



CANADA

House of Commons Debates

VOLUME 133 • NUMBER 250 • 1st SESSION • 35th PARLIAMENT

OFFICIAL REPORT
(HANSARD)

Monday, October 30, 1995

Speaker: The Honourable Gilbert Parent

CONTENTS

(Table of Contents appears at back of this issue.)

The House of Commons Debates and the Proceedings of Committee evidence are accessible on the Parliamentary Internet Parlementaire at the following address:

<http://www.parl.gc.ca>

HOUSE OF COMMONS

Monday, October 30, 1995

The House met at 11 a.m.

Prayers

PRIVATE MEMBERS' BUSINESS

[English]

CANADA HEALTH ACT

Mr. Bill Blaikie (Winnipeg Transcona, NDP) moved that Bill C-284, an act to amend the Canada Health Act (conditions for contributions), be read the second time and referred to a committee.

He said: Mr. Speaker, I am in the happy position today of being able to report to the House that a great deal of progress has been reached on this issue since I introduced this private member's bill. I understand that a protocol such as this bill would have provided for is more than just in the works. There may even be a document outlining the protocol in circulation for comment, although it is hard to pin that down.

I thought the best thing I could do at this point is give a bit of a history of the development of this issue leading up to the present and a few words about where I think it should go now. I thank the hon. member for Hamilton West for seconding the motion.

Many members of the House will be aware that firefighters have been lobbying for a long time for a national contagious diseases reporting protocol. They have their annual lobby on the Hill and they meet with many members of Parliament. This is one of the three or four items they have been stressing for a number of years now.

Firefighters and other emergency responders have been concerned about developing a protocol so that they could be informed if they were likely to have been in contact with a contagious disease in the course of their work and provided with the appropriate medical treatment and counselling in the event of exposure on the job.

In February 1992 NDP labour critic Joy Langan, the former member for Mission—Coquitlam, introduced a private member's bill that found an elegant solution to the constitutional

problem which had presented itself with respect to this issue; that this was regarded as being in the provincial jurisdiction.

• (1105)

Her bill would have amended the Canada Health Act to make it necessary for provinces to set up their own protocol if they were to receive federal health funding. The idea was to use the federal spending power in health to establish a contagious diseases protocol in exactly the same way the federal spending power was used to establish medicare nationally and to establish other conditions for the receipt of federal transfer payments for health care. In effect the establishment of this kind of infectious diseases protocol would have been another national standard, so to speak.

Although the bill was never debated in Parliament there was all-party support for the idea among members. After negotiations the NDP at that time managed to get the matter referred to the Standing Committee on Health and Welfare.

The committee held hearings in early 1993 and tabled a report in June of that year. The committee recommended, among other things, that the federal government "encourage the provincial and territorial governments to develop and implement within their jurisdictions a protocol for post-exposure management and follow-up of emergency response personnel exposed to airborne and blood borne diseases". It asked the government to report back to the committee in one year on the progress in establishing such a protocol. This amounted to a substantial endorsement of the principles of Joy Langan's bill.

Although it was too much to ask that the federal bureaucracy actually fulfil the one year deadline set up by the committee, in September 1994 the Liberal government did hold a national symposium on infectious diseases and emergency responders which I attended in part as an observer in my new capacity as the NDP labour critic.

The symposium brought together provincial and federal officials as well as a wide range of stakeholders among emergency responders. The symposium heard very good reports on the development of a protocol in the province of Ontario in which an NDP provincial government at that time, responding to firefighter concerns, had taken the initiative. There was a lot of enthusiasm for its development and application in other provinces and territories.

Private Members' Business

I say with some pride this was not the first time an NDP provincial government led the way on such issues. By taking the initiative and by doing the pilot project it put pressure on other provinces and the federal government to do likewise. While we are talking about the Canada Health Act this is how we got our publicly funded health care system in the first place, medicare, when the Saskatchewan NDP government of many years ago did a similar thing in the sixties.

I tried to add to the momentum building for a national protocol by tabling a private member's bill early in this Parliament. It was very similar to Joy Langan's but added a section that would have improved the privacy concerns about the release of private medical information. That was one of the concern's about Joy Langan's bill tabled last Parliament.

Even with all this momentum building toward a national protocol, the two private members' bills by NDP members, reports by a House committee and a national symposium and the Ontario protocol, it appeared that in May the government was backing away from a national protocol. I remember asking the Parliamentary Secretary to the Minister of Health about the government's intentions in this regard. She appeared at that time to be washing the government's hands of the issue and she answered me only that health was a provincial responsibility, and that was the end of the matter.

However, the International Association of Fire Fighters, to its credit, kept up the pressure and in June of this year a meeting was held between federal and provincial health officials and other stakeholders in which a national protocol was agreed upon. I have yet to see the final version but it is my understanding the International Association of Fire Fighters was very satisfied with the results of that meeting.

• (1110)

What I understand to have happened between then and now is the federal and provincial governments have agreed to a protocol that would allow emergency workers to learn of any health risks they may have been exposed to in the case of significant exposure to blood borne infectious diseases.

I understand the agreement has built-in protections for the confidentiality of patients' medical records, setting up a procedure through which emergency response personnel who have had significant exposure to blood can contact the local medical officer who in turn seeks information from the hospital on behalf of the affected emergency personnel.

In June the federal government said it would release a document by mid-October. I understand from conversations I have had with the firefighters as recently as Friday that this has not yet been done. I also heard from officials in the health

minister's office that at least they think there is a document in circulation for comment.

At this point in the development of this issue there seems to be some confusion. Perhaps whoever is speaking with the knowledge of what goes on inside the government today can clear this up. People feel progress has been made. It certainly appears progress has been made. We had the successful meeting in June, the agreement on a protocol. Firefighters have an understanding of what that protocol will be like. However, there is still no document which outlines the details of that protocol so that firefighters and others like me would be able to respond with some knowledge of what has actually been agreed upon and what the details are.

It would have been nice if that document had been released and in an obvious and available kind of way in mid-October. On the occasion of debating this bill we would have been able to talk about the details of the bill. If there were some constructive criticisms to make they could have been made here or they could have been responded to here. However, we are not in that position now.

Unfortunately with these kinds of things we will not be in this position ever again because the bill will be debated only for this hour; it is not a votable bill. Frankly, given there is this kind of progress, unless we are all being misled in some way there is really no need for the bill to go to committee or for it to proceed. We do have a protocol but we are not able to comment on the details at this time. I invite members opposite who may be in the know to say more about this.

I do not mean to single this out for special praise or commendation, as there are others, but it is an example of how through the private member's process an issue can be advanced, pushed and kept on the agenda. Eventually the government finds itself in a position to respond because it feels it has to or it finally becomes convinced of the need to respond or it is one of those mysterious political democratic things where at a certain point something becomes acceptable and doable that seemed very difficult to accomplish only a short time ago or yesterday, as one hon. member has said.

I am very glad to see there has been this kind of progress. It is preferable to have happened in this way. We are in a debate now about the imposition of national standards and conditions through the use of federal spending power through the Canada Health Act. It probably would not have been the preferred route given the current political and constitutional climate, shall we say, to have invoked the Canada Health Act as a way of achieving this. Although if push came to shove that procedure was there and that was a way to have the federal government seized of the issue and putting the government in a position

where it could not say there was nothing it could do because this was a matter of provincial jurisdiction.

I think federal spending power ought to be used in areas where it is important to delineate and to enforce national standards. In that respect I am sure I have some disagreement with some of my colleagues in the House.

• (1115)

I am attached to the Canada Health Act. I was here in the House when it was passed in April 1984. I was a member of the health and welfare standing committee which studied the bill. There are amendments and phrases in the bill which I moved myself. In my political judgment, the bill owes its existence in part to the pressure which we brought to bear on the government between 1980 and 1984. In fact, in her book, *Medicare in Crisis*, Monique Bégin openly credits the NDP for the role it played in pressing the government to bring in the Canada Health Act.

I raise all of this because now there is a different third party in the House, our Reform Party colleagues. I often see a stark contrast between what we called for when we were the third party and there was a Liberal government and what the Reform Party is calling for. We said to bring in the Canada Health Act and to eliminate user fees and extra billing. Now the third party in the House is saying: "Get rid of the Canada Health Act and let us not have national standards any more. Let us permit the provinces to do what they will". There are two competing visions of what is a national government.

One of my concerns today as we contemplate the vote in Quebec, is that regardless of the outcome, if I hear the Prime Minister and others correctly, even if there is a no vote we are on the verge of major decentralization. I urge my Liberal colleagues, no matter what changes may be undertaken in response to a no vote by way of decentralization, that what we achieved together, the NDP and the Liberal government at the time, on the Canada Health Act and the notion that when it comes to health care there are values, procedures and standards we all hold in common as Canadians wherever we live from coast to coast to coast, be held up and not surrendered in the wake of a no vote.

Ms. Hedy Fry (Parliamentary Secretary to Minister of Health, Lib.): Mr. Speaker, I rise to speak on Private Members' Bill C-284, an act to amend the Canada Health Act.

Let me say at the outset that I am extremely sympathetic and supportive of the plight and concerns of emergency response workers. Their devotion to preserving and protecting the lives of others often puts them unwittingly at risk of injury or exposure to disease. They are not aware of what the patient is carrying.

I understand and support the motive behind Bill C-284. Unfortunately, the Canada Health Act is the wrong instrument. The amendment is not within the scope of the act. The Canada

Private Members' Business

Health Act sets out the broad principles under which the provinces are expected to operate medicare. An amendment dealing with the disclosure of infectious diseases is inconsistent with this purpose.

While the protection of health care workers from contagious diseases is an extremely worthwhile public health objective, the Canada Health Act is not the proper vehicle by which to achieve this. Let me explain.

Our health care insurance system is composed of 12 interlocking plans which are managed at the provincial and territorial levels. The federal health insurance legislation, which is what the Canada Health Act of 1984 is, establishes the criteria provincial plans must meet in order to qualify for a full share of federal health care transfers. Federal transfer payments may be reduced or withheld if a province contravenes the conditions of the act.

I will discuss these criteria, the cornerstones of Canada's health care system.

There is accessibility, which means access to medically required services regardless of ability to pay. That translates into no charges at point of service. There is comprehensiveness, which means a comprehensive range of medically required services. Universality means the coverage of all provincial residents must be given equally regardless of pre-existing conditions or diseases. Portability ensures that benefits go from province to province and abroad. Finally, public administration of medicare means that the plan must operate on a non-profit basis.

• (1120)

In addition to those five principles, the Canada Health Act requires that provinces provide medicare information to the federal minister when she needs it. In order to qualify for federal cash contributions, provinces also need to give recognition to the fact that the federal government does transfer payments.

The Canada Health Act also discourages extra billing or user fees. If this is broken, there will be automatic dollar for dollar reductions or withholdings of federal cash contributions to that province or territory. The threat that user charges and extra billing would erode accessibility to medicare was a major reason for the development of the Canada Health Act in the first place. It was enacted to protect those five fundamental principles of medicare I just spoke about. Nearly all provinces have committed themselves to upholding these principles even while making needed reforms to the system.

Canadians support the five principles and feel that medicare is a defining Canadian value. Results of a recent poll indicate that support for these national principles is higher than ever.

Private Members' Business

The Canada Health Act which defines medicare is close to the hearts of Canadians. It is something too risky to tamper with. The amendments to change the Canada Health Act as proposed in Bill C-284 by my hon. colleague cannot be supported.

The amendments ask that the name and nature of an infectious or contagious disease be disclosed to emergency response workers who may have been unknowingly exposed to that disease. While I support this objective, the amendments themselves affect the definition of hospital services. This will change the Canada Health Act criteria which deals only with the principles and funding of medicare. Rules are set out concerning the non-compliance with the Canada Health Act and are part of the act.

In short, Bill C-284 asks that provincial and territorial plans impose a responsibility on hospitals to disclose to emergency response employees whether a patient to whom they are providing service has an infectious or contagious disease which is fine. However, it seeks to do this by making it a criteria of the Canada Health Act.

The disclosure of infectious or contagious diseases is a public health issue. It is not of the same nature as the principles and funding issues in the Canada Health Act. The protection of emergency response personnel is not even close to the purpose of the Canada Health Act.

Moreover, the act deals with the organization and delivery of health care services at the provincial and territorial levels and not with the regulation of internal operations of hospitals which falls under provincial and territorial jurisdiction. It would be intrusive to ask the federal government to impose on or intrude into the federal-provincial primary responsibility for hospital management which is a constitutionally protected right.

