitation that they believe it is within our powers, the powers of everyone here, to pass this bill. The committee considered the concerns of the insurance industry and its fears that rates for life insurance would go up if the bill passes. The committee, however, also learned from the Privacy Commissioner, who undertook two studies and determined that “the impact of a ban on the use of genetic information by the life and health insurance industry would not have a significant impact on insurers and the efficient operation of insurance markets.”

The justice committee could have chosen to vote down each of the eight clauses that are proposed to be deleted, but it did not. The members of the committee chose to protect the integrity of all three aspects of this bill, what I have referred to as a three-legged stool, and they did that after very careful consideration of all the evidence.

Private Members' Business

Now the government is proposing to delete almost every section of the bill, including the title. How could it have reached such a different conclusion than those of our colleagues on the justice committee? The arguments that they heard at committee were different. We have heard that the argument the government has is jurisdictional, but according to Professors Bruce Ryder of Osgoode Hall; Pierre Thibault of the University of Ottawa; and the most distinguished constitutional scholar in our country, Peter Hogg, who has been cited over 1,000 times in Canadian courts including the Supreme Court of Canada, Bill S-201 is a valid constitutional exercise of federal criminal law power.

● (1905)

The Supreme Court of Canada has repeatedly emphasized that the criminal law power is very broad and can apply to areas that would normally be under provincial jurisdiction, especially to counter social evil.

There are many examples of the Supreme Court, which has upheld this doctrine for food and drugs, tobacco, firearms, security training, assisted human reproduction, and more.

Is genetic discrimination a social evil?

Just ask the parents who go to Toronto's SickKids hospital. Just ask them what it is like when, as Dr. Ronald Cohn has said, parents of very sick children have been paralyzed by the fear of genetic discrimination. If a fear of discrimination is so great that it prevents a parent from having their child receive a genetic test that could save their life, is that not a social evil? This is not anecdotal. The CMA told committee that it, "strongly supports the enactment of Bill S-201 in its entirety.... Canadians deserve to have access to the best possible health care without fear of genetic discrimination".

Peter Hogg said, "The only conceivable purpose of [the bill] is to prohibit and prevent what Parliament would regard as the evil of genetic discrimination".

To sum up, the Canadian Human Rights Act changes are simply not sufficient to do the job at hand. That is the only part the government would save. The act only applies to sectors and industries within federal jurisdiction.

Amending the Human Rights Act would be of little, or even of no, assistance to most Canadians who encounter or fear genetic discrimination. In fact, it could be dangerous. People could have the false assumption they are being protected, but could lose their job, could lose in a family law case, could lose benefits, could be denied insurance, or anything else that we assume should be protected under Canadian law.

Canadians want strong laws to protect their rights. They want to ensure that the federal government is taking action to protect them. The government claims that federal action alone cannot ensure the protections that stakeholders are calling for.

I support the call for additional provincial legislation, but almost every witness that the committee heard from told them that strong federal action is absolutely necessary. The federal Parliament can take action and can do so while respecting our Constitution. That is our job.

I ask members of this House to defeat these amendments, pass the bill as it stands, make a difference in the lives of Canadians, and ensure that all Canadians have the health care they deserve.

Mr. Michael Cooper (St. Albert—Edmonton, CPC): Mr. Speaker, I rise this evening in strong support of Bill S-201, an act to prohibit and prevent genetic discrimination, and in strong opposition to the amendments brought forward by the hon. member for Edmonton Centre and the Parliamentary Secretary to the Minister of Justice and Attorney General of Canada, which would have the effect of gutting this important piece of legislation.

At the outset, echoing the comments from the hon. member for Don Valley West, I want to acknowledge the tremendous work of Senator James Cowan, who recently retired after serving in the other place for 12 years with distinction. I also want to acknowledge the hon. member for Don Valley West for his tireless advocacy on this important issue.

The hon. members for Cowichan—Malahat—Langford, Niagara Falls, and Don Valley West very ably set forward the arguments that were heard before the justice committee in great detail about the constitutionality of Bill S-201. Simply put, it is not in question. The constitutionality of Bill S-201 is clear, and I do not intend to elaborate any further on that point. However, I want to talk about why Bill S-201 is a good bill, and why it is so important that we see this legislation passed, and why we stand up against the government's effort to gut the bill.

In recent years we have seen a tremendous transformation in medicine as a result of genetic testing. As recently as three years ago, there were some 2,000 genetic tests. Today, there are more than 48,000 genetic tests. That number continues to rise each and every day.