Moreover, Bill C-284 raises issues with regard to civil laws and rights and privacy laws in the provinces and territories. The federal government cannot really interfere in these issues.

What I am trying to say is that worthwhile though the member's intent may be, the Canada Health Act is not the proper place to regulate such matters which constitutionally fall under provincial jurisdiction and should be better handled at that level. The federal government cannot dictate to a province or territory how to run its health care plan, much less tell it how to run institutions. All it can do under the Canada Health Act is to place conditions on transfer payments to the provinces and territories.

At a meeting of health ministers in Victoria recently, provincial and territorial ministers reaffirmed their support for the principles of the act and agree to continue to collaborate in interpreting and applying its provisions. Provincial and territorial ministers agreed with the federal Minister of Health to work together to develop a vision for the future of medicare.

• (1125)

Contrary to the misunderstanding of certain parties, the Canada Health Act is not an impediment to the management changes which are needed to meet medicare's challenges. In fact, the flexibility inherent in the act has always been one of its strengths.

Since the enactment of the act in 1984, the federal government has attempted to work with the provinces in order to make the act a viable piece of legislation. The federal government recognizes that provinces and territories have primary responsibility for the management, organization and the delivery of health care services, including institutions and health care providers. Sufficient flexibility to operate and administer their health care insurance plans is obviously necessary if they are to meet the regional and local needs and conditions.

At the August conference, provincial premiers and territorial leaders were unanimous in their support of the publicly funded national health care system and reaffirmed their commitment to the principles of the Canada Health Act. It would be dangerous therefore, to tamper with those principles when they have received such wholehearted support. If we want medicare to survive, we must be vigilant against seemingly innocuous tampering as against more blatant threats such as user charges which as we know arise now and then.

I come back to the point that while the protection of health care workers is a serious concern and one which I share with the hon. member, the Canada Health Act is not the vehicle with which to address it. At the same time, the department has been involved with the prevention of infectious diseases and the protection of emergency response personnel for a very long time and is continuing to work with them on issues of concern. Let me give a few examples of our recent achievements in this area.

In 1994 a national symposium on risk and prevention of infectious diseases for emergency response personnel was held to explore the same question the member is talking about and to look at implementing where possible preventive and protective actions for those workers.

In June of this year a consensus conference was held with the objective of establishing guidelines the provinces and territories could use to develop and implement an infectious disease notification protocol for emergency responders. These guidelines are good examples of how the provinces and territories look to the federal government to provide a leadership and co-ordinating role in discussing issues related to health protection.

I have confidence in the ability of emergency response workers as the ones who are best qualified to seek solutions in conjunction with their provincial and territorial governments, health professionals and experts in infectious diseases. They have our support.

The Canada Health Act which protects our universal and comprehensive health care system agrees with that commitment. However, facing the challenges and finding solutions to problems which arise over the years took commitment as well and the commitment is still there today.

Today we can look back with pride on our past accomplishments, but we cannot be satisfied to rest on our laurels. The systems and the federal provincial relationships face many challenges and the issue raised by Bill C-284 is such a challenge. To this end, we as a federal Ministry of Health have taken the appropriate steps to support the concerns and efforts of the emergency response workers. At the same time the federal government cannot support an amendment which has no place in the Canada Health Act.

I encourage all hon. members to participate in the discussion of this issue with emergency response workers at the constituency level and to take appropriate steps to assist them in this important and worthy objective.

Mrs. Sharon Hayes (Port Moody—Coquitlam, Ref.): Mr. Speaker, I am pleased to speak on Bill C-284 today, an act to amend the Canada Health Act, sponsored by the member for Winnipeg—Transcona.

The purpose of the bill is “to incite the provinces to make sure that the health care insurance plan of a province provides for the obligation for hospitals to disclose to emergency response employees who provide emergency medical or rescue services to a patient, the name and nature of an infectious or contagious disease that the patient might have transmitted to them”. The essence of this bill is to ensure the safety of those who work in medical or rescue operations who are at risk of being exposed by an infectious or contagious disease.

The dedication of the people to whom this bill is addressed is to be commended and admired. I have talked with different emergency response workers and know their dedication and the risk they face each time they respond to an emergency. These professionals are police officers, firefighters, emergency medical technicians and paramedics.

• (1130)

I can agree with the intent of the bill. However, I disagree with the the means by which it seeks to accomplish and implement that purpose. Specifically, the bill seeks to amend the Canada Health Act by adding additional criteria to the list.

I must agree with the Liberal parliamentary secretary that the Canada Health Act is not the vehicle for this. I will go on to explain why.

Clause 2 of the bill amends section 7 of the Canada Health Act. Section 7 outlines the principles of the Canada Health Act. These are public administration, comprehensiveness, universal-

Private Members' Business

ity, portability and accessibility. The bill would add an additional criteria to that list and that is the disclosure of infectious or contagious diseases.

The Reform Party has consistently demonstrated how the Canada Health Act has allowed the federal government and others to play a carrot and stick game with the provinces. The carrot is the money that the federal government transfers to the provinces for medicare. The stick is the heavy handedness of the Canada Health Act that allows the federal government to financially penalize the provinces.

Sections 14 and 15 of the Canada Health Act allow the federal government and the health minister to financially penalize provinces if the minister has found that the province is in violation of sections 8 to 13 of the act. These sections deal with the five principles, as I have mentioned, of public administration, comprehensiveness, universality, portability and accessibility and finally, the conditions for the cash contributions or payments to those provinces.

The bill adds an additional criteria to a list that Reform members feel is intrusive already. It adds the disclosure of infectious or contagious diseases. By adding it to the program criteria of section 7 of the Canada Health Act, it would create another basis for the federal government to financially penalize these provinces. We have just gone through a recent example of how the federal government imposes its will on provinces with the issue, debated in this House, of private clinics in Alberta and other provinces.

Although the purpose and the intent of the bill is commendable, I disagree with the way it is designed to legislate that purpose.

Reform has a different and fresh philosophy to approach medicare in Canada. Our approach, and we call it medicare plus, contains the following: first, we reaffirm that the value of medicare is the best health care safety net in the world. Second, we would define medicare as Canada's comprehensive set of core national health standards, publicly funded, portable across Canada and universally accessible to all Canadians, regardless of their ability to pay. These are essentially the principles that now exist in the Canada Health Act.

We differ from the Canada Health Act and from the view of the government and the approach taken in this bill by removing the restrictions and the ability of the federal government to penalize provinces within these criteria. That is the plus of medicare plus and the third of our proposals. We would give provinces greater flexibility to administer and deliver the health services within their own respective jurisdiction. That is our general philosophy and our approach to federal involvement in medicare.

It would apply to Bill C-284 as well. We believe the provinces should decide whether or not to pass legislation on the disclo-

Private Members' Business

sure of infectious or contagious diseases rather than be compelled by a federal government through the Canada Health Act.

As my colleague mentioned today, in June there was a federal-provincial notification protocol established in this area. This dealt with blood borne diseases and took into account the confidentiality concerns and the procedures that would result. I commend the government for proceeding in this direction.

One question I have today of the government, as my colleague also had, is why this was not proceeded with and then the information given to the people discussing the bill today? Again this is a reflection of the inactivity in the House or the lack of proaction on real measures that need to be addressed within this place. This is unfair to Canadians, specifically to the emergency response personnel for instance within this very bill.

• (1135)

Bill C-284 illustrates once again the failure of the government to proceed with substantive steps in the proper areas where Canadians need things addressed.

Generally my philosophy would be that it is grassroots not Ottawa that must reform an ailing health care system in terms of the Canada Health Act. Bill C-284 speaks to increased federal control over a medicare system that is increasingly unaffordable at the federal level. Ottawa's share of our medicare system was originally 50 per cent and is now down to approximately 24 per cent or less. Its share will likely disappear within 10 to 15 years.

The symptoms that we see are bed closures. In my own provinces hospitals have closed. There are long waiting lists, up to seven to twelve weeks for procedures. There has been a de-listing of medical services so that each province may have a different base from which to work. There is reduced medical coverage for Canadians travelling abroad. As important as any of the others, there has been an exodus of some of our expert medical personnel from our land.

Reform says that the five program criteria should be maintained but we have to re-examine the definition of those program criteria. We have to allow room for provinces to exercise administrative jurisdictions over the funding and delivery of our health care system. The crisis in our country is not what is done but of federal government intrusion into provincial jurisdiction.

Today, we think of Canada as a grand old house that has fallen into a serious state of disrepair. Today I stand with great trepidation as I see the foundations of that house facing a great test. It is true that the house of our nation has an unsustainable mortgage. It has a cracked foundation. It has serious problems with some of the ways that the walls are fitting together and how the communications work within that house.

However, within the last few days I have seen many Canadians speak out with a great love and a newly discovered feeling of the importance of this country to them. This is all the more reason that I feel today it is time for the government to recognize that there has to be a new relationship within this House, new federal-provincial relationships outside the Constitution. Our own party has suggested 20 ways where we can bring provinces and the federal government together so that as a nation we can stand together today and tomorrow in order to make this country work.

Decentralizing those powers includes a medicare system that works for all Canadians, that is sustainable and that will be here today and tomorrow. I challenge the government to change our medicare system so that it will work. I also challenge the government to look at many other things, as we have suggested, so that we have a Canada today and tomorrow.

Mr. John Maloney (Erie, Lib.): Mr. Speaker, I rise to speak on the subject of a private member's bill, C-284, an act to amend the Canada Health Act.

Under the Canadian Constitution the responsibility for health care falls primarily under the jurisdiction of the provincial and territorial governments. In other words, the provinces and the territories have a primary responsibility for the provision and delivery of health care services to the people of Canada.

This means that they act as planners, managers and administrators of their own health care systems. In practical terms, this includes negotiation of budgets with hospitals, approval of capital plans and the negotiation of fee agreements with medical associations. For its part the federal government by law is responsible for the promotion and preservation of the health of all Canadians. The Department of Health is responsible for bringing together parties on health issues of a national and interprovincial concern.

• (1140)

The federal government also assumes a responsibility for setting national policies and for providing health care services to specific groups such as treaty Indians as well as the Inuit.

It is appropriate when describing federal responsibilities in health care to note what the federal government cannot do. It cannot interfere in provincial and territorial responsibilities as defined under our Constitution. Nor can it be seen to be infringing on these responsibilities.

Bill C-284 attempts to require provincial and territorial health insurance plans to impose a responsibility on hospitals to disclose to emergency response employees whether a patient to whom they are providing service has an infectious or a contagious disease. I sympathize with the concerns of emergency response workers. They must be commended for accepting the

fact that they are at risk of exposure to diseases that may not be completely preventable in serving the public.

Indeed my wife and several members of my family are employed in the health care field as well as in the emergency response field. Therefore I understand and support the motives behind Bill C-284.

However, it is the provinces and territories that are responsible for all matters dealing with their hospitals. This represents what would be perceived as an intrusion on provincial and territorial responsibilities under our Constitution. It is not an easy solution as one would think. There is in this country a longstanding partnership between the federal, provincial and territorial governments with regard to health care.

The enactment of the Hospital Insurance and Diagnostic Services Act of 1957 and the Medical Care Act, 1966-67 established a framework for this partnership between governments. At this time the federal government provides a sharing of the cost of medically necessary hospital and physician services in return for the adherence of the provincial and territorial health insurance plans through the principles of a national program.

Federal legislation, the the Hospital Insurance and Diagnostic Services Act and the Medical Care Act recognized the constitutional position of provincial and territorial governments and left each with the responsibility of administering its respective plans.

Concerns over hospital user fees and extra billing by physicians led to the passage of the Canadian Health Act in 1984. This was achieved with all-party support. The federal government's aim in passing the Canada Health Act was to reaffirm its commitment to the original guiding principles expressed in earlier legislation. It was also to provide a mechanism to promote the provinces' and territories' compliance with the act's criteria, conditions and extra billing and user charge provisions.

In short, the Canada Health Act was intended to encourage reasonable access to necessary health care services on a prepaid basis for every resident of Canada. The provinces and territories have retained their responsibility of administering their health insurance plans under the Canada Health Act. They continue to be responsible for negotiations with physicians and hospitals.

Since the introduction of government sponsored health insurance, physicians have been free of the administrative constraints of managed care found in the United States and this continues under the Canada Health Act. Hospitals retain the freedom to charge for semi-private or private rooms and for meals and accommodations for chronically ill patients who are more or less permanently resident in hospitals.

Private Members' Business

The Canada Health Act's criteria is known to most Canadians and regarded as the defining principles of medicare. The principles of public administration, comprehensiveness, universality, portability and accessibility are valued and cherished by Canadians who will not accept changes to them. The results of a recent poll indicate that support for these national principles remain at an all-time high.

Provincial and territorial ministers of health share this support. On many occasions the provincial and territorial ministers reaffirmed their support for the principles of the act and their agreement to continue co-operation in interpreting and applying its provisions.

The Canada Health Act's criteria relate to the organization and delivery of health care services at the level of provincial and territorial health insurance plans. Bill C-284 proposes to add disclosure of infectious or contagious diseases to the Canada Health Act's criteria. However this addition deals with a hospital requirement, while the Canada Health Act pertains to provincial and territorial health insurance plans.

If such legislation could be enacted we would be concerned that it may give false assurances to emergency workers and their families that if they are not informed they are not infected. Unfortunately some diseases may not be detectable, at least using current methods, until some time after the infection. Solutions must be sought to meet this problem.

• (1145)

Health Canada has been involved with the prevention of infectious diseases and the protection of emergency response personnel for a very long time. Let me give a few examples of our recent achievements in this area. In 1994 a national symposium on risk and prevention of infectious diseases for emergency response personnel was held to explore the risks emergency responders face and the preventive and protective activities presently available.

In June 1995 a consensus conference was held with the objective of establishing guidelines the provinces and territories could use to develop and implement an infectious disease notification protocol for emergency responders. These guidelines are a good example of how the provinces and territories look to the federal government to provide a leadership role in issues related to health protection.

I also have confidence in the ability of emergency response workers themselves, as those who are admirably qualified to find solutions, to join with us to alleviate the risk of infection along with the provincial and territorial health departments, health professionals and experts in infectious diseases. Given the large burden for our health that emergency response workers carry, I am sure that provincial and territorial governments are

Private Members' Business

sympathetic, supportive and eager to co-operatively find solutions. I know I am.

The evolution of federal, provincial and territorial relations in health care has maintained a distinction in federal, provincial and territorial roles in health care, which is consistent with the Constitution's definition of jurisdiction. This is clearly stated in the preamble of the Canada Health Act:

that it is not the intention of the Government of Canada that any of the powers, rights, privileges or authorities vested in Canada or the Provinces under the provisions of The Constitution Act, 1867 (formerly the British North America Act, 1867), or any amendments thereto, or otherwise, be by reason of this Act abrogated or derogated from or in any way impaired;

Some would argue that to pass Bill C-284 would disrupt this historical distinction and balance and for this reason it cannot be supported by the federal government.

I encourage all hon. members to participate in discussions about this important concern in their communities in order to find a way to protect the emergency response workers whose job it is to protect us all. Few would argue the fact that the problem is serious. It is incumbent on all levels of government to hammer out a solution. The time is now.

Mr. Stan Keyes (Hamilton West, Lib.): Mr. Speaker, while I wholeheartedly endorse the spirit of Bill C-284, a private member's initiative moved by my colleague, the hon. member for Winnipeg Transcona, which I had the privilege of seconding, I cannot see where we can support his idea to put it through the Canada Health Act.

Perhaps what we have to do today is not talk about what we cannot do. I have to agree with the position taken by the parliamentary secretary. She very eloquently put forward the reasons we cannot put it through the Canada Health Act, as was proposed by the member for Winnipeg Transcona; rather, we should find a mechanism, a way to accomplish our goal.

Since I was elected in 1988, firefighters from Hamilton and across this great country have been lobbying legislators to set up a contagious disease protocol. They stress, and all of us who have heard their lobby agree, that it should be of national importance, which it is; that it must be co-ordinated nationally, and we agree; that we should establish national standards and conditions, which can happen. We need a way to administer the protocol that is being proposed.

The international association of firefighters has been meeting with provincial and federal representatives since June. They have had quite a bit to say about this. There have been some resolutions. Progress is being made. Maybe the amendments being put forward by the hon. member for Winnipeg Transcona are a worthwhile public health objective and need to be examined.

• (1150)

The purpose of Bill C-284 is to incite the provinces to ensure that the health care insurance plan of a province provides for the obligation for hospitals to disclose to emergency response employees who provide emergency medical or rescue services to a patient the name and nature of an infectious or contagious disease the patient might have transmitted to them.

As I said at the outset, maybe we have to look at what we can do. What we can do is search out a central organization that would work with the hospitals to create that information-sharing proposal. I wonder if the hon. member for Winnipeg Transcona has considered approaching the Canadian Centre for Occupational Health and Safety. That particular centre, which is located in my riding of Hamilton West, receives a government subsidy, although it has been cut back. To its credit, it has been sharing information with the private sector and actually selling a product to employees and companies, both here in Canada and in the United States, to obtain the money it needs.

I wonder if the hon. member for Winnipeg Transcona has approached the Canadian Centre for Occupational Health and Safety, which has created a database of infectious diseases, of products different companies across the nation use in their workplaces, et cetera. For example, the Canadian Centre for Occupational Health and Safety is there for the major corporations in product identification. It is also there for an individual employee, someone who may be working on the shop floor in Winnipeg when a drum spills over and some glop pours out. The employee can see that the barrel is marked XT-2000. He is not sure what XT-2000 is, so he calls the Canadian Centre for Occupational Health and Safety to find out what the product is and whether it will be harmful to his health.

I wonder if the hon. member for Winnipeg Transcona, in looking for a way to accomplish a very credible goal, has looked at the options. The parliamentary secretary to the Minister of Health made it quite clear today that it is not really in the domain of the federal government, but rather a central organization. This could address the opportunities the member spoke of, could satisfy the needs of the medical emergency personnel and rescue services people who are responding to the patient who might have an infectious or contagious disease.

Maybe we could use this opportunity to dovetail with organizations that by consequence are also today forming partnerships with the private sector. It is the private sector that understands that this database is beneficial. If the private sector finds that it is worth while, then it can share its information with the Canadian Centre for Occupational Health and Safety, which can also share its information with hospitals provincially.

Let us germinate the seed today. This is an option the hon. member for Winnipeg Transcona can look at. Having seconded the bill, I would be more than happy to sit down with him and get together with officials in Hamilton at the CCOHS to try to

accomplish the very worthwhile goal this member and other members of the House have been trying to achieve since I was elected in 1988 and even before that time.

[Translation]

The Acting Speaker (Mr. Kilger): Since there are no more hon. members left to speak and the motion has not been selected to be voted on, the time provided for consideration of Private Members' Business has now expired. Pursuant to Standing Order 96, the item is dropped from the Order Paper.

[English]

SUSPENSION OF SITTING

Mr. Boudria: Mr. Speaker, on a point of order, perhaps the Chair would suspend for about four minutes and then we could proceed to government orders.

The Acting Speaker (Mr. Kilger): The House has heard the intervention of the chief government whip. Is there unanimous consent to suspend the House until 12 o'clock?

Some hon. members: Agreed.

(The sitting of the House was suspended at 11.56 a.m.)

SITTING RESUMED

The House resumed at 12 p.m.

GOVERNMENT ORDERS

[English]

CONTROLLED DRUGS AND SUBSTANCES ACT

The House proceeded to the consideration of Bill C-7, an act respecting the control of certain drugs, their precursors and other substances and to amend certain other acts and repeal the Narcotic Control Act in consequence thereof, as reported (with amendments) from the committee.

Mr. Grant Hill (MacLeod, Ref.) moved:

That Bill C-7, in clause 60, be amended by replacing lines 13 to 15, on page 44, with the following:

"portion of an item, after the governor in council has consulted with those persons who will be directly affected by the amendment".

Mr. Boudria: Mr. Speaker, I rise on a point of order. I understand unanimous consent is being sought to debate the amendment, even though it was not moved previously. I indicate to the Chair that we do not have any objection to it. We concur,

Government Orders

with the understanding that we will immediately go to third reading after the amendment is disposed of.

Mr. Hill (MacLeod): Mr. Speaker, we are seeking unanimous support and agree to third reading going ahead with the same support.

The Acting Speaker (Mr. Kilger): Is there unanimous consent?

Some hon. members: Agreed.

Mr. Hill (MacLeod): Mr. Speaker, Bill C-7 has been a complex bill that has taken some time going through the House. There is some vast improvement in the bill by opening up choice in the health food industry.

However the power to make regulation is still flawed in relation to the bill. The particular clause we have zeroed in on is clause 60:

The governor in council may, by order, amend any of schedules I to VI by adding to them or deleting from them any item or portion of an item, where the governor in council deems the amendment to be necessary in the public interest.

I have a few words to say about that clause. I believe it is dictatorial, arbitrary and opaque. Other words that come to mind are words like behind closed doors. This ability should not rest in the hands of a few. The particular amendment suggested will address a significant flaw.

One of my colleagues will speak at length on the issue a little later.

Ms. Hedy Fry (Parliamentary Secretary to Minister of Health, Lib.): Mr. Speaker, I rise to speak to the third party amendment to clause 60 of Bill C-7.

I agree with the hon. member, the bill is a complex and at times controversial bill. All parties were eventually unanimous in the substantive changes and amendments to the bill that improve the bill a great deal.

However I speak to the specific amendment of the hon. member to clause 60 that would read:

"portion of an item, after the governor in council has consulted with those persons who will be directly affected by the amendment".

The purpose of the amendment is to get the governor in council to consult with those who would be directly affected by a change in schedule made by the governor in council.

There is already in place a democratic process within the machinery of government that answers the particular concern the hon. member for MacLeod brought forward. Government is proposed to consult with those who will be affected by the proposal and the public at large before making any changes.

• (1205)

The only exception to this requirement is where public safety is concerned and where on an urgent and emergency basis one

Government Orders

needs to make a change to the schedule within 24 hours. Even then there is a process wherein an emergency scheduling provision in the interests of safety of the public would allow it to happen.

Turning to the broader process the member is speaking about, the process provides for the machinery of government. Government is required to prepublish for a minimum period of 30 days in the *Canada Gazette*, part I, any proposal to change scheduling. The prepublication period may vary, depending on the nature of the proposal.

For example, if the proposal was to have international implications and would therefore have impact on GATT, there is an agreement in GATT that there would be a minimum of 75 days of prepublication to allow other countries to respond. Not only would interested parties respond if this were done, but they would respond at a national level.

Any citizen at all could provide comments or suggestions about the content of the proposal and about their concerns on the proposal. The government would then be obliged to report to the governor in council on those consultations, the feedback or input from parties directly affected, from concerned citizens or from the public at large. It would also have to report on the proposed remedies to be brought forth to address concerns. If this amendment represents a major shift in the original proposal, and if the concerned parties that have had input want another shift, there is a requirement to prepublish once again to discuss the new shift.

As all the bells, whistles and hoops have been jumped through in the process already, I fail to see what the hon. member's amendment would do to improve the process in any way, shape or form. It is already public. It is already open to disclosure. If disclosure requires change there is a requirement for further disclosure and for a further period of 30 days to discuss it. As I said before, internationally there is a requirement to prepublish for 75 days.

There is a fail safe mechanism already there to answer the hon. member's concerns about the issue.

Mr. Leon E. Benoit (Vegreville, Ref.): Mr. Speaker, I am pleased to rise today to speak to the amendment to clause 60 of Bill C-7. It states that the clause should be amended by replacing lines 13 to 15 on page 44 with the following:

"portion of an item, after the governor in council has consulted with those persons who will be directly affected by the amendment".

The parliamentary secretary responded to the amendment by asking why we need it. We already have the proper bells and whistles in place to deal with the public consultation process.

The parliamentary secretary to the health minister is correct. The amendment will put in place the requirement for public discussion and public consultation on changes to the bill.

In many pieces of legislation the Liberals have succeeded in taking more and more power from the people by putting in place the ability to make changes to legislation through the governor in council. This is one such move on the part of the government. The most important example in Bill C-68, the gun control legislation, gives incredible power to the governor in council. Bill C-61 deals with several agricultural acts and gives the minister and the bureaucrats the power to impose fines of up to \$15,000 with the onus on the people fined to prove their innocence. That is one negative point about the legislation. Another is the control given through the governor in council without debate happening in the House. That is not democratic.

• (1210)

Unfortunately the anti-democratic move in the bill that gives more power and ability to make more decisions through governor in council is not unusual. The government has shown in many ways that it does not want to make things more democratic in the House. We have seen what has happened to members who dared to vote against their party line or against the government on bills such as the gun control bill, Bill C-41. I could name others. These members have been punished harshly for voting differently than the party position. They have been thrown off committees and the Prime Minister publicly threatened to refuse to sign their nomination papers. What kind of a democracy is that?