Advances in genetic knowledge and technologies and their resulting applications present tremendous opportunities in medicine. Information from genetic testing can help patients seek early treatment and modify lifestyle choices, to minimize the impact of a genetic mutation. Genetic testing guides the selection of pharmacological therapies. Genetic testing can help prevent disease and illness. With early detection and treatment, genetic testing can save lives.

While there have been tremendous advancements in genetic testing and in genetic medicine, absent robust safeguards, genetic information can be misused and abused. As a member of the Standing Committee on Justice and Human Rights, I along with the members of the committee heard very clear evidence that genetic discrimination occurs in Canada. We heard evidence of genetic discrimination in the provision of insurance, evidence of genetic discrimination in the area of employment, and evidence of genetic discrimination in housing, among other areas.

Private Members' Business

We heard evidence of a young mother who had her life insurance policy rescinded because she told her insurer that her mother had been diagnosed with breast cancer and that her mother had a BRCA mutation. We heard evidence of a young man who lost his position of employment because he told his employer that he had a genetic mutation. We heard evidence of a landlord who required that tenants provide medical information, including genetic information, failing which they would lose housing privileges.

We heard evidence from Dr. Cohn, the chief pediatrician at Toronto's Sick Kids Hospital, who gave compelling evidence of parents, literally with tears in their eyes, refusing to have their children undergo genetic testing, even though that testing was the best way forward in terms of identifying the right treatments for those children, all because they feared genetic discrimination.

● (1910)

Despite the fact that genetic testing is real, when it happens in Canada, there are literally no safeguards. There are no laws on the books to protect Canadians from genetic discrimination. Consequently, Canadians are faced with two choices. They can either undergo genetic testing and face the risk that they will experience some form of genetic discrimination, or they can forego genetic testing, foregoing an opportunity for early detection, early treatment, and the potential to save their lives. That is a choice that no Canadian should have to face.

Bill S-201 closes the legislative vacuum by doing three key things. The hon. member for Don Valley West has referred to the bill as a three-legged stool. What the government is doing is removing two critical legs of that stool.

As a result of the amendments being brought forward, the government would be gutting a section of Bill S-201 that would amend the Canada Labour Code to establish a complaints process for federally regulated employees to bring forward complaints about genetic discrimination by their employers.

The government is leaving intact the amendment to the Canadian Human Rights Act, which would establish and expressly incorporate into the Canadian Human Rights Act that genetic characteristics constitute a prohibited ground of discrimination. That part of Bill S-201 is an important component of the bill in terms of updating Canada's human rights laws and making it absolutely clear that genetic discrimination is unacceptable and clearly constitutes a prohibited ground of discrimination under the Canadian Human Rights Act. However, make no mistake, the burden falls on the complainant to advance a Canadian Human Rights Act complaint.

That is why the most important section, which is being gutted by the government, would prohibit someone who is providing a service or entering into a contract with another person from requiring someone to take a genetic test or to provide genetic test information. Further, it would prevent someone from sharing the genetic information of an individual without their consent. It is that part of the legislation that is so critical. That part of the legislation would give Bill S-201 teeth. It is that part of the bill, the essence of the bill, that is, shamefully, being gutted by the government.

Bill S-201 is comprehensive. It is robust. If it is passed, and the government's amendments are rejected, Canada would go from

having no laws, being the only country in the G7 without laws to protect Canadians from genetic discrimination, to having some of the strongest and most robust anti-genetic discrimination laws in the world. Let us pass Bill S-201, and let us reject the amendment brought forward by the government.

● (1915)

Mr. Anthony Housefather (Mount Royal, Lib.): Mr. Speaker, I rise today in very strong support of the bill as reported back by the Standing Committee on Justice and Human Rights, which I chair.

I rise today in fervent opposition to the amendments brought forward by the member for Edmonton Centre. When the member for Edmonton Centre put forward these amendments, he stated that they had not been considered by the Standing Committee on Justice and Human Rights, which is true. They had not been considered because they would have been non-receivable at committee.

One does not move at committee to strike a clause. One votes against the clause when it is before the committee. Members of the Liberal Party, the Conservative Party, and the NDP on the committee heard the evidence and all of them decided to vote in favour of those clauses, thus rejecting the proposed amendments being put forward by the member for Edmonton Centre. I can only say that I hope the House considers the hard work done by the committee and the testimony of the witnesses who appeared before committee who told us how important this legislation is.

Do members know that 12% of Canadian women will one day be diagnosed with breast cancer? That sounds horrible, but if a woman has the BRCA1 mutation, she has a 65% chance of developing breast cancer by the age of 70. If a woman has the BRCA2 mutation, she has a 45% chance of developing breast cancer by the age of 70. There is also more than a 30% increase in the chance of ovarian cancer. These are dangerous things.