The amendment will at least ensure a small amount of consultation. Liberal consultation is different from the Reform's version of consultation. Reform believes that when we go to the people to ask for consultations we really want to hear what they have to say and to act on it. The Liberals have shown that is not what they see as consultation. For example, in the gun control bill the justice minister's idea of consultation was to have meetings to which people attended by invitation only. Other interested people were not welcome. That was complete and utter nonsense. The amendment will in a small way give a bit of the power back to the people by requiring consultation.

I will refer to a couple of other amendments but first I will show that this amendment has in a small way dealt with the concerns of some of my constituents. I have found that Bill C-7 and the changes to the legislation are very important to people in my constituency. Many people have come to me in public meetings asking questions about specific clauses of the legislation, and this is one of them. People have written letters to me that refer to specific clauses of the legislation.

I will read a letter from one of my constituents. It is a form letter but personal comments are included with it. It represents the concerns of a wide number of people, often people who want access to herbs, spices or other traditional medicines. They do not want the pharmaceutical companies or the government to be

able to limit access to these products in some way. It is very important to them.

The letter states:

I'm writing to request that Bill C-7 be withdrawn.

That is what should have happened with the legislation. It should have been withdrawn or at least large parts of it should have been withdrawn. It is an omnibus bill that deals with many parts of the act. It is so broad or wide ranging that I wonder how the House of Commons can be asked to vote on the bill. It would be far more useful to have more specific legislation dealing with similar concerns.

Not all parts of the legislation should be thrown out. There are many good parts. However, because it is an omnibus bill and deals with a wide range of issues, parts of it should certainly be thrown out. The letter refers to the parts this constituent feels should be thrown out. A good summary of the legislation is given:

Bill C-7, the Controlled Substances Act, combines the Narcotic Control Act with the portions of the Food and Drugs Act. Combining criminal law with regulatory health is inappropriate and puts my right to buy natural health products in serious jeopardy.

Bill C-7 is a Criminal Code framework which would implicate many common herbal remedies and natural supplements because of their "stimulant" or "relaxant" properties. I believe that public safety can be ensured without Criminal Code restrictions on food supplements—

• (1215)

Mr. Szabo: Mr. Speaker, I rise on a point of order. My understanding of the rules of this place is that a speaker must speak to the subject matter before the House. We are now dealing at report stage with a specific amendment. The member is speaking about the whole bill.

The Acting Speaker (Mr. Kilger): With the greatest of respect, that is a matter of debate and not a point of order.

Mr. Benoit: Mr. Speaker, I am surprised by the continual interruptions on the part of members opposite when we try to make a point on behalf of our constituents.

It was important enough for my constituents to write this letter to me. The member does not want to let me rise in the House to read a letter which shows how this amendment has at least in some small way dealt with this concern. It is anti-democratic—and one more thing, the Liberal way. It is not what we expect in the House. I become upset when I have this type of an interruption.

The letter goes on to say:

Further, I object that the control of any bioactive components or synthetic analogues of natural herbs by Bill C-7 will replace criminal sanctions to the herbs themselves.

Government Orders

Health Canada should not be allowed to seize, remove or legalize safe products from the shelves of distributors or hold them at the border without clear and convincing evidence of a lack of safety or misbranding. Health Canada should bear the burden of proof.

I believe that natural herbs and health supplements do not belong in the Criminal Code. These products should be considered as dietary supplements and regulated as such. Natural substances should not be considered as drugs.

I expect that you will represent my interests and oppose Bill C-7.

We will of course oppose Bill C-7. If this amendment does pass, and I would be surprised if it did not, all it does is put in place a consultation process. There is nothing guaranteeing it will be a valid consultation process but it is certainly a move forward. The onus will be on the government to show that it has consulted.

If we as an opposition party ask the government to show us it has consulted, it will be forced to at least demonstrate that it has had some consultation with all interested parties.

Other things have happened with this bill; other amendments and really the deletion of one clause I think has been extremely important. I credit my colleague, the member for Macleod, for successfully having clause 3(1) removed. It is certainly an important change to this legislation.

• (1220)

Clause 3(1):

For purposes of this act a substance included in schedules I, II or III shall be deemed to include any substance;

(a) that is produced, processed or provided by a person who intends that it be introduced into the body of another person for the purpose of producing a stimulant, depressant or hallucinogenic effects substantially similar to or greater than that of a substance included in schedule I, II or III, and that, if so introduced, would produce such a substantially similar or greater effect; or

(b) that is represented or held out to produce, if introduced into a human body, a stimulant, depressant or hallucinogenic effects substantially similar to or greater than that of a substance included in schedule I, II or III.

Again I congratulate my colleague for successfully having that clause thrown out. That is a substantial change to this bill and it will help. Unfortunately there are still so many concerns—

The Acting Speaker (Mr. Kilger): I regret the member's time has elapsed at report stage.

Is the House ready for the question?

Some hon. members: Question.

The Acting Speaker (Mr. Kilger): Is it the pleasure of the House to adopt the motion?

Some hon. members: No.

Some hon. members: On division.

Government Orders

(Motion negated.)

Hon. David Dingwall (for the Minister of Health, Lib.) moved that the bill be concurred in.

The Acting Speaker (Mr. Kilger): Is it the pleasure of the House to adopt the motion?

Some hon. members: Agreed.

Some hon. members: On division.

(Motion agreed to.)

The Acting Speaker (Mr. Kilger): When shall the bill be read the third time? By unanimous consent now?

Some hon. members: Agreed.

Mr. Dingwall (for the Minister of Health) moved that the bill be read the third time and passed.

Ms. Hedy Fry (Parliamentary Secretary to Minister of Health, Lib.): Mr. Speaker, I rise to speak in support of Bill C-7.

The revisions to the bill, the changes made since it passed second reading in the House, combine two quite different approaches to the control of drugs. The approaches are different but they are actually complementary.

The first enshrines an attitude of tolerance, compassion and concern for the drug addicted person. The government believes that someone convicted of a drug offence, a user who shows genuine desire to recover from his or her addiction, deserves the chance and opportunity to rebuild and renew their lives on a healthy, law-abiding basis.

This component speaks therefore of rehabilitation and speaks to the health aspect of drug use.

• (1225)

The second approach is to reinforce our longstanding condemnation of violent behaviour or any drug dealing that harms our youth and other vulnerable citizens.

The government believes drug offences and the negative social impact of drug offences escalate directly in proportion to the age of the person, which means the younger the person, the greater the social and physical harm that occurs as a result of the use of drugs.

These approaches to the control of drugs reflect the spirit of the red book "Creating Opportunity". A principal objective of this book is to strengthen Canadian society by protecting individuals from crime and violence on the streets and in the playgrounds.

Bill C-7 works to achieve this end. It clearly identifies a need for extra protection against crimes around schools where young people are involved. However, it goes further in creating oppor-

tunity. It creates opportunity for offenders to get treatment. It creates opportunity for enforcement to be more effective. It creates opportunity for the justice system to deal more even handedly with the various substances and offences that are the subject of the bill.

Bill C-7 is more than a housekeeping bill. It achieves a balance between the need for compassionate health and social components of drug use and the need to punish and deal with the criminal and violent aspects of drug use.

True to this purpose, we have brought the Narcotic Control Act and parts of the Food and Drugs Act together to deal with controlled substances and narcotic preparations. It modernizes procedure to a certain extent. It expands control over a wider range of substances, but it is more comprehensive than that.

In the case of one substance that has caused major concern for policy makers and the public over many years, it incorporates a revised and more current understanding of how Canadians want to deal with marijuana. Cannabis and its derivatives from now on will have a distinct schedule in the bill, schedule I(i). Cannabis has been set apart from other hard drugs. It is being treated separately.

As we will see from this amended bill, government has taken very seriously the concerns expressed by witnesses of committee hearings and also by members of the House who have come together to tell us what they think of the bill. I am therefore pleased to say changes and measures have been instituted in order to reflect a more Liberal policy with regard to harm reduction, rehabilitation and the societal aspects of drug use.

Hon. members know the consultative process is inherent and very important in the parliamentary committee system. Committees collect the views of people on the street. One of the strengths of the process is that it brings forward a range of opinions and perspectives not necessarily obvious to those who prepare the original drafts of legislation. On this note I congratulate all members of the subcommittee from all parties and thank all witnesses who provided testimony on this legislation.

When we start talking about illicit substances such as marijuana and cocaine people want to broaden the horizons. Many of the witnesses who came to the subcommittee on health were not really addressing Bill C-7 specifically. They wanted to put broader issues on the agenda such as a more socially responsible approach to dealing with cannabis. It is argued there may be times when people are guilty of simple possession by aberration. They have been to a party, accepted a gift and have been caught. In such a circumstance the criminal mark should not be on record for the rest of their lives.

It cannot be denied that a large number of Canadians are at least tolerant of soft drug use. They have heard a former Prime Minister and the President of the United States admit to experimenting with marijuana. They see courts routinely granting

absolute or conditional discharges for simple possession charges while imposing fines for simple traffic violations.

Some people in the subcommittee were even saying we should decriminalize marijuana. However, by international law we cannot decriminalize it. We have to consider it a criminal offence but we can deal with the consequences associated with marijuana. That is one of the changes that has come through in this newly amended bill.

Specifically for possession of marijuana, 30 grams or less, we have reduced the seriousness of the offence. The negative impact on someone charged with this offence will be changed. No fingerprints or photographs will be taken by police officers. No traceable record will appear in national criminal databases. The law has been modified.

• (1230)

This does not mean that the penalties have been reduced. They have not. The penalty for possession of 30 grams or less of cannabis continues to be a \$1,000 fine or six months or both. It is the ancillary impacts that will change. A conviction on this charge will not curb one's ability to travel internationally, for instance. It will not interfere with getting a job.

Another concern raised in subcommittee was to put something in the bill to ask the courts to move toward rehabilitation and treatment instead of automatically treating all users as hardened criminals. Therefore the introduction of section 11, which deals with sentencing, addresses this concern. Judges are encouraged to order rehabilitation and treatment in appropriate circumstances.

This said, it was not the government's intention that the bill would alter or review existing drug policy. It was meant to bring aspects of administration up to date from existing legislation that dates back to the 1960s and it gives effect to Canada's commitments on the various international agreements dealing with narcotics and psychotropic substances.

There is a change in penalties for trafficking in three kilograms of cannabis or less. Here the maximum penalty is lowered from 14 years down to 5 years less a day. The reason for this is not because the gravity of the offence has been diminished. In fact the subcommittee wanted to deal with trafficking as harshly. However, the lesser sentence achieves another goal: it leads to a streamlining of the judicial process. It hastens cases through the courts by eliminating requirements for preliminary hearings and trials by jury. It is not expected to change actual sentencing patterns. Even though the courts have been able to go to 14 years, they have not really been giving sentences anywhere near that length.

From now on drug charges will represent the true offences. Until now, when trafficking has been the issue prosecutors would often reduce it to a possession charge rather than proceed

Government Orders

through a full pre-trial and trial by jury. Now prosecutors will be more likely to lay the charges they should have been laying. In fact there is no intention to give any signal that the penalties that are currently being given for the offence are not appropriate. This is not getting soft on traffickers. Streamlining the prosecution of these offences would be a net gain for the criminal justice process but would not mean an actual reduction in sentences given current practice.

I alluded to the approach this bill takes to discouraging violence and any drug dealings involving youth. The approach is simply the following. Offences under Bill C-7 have penalties attached to them, including imprisonment. Judges have discretion in sentencing and may choose not to impose a prison sentence in any particular case. However, if an offence is accompanied by violence or the threat of violence, or if it takes place in or near the grounds of a school, or if it involves dealing with someone under the age of 18, the court is to consider any of these circumstances an aggravating factor. If it decides in such a case not to impose a prison sentence, then the bill requires that the court give reasons for such a decision.

There are very substantive changes between the current Bill C-7 we are discussing and its original version. I have mentioned the instructions to the court to consider rehabilitation and treatment at sentencing and the reduction in the impact of a conviction for simple possession of cannabis. The following is a representative sample of a dozen or more other changes to the bill.