Imagine, if we can, that a 35-year-old woman's 40-year-old sister was just diagnosed with breast cancer and told that she has the BRCA1 gene. There is a history in their family of breast cancer. Their grandmother died of it, and so did their aunt. They are of Ashkenazi Jewish descent, which means they have a one in 40 chance of having this mutation, as opposed to a one in 800 chance in the general population.

There is a test available, easily accessible, to determine whether a woman has the BRCA mutation. It would stand to reason, would it not, that a woman would have this test done. After all, if she found out she was negative, she would breathe a huge sigh of relief, and if she found out she was positive, she could take preventive action. She could get enhanced screening. She could go on the birth control pill, which reduces the chance of developing breast cancer. Alternatively, she could have a radical mastectomy, which drastically reduces a woman's risk of getting breast cancer. There are other types of surgery as well.

Private Members' Business

It would stand to reason that it would be an easy decision, but in Canada, the decision is not so easy. The Standing Committee on Justice and Human Rights and the Senate committee before it heard testimony from people in this situation who chose not to have the screening. Among the reasons was that if a woman was looking for a job, she was afraid that a future employer would not hire her if she disclosed the result of this genetic test. A woman may have young children and be worried she would not get life insurance, disability or long-term care insurance or the insurers would charge her prohibitive rates which she could not pay. Women would worry knowing they have this gene merely because of discrimination, not only for them but close family members, perhaps their children.

Canadians should never have to worry about a decision that could save their lives. Medical professionals who testified before the justice committee said that a significant number of people in this situation refuse to be tested, like the 35-year-old woman I just described in getting a job, getting insurance, and then dying of breast cancer at age 40 because she was not screened for the gene and did not take preventive measures.

People should not die in Canada because they are afraid to take a genetic test. This does not happen in other countries. Laws exist to prohibit genetic discrimination in most of the western world. Criminal sanctions exist to prevent this in France, Austria, Germany, Norway, and Israel, among other countries.

The law before us seeks to amend the Canadian Human Rights Act and the Canada Labour Code, and to attach criminal penalties to require someone to submit to a genetic test or disclose results of a genetic test. The goal here needs to be to protect people across the country. The amendments to the Canadian Human Rights Act that the government supports are very nice, but they only apply to federal matters. This would leave the vast majority of Canadians unprotected. We need to be able to reassure Canadians from coast to coast to coast that they should not be afraid to get genetic testing for diagnostic or predictive reasons.

In order to prevent the social evil of genetic discrimination, we need to make use of Parliament's criminal law powers. Protecting people here is not an insignificant issue. As of November 2014, there were over 24,000 tests for over 5,000 conditions, and these are increasing exponentially.

● (1920)

Genetic tests will allow Canadians to live longer and healthier lives. Of all the witnesses that came before our committee, the vast majority were in favour of the law: medical associations, genetic associations, the Privacy Commissioner, and the Chief Commissioner of the Canadian Human Rights Commission. The only ones who disapproved were the insurance industry and the actuaries. Yet they have known about this concern for years and have done nothing to help resolve it.

Those who vote to defeat the amendments and support the law as drafted will be doing the right thing when it comes to policy.

Of course, the government has raised a separate issue that I want to deal with. It argues that the law is unconstitutional, as it seeks to regulate contracts and insurance companies, which fall under provincial jurisdiction. This position has been refuted by the

majority of experts who testified before both the Senate and House committees, which included such luminaries as Bruce Ryder, Pierre Thibault, and Canada's foremost constitutional expert, Peter Hogg, who has been cited in over 1,000 court decisions.

Federal criminal law power falls under section 91(27) of the Constitution Act of 1867. The leading case to define the criminal law power was the *Margarine* reference of 1949. In that case, Justice Rand, of the Supreme Court of Canada, said that a law passed using Parliament's criminal law powers has to have as its dominant characteristic the putting in place of prohibitions coupled with penalties for a criminal public purpose, such as preserving peace, order, or security, or promoting health or morality. The court, importantly, recognized that social evils change over time and that Parliament has to be able to deal with them under the criminal law power.

In fact, over the last several decades, the court has emphasized that this is the broadest and most flexible of Parliament's powers, and we have used it in such varied areas as the Food and Drugs Act, the Tobacco Act, the Canadian Environmental Protection Act, and securities legislation. In the Assisted Human Reproduction Act reference several years ago, the court upheld very similar provisions criminalizing cloning or payment to surrogates.

I want to say that I saw the letter from the Province of Quebec, which cites only this one case to say that it may be unconstitutional, when in fact, that very reference came to exactly the opposite conclusion where the criminal law powers were upheld.

It is clear to me that the pith and substance of this law is to prevent the evils of genetic discrimination and not to regulate the insurance industry, which is not even referenced in the bill.

I want to cite Peter Hogg's brief, where he states:

A valid criminal law involves three elements: (1) a prohibition, (2) a penalty, and (3) a typically criminal purpose. In the proposed Genetic Non-Discrimination Act, all three ingredients are present. There is a prohibition of genetic discrimination, a penalty for breach of the provision, and the only purpose is to prohibit and prevent the evil of genetic discrimination.

Mr. Hogg concludes: "I agree completely...that the proposed law would be a valid exercise of Parliament's criminal-law power".

When there is a dispute or debate about constitutionality related to criminal law in Canada, I would prefer to cite Peter Hogg over anyone else.

In conclusion, I strongly support the bill. I think it is right when it comes to policy. I think it is right when it comes to the question of federal-provincial relationships. Someone needs to take the lead in this country to prevent genetic discrimination. Let it be this Parliament.

*Adjournment Proceedings***ADJOURNMENT PROCEEDINGS**

•(1925)

Ms. Jennifer O'Connell (Pickering—Uxbridge, Lib.): Mr. Speaker, I rise today to speak to Bill S-201, an act to prohibit and prevent genetic discrimination. Many of my comments will be similar to those members have heard today, but I thought it important to add my voice to this debate.

I want to thank the hon. member for Don Valley West for sponsoring the bill in the House and for his important work and advocacy on this issue.

The study of genetics is a complicated one. In my conversations with stakeholders and constituents, it was fascinating to learn about a field that remains a mystery for many Canadians.

A genetic test, according to the federal medical devices regulations, is a test that analyzes DNA, RNA, or chromosomes for the purpose of prediction of disease or vertical transmission risks, or monitoring diagnosis or prognosis.

In Canadian health care institutions, tens of thousands of genetic tests are conducted each year to diagnose disease, guide treatment, inform reproductive planning, and to test for influences and drug responses. As of this moment, if a Canadian has a genetic test, there is no law, federal or provincial, that provides protection against a third party demanding and attaining access to those test results.

Bill S-201, if passed, will provide much needed protection for Canadians against discrimination on the basis of genetic tests or characteristics. It will do so by, among other measures, prohibiting the collection, use, or disclosure of genetic test results without prior consent. It will also add genetic characteristics to the list of prohibited grounds of discrimination under the Canadian Human Rights Act.

The bill, if not amended, would also provide employees with the right to refuse undergoing genetic testing and/or disclosing the test results to their employer. Employers would also be prevented from dismissing or retaliating against an employee for exercising those rights.

If our government is committed to protecting Canadians from the possible misuse of their genetic information, then this bill is an important step toward helping prevent genetic discrimination, while safeguarding their privacy. The fact is that as genetic testing technologies become more accessible and sophisticated, access to online genetic information has become widespread. Protecting Canadians from genetic discrimination is a pressing issue now more than ever, as genetic testing for both diagnostic and predictive purposes has become a normal part of medical practice.

Factors such as family history or one's ethnicity can increase the chances of certain genetic mutations. Genetic testing can quite literally save lives as it allows Canadians who suspect they might be of high risk to take preventative action.

•(1930)

[Translation]

The Assistant Deputy Speaker (Mr. Anthony Rota): The time provided for the consideration of private members' business has now expired, and the order is dropped to the bottom of the order of precedence on the Order Paper.

A motion to adjourn the House under Standing Order 38 deemed to have been moved.

[Translation]

THE ECONOMY

Mr. Gérard Deltell (Louis-Saint-Laurent, CPC): Mr. Speaker, I am very pleased to rise this evening. You have a worried Canadian before you today. I am worried about the future of this country's economy, and I am especially worried about the debt that my children, grandchildren, and great-grandchildren will have to pay one day.

Right before Christmas, on December 23, the Minister of Finance tabled a very troubling document, which indicated that, if nothing changes, Canada is headed toward a \$1.5-trillion debt by 2050, and, if nothing changes, we would only return to a balanced budget by 2055. The government was so proud of this document that it only released it a few hours before Christmas. Even worse, it was kept from Canadians for 10 weeks.

If I should have the good fortune one day of becoming a minister and a member of cabinet, and I have a document that is to my advantage, I will quickly release it. However, if it is not to my advantage, I will put it in my desk and try to forget about it. That is what the government tried to do when it sat on the document for 10 weeks.