The previous subsection 3(1), which dealt with controlling unlisted substances that have an effect similar to scheduled drugs, has been completely removed. It has been deleted. It had been objected that the conduct subject to criminal sanction in this subsection had not been specified enough and that herbs or natural extracts might be captured. Removing this subsection should remove all doubts on that score to those who sell herbs and have been concerned about this. It is no longer going to affect an individual even if they thought it might have. Now they need not worry on that count.

Subsection 30(1) has been amended to ensure that inspectors have reasonable grounds to believe that a place is used for an illicit purpose mentioned in the bill before entering the place.

Paragraph 30(1)(c) is amended to exclude the possibility that inspectors can examine a person's medical record and therefore infringe on the confidentiality between physician and patient.

• (1235)

Paragraph 54(1)(h) is amended to eliminate any risk that regulations made under the act could apply to medical practitioners or other professionals who are not targeted. That was a concern from those professionals who under the act were licensed to give prescription drugs. However, the definition of

Government Orders

trafficking has been broadened to include the sale by a licensed practitioner of a prescription to obtain drugs.

Every one of the concerns raised in subcommittee has been carefully examined in the reconstruction of this bill. This is not to say that every concern that was expressed has led to an amendment. Some were felt to be without foundation, such as the fear that the bill would threaten the viability of the existing needle exchange program. It was decided after examination that there was no such threat and there needed to be no amendment.

Other observations or criticisms will be more properly addressed in a general drug policy review rather than in Bill C-7. In fact that was a recommendation from the committee.

It has been suggested by some that this is not a health bill. Many of the issues that have come up deal with justice and enforcement. It should be made abundantly clear that controlled substances are not all bad substances. Many of them indeed are very good when used as prescribed. They are important to the health of the nation. They are major tools in the medical kit. Drugs and drug abuse are basically social and health problems. They find their way, however, into the criminal justice system not because they naturally and necessarily belong there, but because we have yet to devise a better method of control.

Prohibition has had very limited success and very high cost. Many believe that programs to increase awareness, education and treatment would be more successful for less money and less violence in drug enforcement. In fact the main thrust of Bill C-7 is that it allows for these controlled substances to be used for medical and scientific purposes. We need codeine, morphine and similar drugs to treat patients. Unfortunately they are also subject to abuse. Therefore, we need to build into the law how we deal with their diversion to non-medical purposes and their abuse potential. That is where most of the justice issues come into play in this bill.

The bill facilitates the placing of safeguards at all levels of production and distribution of high-risk drugs and allows them to be used as prescription drugs. This reduces the risk that drugs produced for legitimate purposes would be diverted into the illegal street market.

Canadians will have access as before to physicians, dentists, pharmacists and other licensed health care providers for whatever drug they need to treat their illnesses. They need not be concerned about that. Bill C-7 is not a catch-all for pharmaceutical preparations. It does not affect antibiotics, for example. It names clearly the drugs it would control, which are generally those used to treat pain and many psychotropic or mood-modifying drugs.

By including the concepts of treatment and rehabilitation, this bill also acknowledges the important health dimensions of drug

abuse. It begins to rebalance that emphasis on substance over user and coercion over persuasion. It is not a new policy and it is not even a big change, but it is an important shift in perspective. It opens the way to alternate approaches and choices in addressing a disease that afflicts hundreds of thousands of Canadians and the social well-being of Canada.

Bill C-7 is meant to control dangerous substances. We want to control these substances because in the wrong hands and used in the wrong way they can cause great harm to Canadians and to the social fabric of this country.

I say this even though I recognize that drug use is not a major concern for Canadians in general. In fact an Environics poll that focused on justice and crime issues last year found that only 2 per cent of respondents said that illicit drug use personally troubled them far more than other crimes. This was far behind phenomena such as domestic violence, youth gangs, breaking and entering and crimes against children.

There is another reason to control these drugs, and I believe it is a far more important reason. Many substances we are dealing with here have strong medical components. This bill aims to make them available to health professionals and their patients for legitimate medical purposes. These substances, as I said before, are an essential part of our armaments against human suffering. We need painkillers, tranquilizers and similar drugs to treat patients suffering from pain, anxiety, stress, depression and other illnesses that in fact are born of our age of worry and anxiety. These are substances for medical use.

• (1240)

Because Bill C-7 sharpens the tools we use to control the production and distribution of high-risk preparations that can be made available safely for prescription drugs does not mean that we are condemning those drugs. Patients will continue to have access to prescriptions through their doctors and pharmacists. Patients will always have what they need to treat illness and the medical records of patients will not be violated.

Health Canada's goals and priorities have repeatedly found support from the Canadian public, who rate the performance of health care in the current system at the very top of government activities. This is from Ekos Research.

Side by side with medicare on Health Canada's priority list is the protection against risks to Canadians' health. Therefore, illegally obtained and unsafe drugs are among those risks. Drug dependence is not only a criminal issue, it is very much a health and social issue. With some of these amendments we have tried to bring a positive approach to treatment programs for those who are afflicted by drug addictions. We support the help and appropriate treatment for those who want to get back their health and resume a normal life. We will continue to authorize metha-

done treatment for those who have a drug dependence. Methadone, as members will know, is a controlled substance that assists many opiate users to re-establish a constructive life. I want to assure the House that is not changing.

The department is also responsible for the national program to reduce the spread of HIV and AIDS. We will not be affecting the needle exchange programs, which in many communities have had massive positive results and have been so successful in curbing the spread of HIV among intravenous drug users. Medical devices such as needles were deliberately excluded from criminal sanctions in Bill C-7. So this effective public health program in fact will continue its good work.

The bill protects the rational use of some controlled substances as medicines while acting against the illicit distribution of these same substances. It recognizes that controlled drugs are indispensable and that their availability should not be restricted or compromised. It promotes the judicious use of medications by indicating ways in which controlled drugs can be handled, distributed and used. These substances are included in the legislation, as I said, to protect the health and safety of the public.

For example, Bill C-7 makes it possible for cancer patients and those who are terminally ill to obtain pain relief from prescribed medications such as morphine. In a hospital setting or for out-patients under strict medical supervision, even heroin is available for the treatment of pain and suffering. This legislation ensures that cocaine can be safely used in examination and in surgical procedures. Other medications aimed at treating less severe but still incapacitating conditions such as migraines are contained in the schedule of substances we are dealing with here. These will continue to be made accessible under this bill.

Some of these drugs are also used on the street and therefore are subject to trafficking. While these substances all have the opportunity to create good and help patients who are ill, they have a strong potential for abuse. It is not surprising that the enforcement aspect of Bill C-7 has therefore attracted attention. However, we must not forget that access to these substances must be preserved for the benefit of all those who are afflicted, which may include a majority of Canadians at some time in their lives. These substances are powerful. They have the power to do good but also the power to do harm. If a drug is prescribed by a physician and is used more than is prescribed by a physician, the addictive properties of these drugs could be forgotten. We do not want that harm to occur to patients.

As legislators, our task is to find a balance that will maximize good and minimize harm. I believe we have struck the appropriate balance in this legislation. I urge hon. members of the House to support it, as I will.

Government Orders

Mr. Grant Hill (MacLeod, Ref.): Mr. Speaker, good old Bill C-7 has been with us since my arrival in the House and I have followed it with fascination. It was of course a Tory bill introduced before this Parliament sat and was opposed then by my Liberal colleagues. I watched as it became a Liberal bill and was embraced with some degree of enthusiasm.

• (1245)

I invite people listening today to reflect on the parliamentary secretary's words during her original speech on this bill. I am sure they will find that the parliamentary secretary wholeheartedly supported Bill C-7 in its unmodified form. To be kind, that wholehearted support was somewhat enthusiastic.

This bill has gone through such a dramatic change in the committee process. That is what I am going to spend my time on today. Can the public influence a bill? The general perception in Canada is that the public cannot influence a bill. The fact is that the public can influence a bill, not only its tone but its actual final outcome.

What actually happened during the process of modifying this bill? I found, as did many people in Canada, that clause 3(1) and (2) could have significant potential harm to the health food industry. This clause stated that substances could be deemed to have a stimulant, depressant or hallucinogenic effect. It was plunked into the bill. Individuals across the country said it was too broad, too vague and not specific enough.

I received a host of requests for information. As an opposition health critic people said to me: "This seems to us to be a point where an opposition critic should step up to the plate". What did we do? We formed a very specific newsletter, which I have with me today. It states: "C-7 threatens choice in health care". It also mentioned areas of this bill that could have a profound effect on health care.

The newsletters went out along with a request for petitions to health food stores and to individuals who wrote asking for more information. The outpouring of support for this position of choice in health care was profound. I wish I could touch that nerve in other areas. I wish I could touch the nerve of the health food industry in other areas.

People contacted the subcommittee on health. I am convinced the committee members could not believe the outpouring. People contacted the minister, their MPs and me. Did I have a big role in this? I was only able to provide a small vehicle for the outpouring of personal sentiment. I do not put myself as a great individual in this debate at all, but the focus of the input was fascinating to me. The whole issue was choice in health care. Those individuals said: "Deny us that choice and you are treading on our toes".

The result and specific part of the bill I found so offensive was the ability for legislators to deem substances such as stimulants,

Government Orders

depressants and hallucinogens to be stricken completely. There has not been a great deal of fanfare about that.

I want to tell the Canadian public that this was a huge victory for those who wanted to choose what they take. There are those who say that people could make mistakes in their lives and I agree with that. However, when should regulators be involved in someone's personal decision making? When there is proven harm, when there are potential side effects, and when there is fraud in claims, doses, source or contents. Otherwise the public tells the legislators to step aside. No one knows better than the individual how they feel and what works for them when it comes to things they take into their body.

• (1250)

There is a price for this freedom. The price for the freedom is to be informed. The public says: "Government stand aside; we have spoken". I say to those who would regulate and legislate in this area, no one can be better informed than the citizen who has a need which is not met by bureaucrats and legislators, driven by internal pain, anxiety or wants. They want to seek out time honoured remedies. They said loudly and clearly: "You will never usurp this right".

People find that interesting coming from a physician and surgeon, someone who occasionally is criticized for being too narrow in focus. I have seen individuals not helped by my profession. I have seen individuals seek alternative therapies. I have seen individuals beg for the ability to do that. I believe they have and need the right to do exactly that.

Why did we bring an amendment to this bill, a bill that frankly has dramatically improved over the way it first came to this House? We brought an amendment because there is still a regulatory mechanism, the power to make regulations which still gives the government the power it had in clause 3, to deem something to be included in the bill without broad public debate.

Is the mechanism of public consultation sufficient? In my view it is not. When something is put into the *Canada Gazette* for 30 days, it can be missed. Things have been missed in the past. There needs to be a greater flag. I would have preferred to have had those amendments come to the parliamentary committee studying health related issues. That would have been a better step. My basic premise is that legislators should at least be involved. It should not be an almost behind the doors process.

I will strongly state to anyone who will listen that the power to make regulations can be passed with virtually no public scrutiny. Powers delegated to the governor in council are broad, vague and border on dictatorial. Our subcommittee recommended that this be reviewed. I would like to hark back to the parliamentary secretary's comments when she said that the public scrutiny which is present today is just fine. Why would the government which controls this subcommittee agree to review if those powers are just fine? Those arguments are inconsistent.

I am also very sceptical of the committee recommendation. I think that recommendation is going to fall into a black hole. I am going to give an example of why I think that will happen.

The first duty in the health committee was to look at order in council appointments. I asked a question in the health committee that if we were going to review these order in council appointments, how many of them had been turned down in history. The answer was that members looked at me as if I were crazy. Surely the committee would not have the power to turn down an order in council appointment. I asked: "Why then are we striking a subcommittee on order in council appointments"?

My premise was that the committee should review appointments at the appointment stage rather than at the nomination stage. Sure enough we went through a whole host of witnesses and the recommendation of the subcommittee was that order in council appointments, if they were to be reviewed by the committee, should be done at the appointment stage. There would be no power taken away from the government. If everyone on the list were up to snuff, there would be a checkmark beside each name. It would be a good time to review. Then the government could choose which individuals it wanted from those.

• (1255)

I asked the following question in high school after a class: If you were asked to review something, would you want to have that review be meaningful? The kids nodded to me. We would think it was nonsense to do it any other way. Where has that recommendation that order in council appointments be referred to the health committee gone? It has gone into a black hole somewhere, into government reorganization.

That indicates to me how cynical the government process sometimes can be. If a group of high school kids can see that it makes sense, it surely must make sense to the legislators. I will watch with profound interest the recommendation from the committee to review this power to make regulations. If it falls into the black hole as well, I will be greatly disappointed.