When we were in government just barely 16 months ago, we left the house in order. We had a \$2.9-billion surplus, the best debt-to-GDP ratio of the G7, and the lowest tax burden for Canadians in 50 years. That is our record.

The Liberals got elected by promising small deficits of \$10 billion for three years, but we now know that these deficits are likely to be three times higher than that. The Liberals also promised to balance the budget in 2019. However, the Department of Finance has shown that the Liberals are going to miss their target by 36 years. Any lowly accountant working for a small business who was off by 36 years would be quickly shown the door. Let us hope that Canadians will do the same two and a half years from now.

The Liberals also promised revenue-neutral tax changes. That is untrue. The changes they proposed are going to cost \$1.8 billion more than the taxes we are asking Canadians to pay. In addition, 65% of Canadian workers are not affected by this government's so-called extraordinary tax changes.

Humble people who earn \$45,000 a year or less will not see any changes to their taxes. Those who earn \$65,000 a year will see a little more money in their pockets, namely \$2.50 a week. That is not exactly an extraordinary tax change. In fact, those who will benefit the most from these tax changes are Canadians who earn between \$145,000 and \$200,000 a year. That is hardly the middle class.

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The same goes for money for children. Again today, the minister very proudly stated that this generosity toward Canadian children was unprecedented. The Liberals can certainly afford to be generous. They are giving away money they do not even have. It is easy to give away money one does not have. That is known as a deficit or a debt, but what it really is is bad management.

The government is also going after businesses by imposing the Liberal carbon tax, hiking their Canada pension plan outlays, maintaining the high business tax rate despite pledging to reduce it to 9%, and moving to eliminate business tax credits.

As a Canadian, I am very worried because the government's spending appears to be completely out of control. Fifteen times now, I have asked the government when it will balance the budget, but it has never been able to answer me. I rise in the House every day to ask which tax credits it is planning to cut next, but it cannot tell us. Things are being kept hidden that should be brought to light.

• (1935)

Hon. Ginette Petitpas Taylor (Parliamentary Secretary to the Minister of Finance, Lib.): Mr. Speaker, our government is making careful and necessary investments to ensure sustainable economic growth, in order to benefit the middle class and those working hard to join it. Our approach has been recognized around the world, by the IMF, among others.

We must ensure that the benefits of growth are shared on a large scale. That is the only way to go. That is why we have taken a number of significant measures to strengthen the middle class.

We have increased support for families by lowering taxes for the middle class and implementing the more generous and better targeted Canada child benefit. We have also worked with the provinces and territories on improving the Canada pension plan and ensuring that Canadians have a more secure, stable, and dignified retirement.

We are also adopting important measures to help Canadian businesses grow and create good, well-paying jobs for Canadians. These measures help lay the foundation for more dynamic, viable, and sustainable economic growth.

Our government is also making meaningful investments in infrastructure that will create good jobs for Canadians, as well as foster a cleaner environment and more prosperous communities for years to come. Infrastructure plays a key role in strengthening the middle class and fostering welcoming communities, as well as ensuring access to clean drinking water and clean air.

With these strengths, we are restoring trust and optimism among middle-class Canadians, we are supporting communities, and we are creating the conditions needed to ensure shared economic growth nourished by hope and hard work.

I will briefly address one of the points raised by the hon. member for Louis-Saint-Laurent, namely, the retirement income system.

Our government wants to ensure that Canadians who work hard their whole lives are rewarded with a secure and dignified retirement. We will help them achieve that goal. That is why we increased the guaranteed income supplement and strengthened the Canada pension plan, or CPP.

Once fully implemented, the CPP enhancement will increase the maximum retirement benefit by about 50%, which in today's dollars will represent an increase of nearly \$7,000 a year, to a maximum benefit of about \$20,000. In other words, more Canadians will be able to spend more time with their grandchildren instead of worrying about how to pay their rent.

The government is making smart, necessary investments that will improve the lives of all Canadians.

Mr. Gérard Deltell: Mr. Speaker, I will talk about three points. First, we are not against the infrastructure plan. Our government, under the leadership of the member for Lac-Saint-Jean, had an \$80-billion infrastructure program. It was not \$120 billion like the current government's program. The difference is that we had no deficit whereas the Liberals will have a colossal deficit.

With regard to working with the provinces, I do not think I need to remind the minister that there is currently a major dispute between the federal government and the provinces with respect to health—not to mention that the Liberal government pledged exactly the same amount as we did to support health, even though they criticized it at the time.

As for a clean environment, I would like to remind members that, once again, the government used the exact same targets that our government had set, and presented them in Paris. Yes, we are for the environment, and the proof is that the government used the same targets as we did.