Bill C-7 has come a long way. If the power to make regulations were righted, I would support it. On the basis it is not righted, I will not support it.

Mr. Paul Szabo (Mississauga South, Lib.): Mr. Speaker, it gives me great pleasure to speak on behalf of Bill C-7, an act respecting the control of certain drugs, their precursors and other substances, and to amend certain other acts and repeal the Narcotic Control Act in consequence thereof.

Government Orders

This bill received first reading in February 1994 and passed second reading in April 1994. At that time it was referred to the House of Commons Standing Committee on Health which in turn struck an all-party subcommittee. I was appointed as the chair to study that bill, to receive witnesses from all parts of Canada representing major interest groups and to receive and consider submissions from major interest groups and Canadians from all walks of life. The committee received dozens of submissions and literally thousands of letters for its consideration.

As a consequence of our consultation and discussions, a number of questions and concerns were raised. The committee took the interventions very seriously and requested answers and explanations from officials. The bill is the responsibility of the Minister of Health but numerous aspects relating to enforcement and justice matters necessarily involve the solicitor general's office and the Ministry of Justice.

Officials from all of the ministries were very actively involved in the review of this bill after second reading and co-operated fully throughout the process. I want to give special thanks to them, particularly to Mr. Bruce Rowsell, director of dangerous drugs, health protection branch, Health Canada; Carol Langlois, project manager, bureau of dangerous drugs, health protection branch, Health Canada; Gérard Normand, counsel, national security group, Department of Justice; Mr. Paul Saint-Denis, senior counsel, criminal law policy section, Department of Justice; and Ron Dykeman, senior policy analyst, policing and law enforcement in the solicitor general's office.

The role of parliamentarians and their powers of influence as members of Parliament and members of standing committees of this House has changed dramatically in this Parliament. The subcommittee charged with the responsibility to study Bill C-7 demonstrated that the proposed legislation is subject to change. Indeed Bill C-7 has been changed in many important ways to address the legitimate concerns of Canadians.

As a result of our work, the committee has sought amendments on a number of critical elements of the bill. I am pleased to inform the House that the government through its relevant ministries has brought forward substantive—I emphasize substantive—amendments which fully satisfy the concerns raised by the committee. Some of the areas relate to the whole aspect of rehabilitation and treatment: the issues raised by practitioners, particularly by the Canadian Medical Association; the integrity of needle exchange programs; confidentiality and access to information; the scheduling and particularly the criteria for scheduling of products; the aspect of criminal records; the issue of fortified drug houses.

• (1300)

One of my colleagues from Edmonton came before the committee and made a plea on behalf of the law enforcement agencies of Edmonton to advise us of what is called fortified drug houses.

Very briefly, fortified drug houses are dwellings that have been altered substantially to ensure that enforcement agencies would not get ready access in the event it was determined there were illegal or illicit activities transpiring within that dwelling.

Initially the bill could not address that. Reasons were given but the committee did not accept them. Thanks to the intervention of our colleague and member for Edmonton West, this bill now provides the mechanism necessary for our law enforcement agencies to deal with the serious problem of fortified drug houses.

We also dealt with some complex matters concerning hybrid trafficking offences. I can tell members that the bill has changed significantly since second reading with regard to the amounts and the penalties.

As has been mentioned, we dealt with the deeming provisions under section 3.1 which I will speak to more fully a little later. We also dealt with section 59, the administration procedure for adjudication, a very important section.

The work of the committee was quite extensive and broad on a number of fronts. I am pleased to inform the House that the bill, as amended, received the support of all parties.

Some 69 amendments were made to a bill that contains 56 pages, 94 clauses and a large number of schedules listing drugs and various other aspects. We believe we have returned to the House a better piece of legislation which effectively meets the intended objectives of Bill C-7.

The subcommittee actually went beyond its mandate to address Bill C-7. Not only did we discharge our responsibilities with regard to the bill as was directed by the Standing Committee on Health, but we also made a further report to the Standing Committee on Health putting forward certain recommendations flowing from the work we did in considering the provisions of Bill C-7.

In brief, I would like to outline what those additional recommendations were. The first recommendation was that an expert task force be formed to devise rational criteria for schedules 1 to 7 of the control of drugs and substances act.

We would like to see this task force include the assistance and the consultation from organizations such as the Addiction Research Foundation, the Canadian Centre for Substance Abuse, the Canadian Pharmaceutical Association, the Canadian Medical Association and the Canadian Foundation on Drug Policy, not to mention the Canadian Medical Association, particularly, and any other relevant bodies. We would like them

Government Orders

to form a special task force with a mandate to establish precise criteria for the scheduling of substances under this act.

As a number of speakers will mention in speaking to the bill today, it deals with a large number of drugs. As was dealt with in the report stage motion with regard to governor in council changes to regulations, it is quite an onerous task to deal with the changes that would have to occur to scheduling if we have to go through committee every time a certain drug arises.

The second recommendation has to do with Canada's drug policy. I am going to talk quite a bit about drug policy because I believe Canadians should understand more fully the intent and the rationale for Bill C-7 and how it relates to Canada's drug policy, indeed the Canadian drug strategy.

The subcommittee on Bill C-7 recommends that the House of Commons Standing Committee on Health undertake a comprehensive review of the existing drug policy. I am pleased to report that the Minister of Health has already informally given her concurrence that a comprehensive review of our drug policy should be conducted.

• (1305)

The final recommendation has to do with the motion that was moved at report stage by the member for Macleod. It deals with the scrutiny of regulations and orders made by governor in council. This motion, in fact an amendment, was dealt with at subcommittee. Based on the conversations we had with all members and the debate that was held, it was clear that the question being raised was not generally relevant only to Bill C-7 but rather a matter of principle. A number of the previous speakers have referred to that principle: what can this place do and what authorities can it second in terms of amendments to legislation.

The Parliamentary Secretary to the Minister of Health outlined very clearly that there is a mechanism in place for the exposure of changes proposed, whether they be regulations or other changes. More important, those changes are not substantive changes to the legislation and to the intent of the legislation. It is more important that those governor in council authorities be available so that changes can be made which are consequential to other changes that occur and that things can happen quickly.

I will comment a little later, particularly with regard to section 3.1, the deeming provision, on new drugs and the reason why we have to pursue avenues to be able to address new drugs as they come on line. It has to do with technology and it has to do with the sophistication of those that produce illicit drugs.

We have asked the Standing Committee on Health to direct a question to the government House leader whether the House of

Commons standing committees could have the authority to approve or at least review all relevant regulations or orders made by the governor in council prior to coming in force. I believe that recommendation satisfies the member for Macleod. He withdrew the amendment at subcommittee and supported the principle of assessing whether or not governor in council orders are being abused.

It is a valid question and that is why the committee agreed with the member for Macleod to pose the question to the government House leader, so that all members of Parliament could more fully understand the mechanics and the rationale for governor in council orders.

We believe all committees should make appropriate recommendations consequential to the work they have done in studying legislation on what they have heard from the people of Canada. I am very proud that this committee took it upon itself to produce a supplementary report to the bill, which I feel is going to add substantially to the role of parliamentarians.

I wish to move more specifically to the bill. The parliamentary secretary very eloquently outlined a number of the technical aspects of the bill. I want to go back to the genesis because I know that for many members on all sides of the House their first exposure to this bill was the old Bill C-85 from the former government. It is a draconian Mulroney bill.

It is time for us to move away from the partisan apprehension about certain legislation because there are important reasons for Bill C-7 to be before this place and to be passed by this House.

Bill C-7 forms part of the national drug strategy. It is a multi-year program set up to combat the illicit drug trade within our boundaries. The bill consolidates and supplements the provisions found in the Narcotic Control Act and Parts III and IV of the Food and Drugs Act.

The supplementary provisions are necessary for a very important reason and that is because Canada must pass certain changes to its drug legislation so that we can be in conformity with certain international obligations to which we are a party.

Those treaties are three. The first is the Single Convention on Narcotic Drugs of 1961. That treaty dealt with things such as the cultivation of the coca bush.

• (1310)

The second treaty was the Convention on Psychotropic Substances, dated 1971. Among other things, it dealt with the expanded control over amphetamines.

Finally, the so-called Vienna convention is the United Nations Convention against Illicit Traffic in Narcotic Drugs and

Government Orders

Psychotropic Substances, dated 1988. Among other things, it deals with the import and export control over precursors.

Why is Bill C-7 so important? That is a question which members of Parliament must understand for their own edification because of the concerns which have been raised at second reading and throughout the genesis of the bill.

Because Bill C-7 provides for the scheduling of drugs which are controlled or restricted, it attracted substantial attention from groups and individuals who wanted to address Canada's drug policy with a view to taking a softer stance on drug possession and use and to treat it as a health problem rather than a criminal problem. This was the argument.

Our drug policy is reflected in Canada's drug strategy. Seventy per cent of our spending is directed at rehabilitation and treatment alternatives. Bill C-7 is part of Canada's drug strategy and addresses the enforcement aspects of our drug policy.

Many of the witnesses and interveners were critical of Bill C-7 because they wanted the opportunity to fully debate the overall drug policy, of which Bill C-7 is simply a part. Their interests were beyond the purview of our subcommittee but their concerns were noted in our recommendations which I referred to earlier.

The most important rationale for Bill C-7 was to bring our drug laws into compliance with the international conventions to which we are a party. It is this aspect on which I would like to elaborate.

Canada has been in violation of its treaty obligations for many years. As such, it has increasingly come under criticism by its treaty partners and the International Narcotics Control Board. This is the first time that a jurisdictional body has been mentioned, so I would like to highlight the International Narcotics Control Board.

Over the past 80 years a worldwide system to control drugs subject to abuse has developed gradually through adoption of a series of international treaties. The key multilateral conventions concurrently in effect are, as I mentioned: the 1961 Single Convention on Narcotic Drugs which was modified by the 1972 protocol; the 1971 Convention on Psychotropic Substances; and the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances, which was adopted in 1988. Each of these treaties has built on regulations already in place and has advanced international law.

From the beginning the principal objective of drug control treaties has been to restrict the use of these drugs to medical and scientific purposes.

The International Narcotics Control Board, known as the INCB, is an independent and quasi-judiciary body mandated to apply the United Nations conventions on drugs. It was created in 1968 by the 1961 Single Convention on Narcotic Drugs. Its predecessors were created by previous conventions on drugs, dating back to the League of Nations. The board is responsible for promoting the application of drug control treaties by govern-

ment. These treaties set out its tasks, which are essentially of two types.

First, with respect to the legal manufacture, trade and sale of drugs, the board ensures that there are sufficient quantities available for medical and scientific purposes and that none are misdirected from legal sources to illegal trafficking. To that end, it administers a narcotics evaluation system and a system of voluntary evaluation of psychotropic substances and monitors international drug trading through a statistical reporting system. Moreover, it monitors the measures taken by governments to control chemical products that can be used in the illicit manufacture of drugs, assisting them in preventing their being channelled toward illicit trafficking.

- (1315)

The second area of the mandate is with respect to the illicit manufacture and trafficking of drugs. In this regard, the board detects weaknesses in national and international control systems and helps to improve the situation. As well, it is responsible for assessing what chemical products used for illicit drug manufacturing might be placed under international control.

Our failure to comply, particularly in the area of control of benzodiazepines, was clearly singled out in the 1994 report of the International Narcotics Control Board presented to the United Nations on February 27, 1995. I want to quote from this report because it clearly demonstrates to all members why it is so important that Bill C-7 is passed by this House.

Paragraph 89 states: "A few parties to the 1971 convention, including Canada, Luxembourg and New Zealand, do not yet control international trade in all benzodiazepines. This represents a violation of the treaty obligations under the 1971 convention. The board has been in communication with those countries for a number of years, but their response has thus far been insufficient. The board reiterates its request to those countries to begin controlling without further delay their imports and exports of all benzodiazepines listed in the 1971 convention."

The report further states in paragraph 180: "Although Canada ratified the 1971 convention in 1988 and the 1988 conventions in 1990, national legislation is not yet in conformity with some of the provisions of those conventions and the Canadian authorities have not been fully implementing those provisions. There are indications that Canada is a source of benzodiazepines entering the rest of North America."

Government Orders

Paragraph 182 states: "In Canada, organized gangs trafficking in metamphetamines, PCPs and lysergic acid diethylamide, known as LSD, are increasingly becoming involved in illicit trafficking in precursors and other chemicals."

The final reference comes in the appending news release issued in conjunction with the INCB report. It states: "The black market in the United States is another main target for diversion and exports of these substances are not yet controlled, appears to be the main source of benzodiazepines diverted in the region. In one such case a broker company in the Bahamas established as a front by drug traffickers obtained from 1992 to 1994 large quantities of diazepam tablets from a Canadian origin to a local wholesaler. The company claimed that the tablets were to be exported to other countries in the Caribbean. In fact they were smuggled into the United States."

There are a number of other references. I think all members would understand clearly that Canada has been embarrassed in front of the United Nations, through the World Health Organization and through the International Narcotics Control Board because we have not met our obligations under the international treaties to which we are a party.

Once Bill C-7 is passed, it will bring Canada's laws up to date and in fact satisfy all the provisions of those treaties to which we are a party.

• (1320)

In March 1995 I had an opportunity, along with the Parliamentary Secretary to the Minister of Health, to meet with representatives of the INCB to discuss our deficiencies and review the progress of Bill C-7. I am pleased to advise that they were satisfied that Canada had finally developed a piece of legislation that was going to address those concerns. We are looking forward very much to advising our treaty partners that our laws are now in order with regard to those treaties. That is the most important reason for this piece of legislation.

Finally, I would like to make some brief comments about certain issues that attracted substantial attention throughout the subcommittee's work. The first issue, which I think has been on the minds of a number of members on all sides of this House, is our approach to illicit drugs. Many criticized Bill C-7 initially because they alleged that it reaffirms a criminalization and interdiction approach to illicit drugs instead of a public health approach.

As I mentioned, Bill C-7 forms only part of Canada's drug strategy, under which 70 per cent of our efforts are indeed directed at rehabilitation and treatment as alternatives. Bill C-7 also now includes, which it did not at second reading, a specific section addressing and promoting a rehabilitation and treatment approach to illicit drugs. Bill C-41, the omnibus sentencing bill, also makes reference and encouragement to the courts and provides that alternative to the court system to ensure that

wherever possible and appropriate, rehabilitation and treatment are desirable.

Some also argue that a softer approach should be taken on illicit drugs because they cause fewer health problems than alcohol and tobacco, which were omitted from the bill. Alcohol and tobacco are no longer omitted from Bill C-7. If we are to be successful in taking a hard line on their use under our laws we cannot get soft on drugs. Health impacts are not the only consideration. Far too many lives have been ruined by drugs, which costs our system billions of dollars annually in health, social and justice programs. We will continue to work with our treaty partners in the World Health Organization, the UN and the INCB to fight the war on drugs.

An awful lot has been said today with regard to subclause 3(1), which has to do with a deeming provision. In simple terms it basically states that if a drug or a substance is the same as or similar to an illicit substance it would be deemed to be covered by the act. The member for Macleod and some other speakers tended to paint one picture. I would like to provide a different version of the realities having to do with subclause 3(1).

The subcommittee and members of Parliament were literally swamped with letters and petitions from the distributors and users of natural and herbal remedies, as was stated by the member for Macleod. Industry leaders were alarmed because the bill referred to substances that had a similar stimulant or depressant effect to listed substances but were not themselves listed.

All products sold to the public through natural and herbal remedy outlets have been approved for use in Canada under our existing laws and jurisdictional authorities. The effect of these substances we are talking about is so minuscule relative to the potency of the drugs covered by this bill that there was never any interest or intent to even mention herbal remedies and products such as camomile tea or ma huang. These are very mild stimulants or depressants, many of which are included in everyday cough syrup. There was never intent in the bill. In fact, there is a very important reason why the bill initially attempted to deal with unnamed or unknown substances.

• (1325)

For those who have a need and a desire to use natural and herbal remedies, I say that if they can be obtained legally before Bill C-7, they will still be obtainable after Bill C-7 passes. The bill does not affect those.

I do want to comment on the misinformation that was generated by certain parties with regard to subclause 3(1). We have received some 4,000 letters and petitions from people with regard to this. I saw the trade magazines, which stated and showed very clearly that if the bill passes stores will be closed and remedies will only be available from a doctor. They stated that these remedies will all be illegal and will never be available again. With 4,000 Canadians being driven to write to the

committee, and I do not know how many wrote to other members of Parliament, imagine the alarm that was raised because of this misinformation.

I wonder how much the industry had to do with trying to raise this concern simply for business reasons so that people would go out and stock up on these products. There was absolutely no basis for concern. I believe that kind of approach to political opportunism is totally inappropriate when we are dealing with the people of Canada on matters that are important to them.

Subclause 3(1) was intended to cover substances that were chemically very similar to listed substances and produced the same or similar effect but were not themselves listed. The rapid changes in the technology of drug production makes it necessary for us to respond quickly to new drugs. If new drugs are to be developed and they are chemically very close and not on the schedule, it will take a long time to get them on the schedule and covered by the legislation.

Governor in council orders allow at least a period of approximately 30 days to get something on a schedule. As the parliamentary secretary pointed out, if international implications or feedback or input had to be received from outside the country I believe it would be extended to 75 days. Those are the reasons we need this.

Although the provisions of subclause 3(1) would have been helpful, there was sufficient concern within the committee about the violation of a fundamental legal principle that requires that conduct that is subject to criminal sanction must be specified clearly in the act. This is the reason why subclause 3(1) had to be removed. Deeming a provision and saying it was the same or similar did not name a substance, and it was potentially going to cause a problem. The provision was dropped from the current bill, although I suspect it will have to be reconsidered should problems arise with new drugs arriving on the streets of Canada.

The commercial production of hemp was raised with the committee. Substantial lobbying was done to have Bill C-7 permit the commercial production of hemp. Given the time I have, I would simply indicate to those who are interested that this particular bill does not at present permit the commercial production of hemp. There is a window whereby if it were deemed appropriate a mechanism could be triggered. However, this process could take years. I would simply say with regard to the commercial production of hemp that it is a long way off, if indeed it is appropriate at all.

Finally, I want to comment on the subject of marijuana. Not surprisingly, a number of Canadians urged the committee to decriminalize marijuana. They argued that the penalties were too harsh and did not reflect the attitudes of most Canadians or the lenient practices of the courts or the police.

Government Orders

• (1330)

No evidence was presented to us on the attitudes of Canadians. Not dealing with the drug policy in our committee, none was asked for as well.

However, there is no disputing the courts were clogged. This bill deals with that by changing the process for simple summary convictions for simple or first time possession. There is fast tracking for dealing with those offences.

The bill, passed by the House at second reading, included a provision that simple possession of cannabis was a criminal offence. As such any proposal to decriminalize marijuana would have been ruled out of order.

The committee could not even have dealt with the question because it was a change in drug policy. This committee had no mandate to deal with drug policy.

The issue is one of drug policy. More important, under the provisions of the various international treaties to which Canada is a party marijuana possession must be a criminal offence. As such it is very unlikely Canada will consider such a change.

A recent article in the *Telegraph Journal* in New Brunswick reported: "For possession of small amounts of cannabis, the amended sentence is six months and a \$1,000 fine instead of seven years and a \$2,000 fine". That simply is not true. It is misinformation and may lead the reader to believe the bill proposes the law to be more lenient on simple possession.

Under the existing Narcotic Control Act the maximum penalty for simple possession of marijuana on first offence and by summary conviction is \$1,000 and six months imprisonment. Under Bill C-7 the penalty is identical. We did not deal with drug policy.

Attitudes of many Canadians toward marijuana were developed many years ago when many failed to realize the technology of breeding plants has allowed producers to drastically increase the potency of marijuana by increasing its THC content, tetrahydrocannabinol.

Marijuana is about 15 times more potent today than it was 10 years ago. Marijuana today is as potent as cocaine was 10 years ago. Let there be no confusion, marijuana is a dangerous drug which can have serious health impacts. Its possession or use even in small amounts continues to constitute a criminal offence in Bill C-7 and in the laws of Canada.

I thank the members of the subcommittee for their due care and diligence in addressing Bill C-7. I believe we have made a

Government Orders

better piece of legislation and demonstrated once again that all members have the opportunity to significantly influence the development of effective legislation for Canada, which as we all know includes Quebec.

The Acting Speaker (Mr. Kilger): We will now proceed to the next stage of debate in which members will be entitled to a 20-minute maximum subject to 10 minutes of questions or comments.

Hon. Roger Simmons (Burin—St. George's, Lib.): Mr. Speaker, I am very pleased to rise in support of this bill. Like its predecessor, Bill C-85, this bill is intended to improve and modernize the drug abuse provisions currently contained in the Narcotic Control Act and the Food and Drugs Act.

I believe all of us here recognize the need for some reform in this area. Parts of the legislation are more than three decades old. It is obvious we cannot fight the drug problems of the 1990s with 30-year old legislation.

Some members have raised concerns about various aspects of the bill, particularly the health provisions which constitute the major part of the bill. Maybe those members are not aware that many of the concerns they have expressed have already been addressed by changes incorporated in Bill C-85 last year.

Although it is for the Minister of Health to respond to those concerns which have not yet been addressed, it is necessary to emphasize two points regarding the health provisions before I turn to the smaller but important law enforcement component of this bill.

This bill must not be looked at in isolation. It is not a stand alone piece of legislation. It is the last and most important in a series of pieces of legislation designed to support the Canada drug strategy.

• (1335)

This federal program is a 10 year, \$480 million campaign launched back in 1987 to fight substance abuse and drug trafficking in Canada. As part of that strategy Bill C-7 is an important element of the government's overall campaign to curb substance abuse.

Some members have raised alarming images of innocent doctors and pharmacists unable to practise their professions, of violations of doctor-patient confidentiality and of the potential for law-abiding citizens to be prosecuted for the use of every day substances such as caffeine. Of course nothing could be further from the truth. I believe that even the members who mouth that kind of fear know they are engaging more in fear mongering than in fact dissemination.

The initial health regulations to be proposed under this new bill will be identical in effect to those which currently exist under the Narcotic Control Act and parts III and IV of the Food and Drugs Act. Further, all of these existing regulations were developed in close co-operation with the people they most

affect: the doctors, the pharmacists and the veterinarians. We are not reinventing the wheel. We are simply building on a solid and proven foundation with the advice of the people most directly concerned.

The bill would eliminate ambiguity and broaden the scope of existing legislation so that governments and police services can respond effectively to the Canadian drug scene of the nineties. Undoubtedly new health regulations will eventually be promulgated but not before they have been developed in full consultation with the people most directly involved. That can hardly be described as acting in haste or with lack of forethought. This is simply acting with common sense.

The same common sense has been applied to the police enforcement aspect of the bill. Any police officer on the street will tell us that drug traffickers today use increasingly sophisticated methods to evade police efforts aimed at halting their deadly trade. To keep up with the traffickers the police need equally sophisticated investigative techniques such as reverse sting or sell-bust operations.

I hope my friend from Edmonton is getting all of this.

Mr. Hanrahan: You are going slow enough, Roger.

Mr. Simmons: Good to see you. We meet here every day at the same time.

The Acting Speaker (Mr. Kilger): I certainly do not want to diminish the friendliness that arises in the Chamber through debate but I urge members to please direct their interventions through the Chair.

Mr. Simmons: I thought I had done so, Mr. Speaker. If I did not, I apologize. I believe I was referring to my friend from Edmonton in the third person.

During this type of sting operation it is frequently necessary for the police to sell small quantities of drugs to traffickers to establish credibility and further investigations. These techniques already exist but at present have no specific legislative basis and consequently are open to legal challenge. The bill would ensure the police have an appropriate statutory basis on which to mount operations against drug traffickers in a manner consistent with the Canadian Charter of Rights and Freedoms.

I know an hon. member has argued such authority already exists for all police services under section 18 of the RCMP Act and he asked why we need this new provision. The answer is simple. First, section 18 of the RCMP Act applies only to the RCMP and not to any other police service. Second, section 18 of the act does not provide a clear statutory authority to the RCMP for mounting undercover drug operations.

• (1340)

It only imposes a duty on the RCMP alone to enforce the law using powers that already exist under other statutes such as the Narcotic Control Act. Clearly there is a world of difference

between this broad statutory obligation and similar obligations in provincial police acts and the specific authority needed by all police services, federal, provincial and municipal, to carry out sting operations, an authority provided for in this bill.

It is also important to note that the police enforcement regulations contemplated in this bill build on the existing narcotic control regulations and the food and drugs regulations. Both sets of regulations authorize police officers to possess narcotic and restricted drugs when directly related to police work.

What is new is that the bill removes ambiguity that exists in the current legislation and gives police services a firm and clear statutory base for carrying out undercover drug operations.