I will end on a positive note: we agree with the support they are providing to individuals—

The Assistant Deputy Speaker (Mr. Anthony Rota): The hon. parliamentary secretary.

Hon. Ginette Petitpas Taylor: Mr. Speaker, I want to once again thank my hon. colleague for his comments.

The government has been working hard for over a year now to make real changes for Canadians. A lot of initial progress was made during that time, but we still have a lot of work to do.

The global economy is changing and the rate of change is ramping up. As a result, Canada must look to the future and give middle-class families the confidence, tools, and opportunities they need to have a real and fair chance of success.

Our government continues to implement important measures to create a better future for Canadian families, and we will continue to make the sound investments needed to improve the economy, stimulate sustainable growth, and strengthen the middle class.

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• (1940)
[English]

NATIONAL DEFENCE

Mr. James Bezan (Selkirk—Interlake—Eastman, CPC): Mr. Speaker, it is indeed a pleasure to rise on a question I raised back in October.

Before I start, I want to congratulate the Parliamentary Secretary to the Minister of National Defence on his new portfolio. I got to know him quite well, working on the national defence committee. It is good to see him in this new role. This is my first chance to publicly congratulate him on this, and I look forward to working closely with him as we go forward.

In the question I raised on October 27, we were looking at having discussions with the former parliamentary secretary about the peacekeeping mission the Liberal government wanted to undertake. Here we are in February, and no details of the plan have been released.

We can talk about how the Liberals want to return to UN peacekeeping. We can talk about how they finally committed our troops to a mission in Africa, which is incredibly dangerous. We can talk about how they committed 600 troops, plus police officers to go over there, and committed \$450 million over three years. However, we need to talk about the mission itself. We still have no details. The Minister of National Defence told the House he would come back to us with the plan by the end of December. We are six weeks into the new year and we have nothing.

We know the mission that is rumoured to be in Mali is incredibly dangerous. We understand the mission is going to put our troops in harm's way in a UN mandate that is all too often convoluted, overly controlled by bureaucrats, and too often ineffective.

We on this side of the House support fighting terrorism. We support going into a mission that is in our national interest. We support trying to protect those who cannot protect themselves. However, unfortunately, we are dealing with a situation in Africa where organizations like al Qaeda and ISIS are running rampant. We know for a fact they have said they are going to target the blue helmets of peacekeepers. We know for a fact that well over 100 peacekeepers have already been killed in the Mali mission. We also know that too often when we go into these UN missions, the rules of engagement and the chains of command are so convoluted that it does not serve the interests of our soldiers who are on the ground.

When is this mission going to be announced for Canadians to know? When will this UN mission come to the House for a full debate and a vote? Why has the government been so silent after campaigning on this, after the Liberals promised we would send 600 troops and police officers to do this peacekeeping? After it committed \$450 million, why do we not know what the plan is? Our troops want to know. Canadians want to know. More important, they want to know how this is in Canada's national interest and whether it is the best use of Canadian resources and our troops when we face so many problems in so many other places around the world.

Mr. Jean Rioux (Parliamentary Secretary to the Minister of National Defence, Lib.): Mr. Speaker, I would first like to compliment the member for his work on the Standing Committee

on National Defence. We all benefit from his sound knowledge of the defence file.

[Translation]

Canada has an important role to play in the fight against Daesh. That is why our government decided to invest \$1.6 billion in security, stabilization, humanitarian aid, and development assistance in the region. Of that amount, just over \$300 million has been allocated to extending and refocusing Operation Impact.

Just over a year ago, the House debated at length the refocusing of the mission and voted in favour of doing so. Our special forces personnel are performing a train, advise, and assist mission for Iraqi forces. We have also deployed Griffon helicopters to transport troops and equipment. Our troops have been very successful in their efforts to train Iraqi forces.

Since the fall of 2014, our special forces personnel have trained approximately 2,000 Iraqi security force members. In October, Iraqi forces launched their campaign to liberate Mosul. So far, they have taken back approximately 62% of the territory initially controlled by Daesh in Iraq and have cleared 115 towns and villages. The campaign for Mosul is large scale and we expect it will be a long and difficult fight. However, it is moving forward according to plan and on schedule.

The Canadian Armed Forces have also assumed the lead of the Coalition Role 2 medical facility in Northern Iraq. Approximately 50 military personnel are currently working at the facility with a mandate to provide medical and surgical care to support coalition forces. A total of 364 patients have been treated there so far. Members of the Canadian Armed Forces who have received care were treated for illnesses or injuries sustained outside the battlefield. We are very proud of the contribution of our medical teams.

We understand that Canadians want to know what our troops are doing and that is why our government has always been open and transparent about this mission. When we have information, we will be pleased to inform the opposition on the peacekeeping mission in Africa. A lot more information is needed. When decisions have been made and the requested information is available, the House will be notified.

Contrary to what my colleague opposite said, our government is working hard to keep Canadians informed in many different ways. There have been several technical briefings about the mission in recent months, one of which was broadcast on social media. A technical briefing was held on January 26 to provide updates on what Canadian troops are doing and what Iraqi security forces have accomplished in the operation to liberate Mosul. At another technical briefing, this one in November, officials discussed what our military men and women were doing in the campaign for Mosul. The minister and the chief of the defence staff also appeared before a parliamentary committee to talk about the mission.

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The Canadian Armed Forces also made it possible for journalists to visit operations, as they did in November 2016, and we will continue to do so regularly. Journalists were able to observe first-hand how Canada is supporting the coalition.

We will continue to demonstrate transparency, but we will do so while constantly taking into account any risk such actions could pose to our troops. We have made major progress, and Canada remains fully committed to supporting the Iraqi government and the Iraqi people on their journey toward becoming a stable and secure country.

● (1945)

[*English*]

Mr. James Bezan: Mr. Speaker, I am glad the parliamentary secretary was speaking about the mission in Iraq, Operation Impact, because I actually did ask two questions that day. My first question was on the peacekeeping mission in Africa, and the second question was on Operation Impact. Why are both those issues linked? Not just because it is about the Canadian Armed Forces, but because there has been no transparency. That is just a case in point.

The parliamentary secretary talks about a handful of public technical briefings that they did on Operation Impact. It does not compare to the 15-plus that we did in a matter of a few months on Operation Impact. Every time our troops were in a firefight and every time our troops were involved in any air combat mission, we told Canadians. Instead what we get back from the current government is, “No, you are not going to get any further details on what our troops are up to”.

We know that they are firing sniper rifles. We know that they are using missiles to defend themselves. We also know that this has become more than just defensive moves; this is also being done in a very combative nature as they are taking over Mosul.

We expect transparency from the government—

The Assistant Deputy Speaker (Mr. Anthony Rota): The hon. parliamentary secretary.

[*Translation*]

Mr. Jean Rioux: Mr. Speaker, the government is being open and transparent about this mission. However, it would never do anything to put our troops in danger.

Daesh has proven in the past that its fighters care not only about what is done, but also about what is said. We will therefore continue to communicate what can be communicated, and we intend to keep confidential what needs to be confidential.

I repeat, we will continue to act openly, while taking into account any risks that we could be inadvertently exposing our troops to.

We will continue to inform Canadians of the progress made in the fight against Daesh. I would like to reiterate once again just how proud we are of the progress made to date and of the role played by our soldiers in the global fight to defeat Daesh.

Our military personnel continue to provide extraordinary support to the coalition and the Iraqi government to help dismantle and ultimately wipe out Daesh. We are extremely grateful to our troops.

● (1950)

[*English*]

VETERANS AFFAIRS

Ms. Irene Mathyssen (London—Fanshawe, NDP): Mr. Speaker, last fall I asked the minister about the many veterans and families struggling to access supports from Veterans Affairs. His response to my question left me wondering if he is hearing the many voices pleading with his government to listen and make the simple but important changes needed.

Just last week at the veterans affairs committee, we heard from the spouse of a veteran who highlighted very succinctly what I have been hearing for years. She said that her husband Marc, who was released from the military, was left with the impression that he was just another number. Sadly, this indifference has continued now that he is a veteran. This testimony highlights the fact that we are failing our injured veterans and their families. The Department of National Defence and the Department of Veterans Affairs are failing the men and women who serve this country.

The minister should know very well by now that our veterans and their families are struggling. Medically released veterans have to wait to access their pensions when they leave, putting an already stressed family in financial hardship. Veterans and their families are also left without knowing what supports they will qualify for, leaving them with more questions about the financial resources on which they rely.

In addition to financial support are the psychological supports that must be in place immediately. Waiting for a referral from VAC and the additional six weeks before a veteran can see a doctor at an OSI clinic is shocking and unacceptable. If we are able to immediately help the veteran in need, it will reduce the pressure and potential trauma for the veteran's family.

The current system is failing not only our veterans but also their families. More supports for spouses caring for veterans are essential. They may need help to repair a damaged relationship, resources to assist learning how to live with and help someone with PTSD, and supports for their own trauma. None of these resources should be difficult to access. They should be readily available as soon as they are needed.

These are just some of the struggles that veterans and their families face today. However, I get very worried about the future. As these veterans age, they and their families will struggle again to access specialized care that the veteran might need.

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Right now, we have long-term care facilities, such as the one in my riding, Parkwood Hospital, that have expertise in serving the special needs of veterans, but post-Korean War veterans and peacekeepers cannot access these specialized facilities. As a result, these hospitals are slated to slowly shutter their doors.

I notice today that the minister visited my riding and made an announcement that he would open five beds in Parkwood Hospital. These beds have been sitting empty in the hospital for years. We need more beds and space to help veterans. Parkwood has the facilities to help veterans struggling to access long-term care, but the government lacks the political will to make this happen. It is content to download veteran care to the provinces. The announcement today does nothing to address the lack of a long-term plan for modern-day veterans. If we do not start to expand care, we are going to lose the expertise housed in facilities like Parkwood.

With much more work to be done to support the veterans, I wonder what the minister and his parliamentary secretary would like to share with the House in regard to how they will address the financial and health care hardships that medically released veterans and their families face when they leave the military. Will the government enact the military ombudsman's recommendations that all benefits and pensions be in place before a CF member is released from the military?

[Translation]

Mrs. Sherry Romanado (Parliamentary Secretary to the Minister of Veterans Affairs and Associate Minister of National Defence, Lib.): Mr. Speaker, I would like to thank the hon. member for raising the important issue of the benefits that Canada offers veterans and their families.

We all know that Canada owes a debt of gratitude to its veterans for their service and sacrifices. We understand that when a man or woman serves in the Canadian Armed Forces, the entire family serves with them. As the mother of two soldiers, I can confirm that. It begins on their very first day of military service and continues until the day they leave the armed forces, or even beyond that.

That is why Veterans Affairs Canada offers veterans a range of services, including financial assistance, support services following an illness or injury, and health and well-being services.

Although Veterans Affairs Canada plays an essential role in supporting our men and women who have served in uniform, it is the veteran's family that plays the main role, particularly when it comes to veterans who suffer an illness or injury.

Veterans Affairs Canada offers resources specifically for the families, such as the family caregiver relief benefit, liaison services, long-term care, and mental health services.

• (1955)

[English]

The role of the family is integral to the work of the department and what we are doing. We have done a lot since November 2015 to improve veterans' access to benefits and resources. We are continuing to look for ways we can better serve them. For example, we have reopened the nine Veterans Affairs offices across the country that were closed by the previous government, including one

in Sydney, Nova Scotia. We also opened a new office in Surrey, British Columbia, and we are extending our outreach in the north.

Because mental health is a priority, we are committed to ensuring all eligible veterans and their families have the mental health support they need, when and where they need it. A new operational stress injury clinic opened in Dartmouth, Nova Scotia, last June.

We are working hard to find out how we can do better, how we can deliver the resources and services that veterans and their families need, when and where they need them. We are also working to simplify the process for applying for and accessing these benefits. There is a robust arm's-length appeal process to address any issues that veterans or their family members may have with Veterans Affairs Canada.

We are here to listen to veterans and their families. I urge anyone who has an issue accessing benefits and resources to reach out to the department or to their local MP.

Ms. Irene Mathysen: Mr. Speaker, today is Valentine's Day. We have heard a lot about the importance of love and caring for one another. I know that the parliamentary secretary cares very much about veterans and their families. For many months last year, she sat with me on the veterans affairs committee and heard the same testimony, the same struggles, the same pain that our veterans and their families deal with on a daily basis.

The issues and problems plaguing the Department of Veterans Affairs are many. The struggles of veterans and their families are real.

However, an important question remains. What is the government going to do about the barriers that veterans face? What actions, what changes will it make to ensure that veterans and their families will no longer struggle to access services and receive the support that they so desperately need?

Mrs. Sherry Romanado: Mr. Speaker, in fact, with today being Valentine's Day, I had the great pleasure of visiting Perley Rideau and spending Valentine's Day with my extended military family, our veterans.

The secret to a successful transition to civilian life is to begin the process even before the Canadian Forces members leave the military. Veterans Affairs and the Department of National Defence have been working together over the past year to make that transition as seamless as possible for members and their families. They have closed a number of gaps that were not addressed by previous governments.

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Yes, there is still work to be done, and the departments will continue to work to improve, not only the services, but how they are delivered to better meet the needs of veterans and their families.

I am so happy to be working with the member opposite again on this important file.

The Assistant Deputy Speaker (Mr. Anthony Rota): The motion to adjourn the House is now deemed to have been adopted. Accordingly, the House stands adjourned until tomorrow at 2 p.m., pursuant to Standing Order 24(1).

(The House adjourned at 7:59 p.m.)

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