Again, we are not acting in haste here. The text of new police enforcement regulations have been published in the *Canada Gazette*, part I, to allow time for consultation and comment from all interested parties. Consistent with this, I am also pleased to announce that the solicitor general has provided to his provincial and territorial colleagues a discussion paper on the enforcement provisions of Bill C-7. This paper was also made public to members of the House and to the public. The paper outlines the policy underlying the new police enforcement regulations that will be made pursuant to this act.

This is an example of a government committed to consultation and the careful and methodical development of legislation that answers the needs and concerns of all stakeholders. That is how the government does business and how it should do business.

There have also been concerns that Bill C-7 may permit an unwarranted intrusion by the federal government into provincial areas of jurisdiction, in this case the conduct of provincial and municipal police anti-drug operations. That concern is without foundation. Bill C-7 expressly recognizes that both the federal and provincial governments have clearly defined jurisdictions in the area of drug enforcement. The authority of the provincial ministers responsible for policing over provincial and municipal police services is expressly stated in the bill.

Domestic issues aside, the bill is also important in that it will allow us to fulfil our international obligations. Canada is, after all, a signatory to three UN international conventions designed to counter substance abuse and drug trafficking: the Single Convention on Narcotics Drugs, a Convention on Psychotropic Substances and the Convention against Illicit Traffic in Narcotic Drugs Substances. These international conventions are crucial in the fight against drug traffickers.

Drug trafficking is an international problem requiring international action. We need only look at reports such as the RCMP national drug intelligence estimate to realize how true

Government Orders

that statement is. Money laundering through international banking systems, illegal drug routes criss-crossing the entire world and drug production centres ranging from South America to the Middle East all emphasize that international co-operation and co-ordination are necessary to effectively fight drug trafficking. That is why it is important Canada fulfil its international obligations to the best of its ability.

The bill will give our police services the tools they need to do their jobs properly and to ensure they are at least as effective in their anti-drug operations as their counterparts in other countries.

Aside from providing the police with a statutory basis for carrying out undercover drug operations, the bill also provides three other measures that will assist the police in their anti-drug activities. First, the bill will provide for controls on the import, export, production and distribution of controlled substances while at the same time allowing for the use of substances for medical, scientific and industrial purposes.

• (1345)

Second, the bill will provide a control on the import and export of precursors, which are chemical substances used to produce controlled substances.

Third, the bill will provide for the forfeiture of any property used to commit such offences and for a comprehensive search and seizure mechanism consistent with the Canadian Charter of Rights and Freedoms.

I hope in my remarks during the past few minutes that I have made it clear the police enforcement provisions of Bill C-7 are a carefully considered set of measures designed to give police the powers they need to do their job properly. The provisions do not embody any new and exceptional powers, contrary to what has been suggested in the Chamber. The provisions do not infringe on provincial jurisdiction, contrary to what has been suggested during the course of the debate. The provisions are subject to consultation and review. They balance the needs of the police against the interest of the community as a whole.

In short, it is modern legislation designed to respond to the demands of a modern world. Our police services deserve all the support we can give them, particularly when it comes to fighting drug traffickers. In the past we have shown our support through the passage of the proceeds of crime amendment and the Seized and Restrained Assets Management Act. Speedy passage of Bill C-7, the Controlled Drugs and Substances Act, would both complement the previous two pieces of legislation I have mentioned and be a further demonstration of our commitment to support the police in their fight against the drug trade.

Therefore I have much pleasure in inviting my colleagues on all sides of the Chamber to give their unfettered support to this excellent piece of legislation as expeditiously as possible.

Government Orders

Mrs. Rose-Marie Ur (Lambton—Middlesex, Lib.): Mr. Speaker, it gives me great pleasure today to address Bill C-7. The problem of addiction and those who profit from addiction troubles the nation, my constituents in Lambton—Middlesex and people throughout Canada. Speaking as one who was elected to represent the same constituents, it troubles me.

The illicit drug trade and those who live off its avail exact a heavy toll, especially on that segment of our population at the greatest risk: our youngsters, a prime and favourite target of those dealing in illicit drugs. Drugs destroy families. They destroy careers and they destroy futures. They also destroy young lives. Perhaps most of all, whilst doing so they put cash into the hands of criminals.

In the early eighties there were more casual drug users among young people. While we see today a steady decline of casual drug use, there remains a hard core group of heavy drug users. What is worse is that those who make up the majority of the group are the youngsters hardest to reach.

Street youth today are consuming far more drugs than frequent drug users who are still in school. The battle against illicit drug use is being waged in our cities, where the problem is most visible, through programs and high profile media campaigns. It has also been carried out in smaller communities across the country.

Do we need more compelling reasons to advance the case against drug abuse? These people, the young, the abused, school dropouts, street kids, the unemployed and off reserve aboriginal youth are hard to reach.

• (1350)

It therefore follows that the critical path to addressing the issues of substance abuse lies in education, prevention, treatment and rehabilitation. We must also strike at the root of the problem. We must equip law enforcement professionals with the tools needed to deal effectively with those who prey on the addicted. This bill provides the tool. We must promote sound law enforcement if we are ever to advance in the broader social goal of maintaining safe and peaceful communities. The bill provides the means of accomplishing this goal.

We have also heard how the bill looks to the future. First, it provides a flexible framework for controlling the import, export, production, distribution and use of controlled substances.

Second, it provides a mechanism that will allow us to implement our international obligations and to restrict the production or trade of regulated substances to the medical, scientific and industrial purposes.

Third, it enhances enforcement of the law by the police and the courts as it provides the police with the necessary tools to enforce the law and provides for the seizure and forfeiture of property used in offences involving controlled substances.

Additionally, by reaching a broader range of controlled substances, the new legislation will help make it more difficult for drug dealers to reach children and will strengthen sentences

handed down by the courts. It will make it easier for the police to arrest people who deal in illegal drugs.

Drug dealing in and around schools and in or near public places usually frequented by minors will constitute an aggravated factor at the time of sentencing. This means that judges will have to justify their decision when not imposing a jail sentence.

The new bill also places safeguards at all levels of production and distribution of controlled substances. This should ensure that they are not diverted from medical, scientific and industrial channels to the illegal street market.

Right now as we debate the bill designer drugs are being produced in some clandestine laboratory and cannot be subjected to prosecution until they are included in the schedules. These designer drugs have the same basic properties as more familiar substances such as stimulants, tranquillizers and painkillers. However their chemical properties have been slightly altered. The result is that these substances are not covered by existing legislation and can be sold with impunity.

Under the bill law enforcement officials will no longer have to wait for the drugs to appear on statutory schedules to stop criminals from selling them. So-called precursors, legal substances used in the manufacture of illicit substances, can also be obtained in large enough quantities through devious means.

The bill contains enhanced controls for anabolic steroids. Studies in the United States and Canada have shown clearly that the problem of steroids is not confined to the high stake arenas of international competition. This was confirmed by Justice Dubin's findings. High school and college athletes use steroids in hopes of winning athletic scholarships or to shape up more quickly. Recreational athletes, adolescents and adults alike use steroids to improve their physique.

It is no secret that even taken in limited doses for legitimate medical purposes steroids can cause serious side effects. Information from law enforcement agencies suggest that most steroids used by athletes are not prescribed by physicians. The mixture sold on the street may be of inferior quality or could pose unknown health risks.

Under the proposed act not only will it be easier to arrest and convict traffickers but it will enable governments to seize and forfeit the proceeds of crime and property used or intended for the purpose of committing a drug related crime.

It is only through the adoption of the measures of education, prevention and law enforcement that we will have the necessary means to foster healthy communities free of addiction, degradation and criminal oppression.

Children are entitled to grow up and develop in a supportive and caring environment, one which spawns honest, healthy and productive lifestyles. The bill before us is one way we can help to promote such a climate for the children of Canada.

• (1355)

At this point I stress three particular concerns brought to the attention of the subcommittee during its study of Bill C-7 with respect to the definition of practitioner. A number of witnesses appearing before the subcommittee, in particular the Canadian Medical Association, had grave concerns. We have addressed those concerns by setting out the definition of practitioner in clause 2 and by specifying that a practitioner be a registered and licensed individual. We have removed any possibility of the regulated activities of professionals being equated with trafficking.

The next issue is subclause 3(1). As originally drafted the bill deals with the effect similarity of substances not covered in any of the bill's schedules. Concerns over the particular subclause were raised by many groups and individuals. Their perception was that certain herbal products might be inadvertently covered by it.

Because of these concerns the subcommittee agreed to delete subclauses 3(1)(a) and (b) entirely. Essentially the effect similarity provisions have disappeared and we believe this would definitely erase all concerns regarding herbal products.

I will respond to some criticisms raised by members of the opposition during debate at second reading. Both the official opposition and Reform members identified the absence of regulations as a fundamental impediment to obtaining a full understanding of the impact of the legislation. The activities of pharmacists, physicians, dentists and veterinarians are currently subject to the regulations under the Narcotic Control Act and parts III and IV of the Food and Drugs Act.

The Speaker: The member will have time left in the debate after question period. However, it being 2 p.m., we will now proceed to Statements by Members.

STATEMENTS BY MEMBERS

[English]

NATIONAL UNITY

Mr. John Murphy (Annapolis Valley—Hants, Lib.): Mr. Speaker, over the last 128 years Canadians have built a country that is the envy of the world. We have built a land that is prosperous and a country based on shared values such as peace, compassion and tolerance.

S. O. 31

We are also a nation profoundly attached to remaining a united country, a nation that includes Quebec. The mutual social, economic and political benefits of a united country or a united Canada have been clearly stated by the leaders of the no campaign.

All Canadians from coast to coast have spoken from their hearts. They have reached out to say loud and clear that we want Quebec to stay. Now is the time for Quebec to look at the facts. When it does so, I believe Quebec will reject confusion, uncertainty and separation.

On this important day I believe Quebec will clearly express its intention to remain in a united Canada.

* * *

QUEBEC REFERENDUM

Mr. Ian McClelland (Edmonton Southwest, Ref.): Mr. Speaker, today the people of Quebec are making a decision that will affect not only Canadians living in Quebec but all Canadians. Our country will be profoundly changed regardless of the outcome of the Quebec referendum.

There are two ways to confront change: first, to resist at every opportunity, drawing comfort from that which is familiar; and, second and more difficult but potentially much more rewarding, to accept the inevitability of change, to embrace change and thereby have the opportunity to manage it.

Our country is poised at the precipice of such change. We have an opportunity to put aside past partisanship, past bias, and to look to the future with an open mind.

We have an historic opportunity to fashion a new federation that is flexible enough to accommodate our different visions, strong enough to weather life's storms, and gentle enough to be a beacon of hope to the world.

* * *

HEALTH CARE

Mr. Chris Axworthy (Saskatoon—Clark's Crossing, NDP): Mr. Speaker, the health minister has repeatedly stated her government's commitment to maintain the quality of health care. However, with federal government programs cut by a staggering \$7 billion over three years and more to come after, the government's commitment to equal and quality health care for all Canadians is simply unbelievable.

The Reform Party wants a two-tier health system, a good one for the rich and a poor one for everyone else. Both will lead to the end of the health care system we all treasure.

S. O. 31

The minister should show some leadership on the question of health promotion, which the World Health Organization defines as the process of enabling people to increase control over and to improve their health.

The province of Saskatchewan leads the field in Canada on the front of health promotion and health prevention. Even American insurance companies are more committed to health prevention than the minister is. It is not anything new; we have been hearing this for years.

With the continuing federal cuts, the challenge to continue to provide equal access to quality health care is a serious one. It is surely time for the government to begin looking at concrete methods of saving money and improving health care through a concerted initiative toward preventative health care.

It is time for the minister to show some real leadership and work with provincial ministers, health care professionals and—

The Speaker: The hon. member for Parry Sound—Muskoka.

* * *

NATIONAL UNITY

Mr. Andy Mitchell (Parry Sound—Muskoka, Lib.): Mr. Speaker, I rise today to provide an example of how much constituents in my riding believe in maintaining the unity of Canada.

Last week in the Parry Sound council chamber, the Canadian flag, flanked by the flags of Ontario and Quebec, joined that of the town of Parry Sound. Mayor Cunningham pointed out the inclusion of the Quebec flag, noting its special significance at this point in history. She went on to say: “It represents our tie to Quebec and our wish and hope that Quebec remain a part of Canada, our appreciation of its differences and what it adds to the nation”.

The mayor went on to quote a local columnist who had noted that many individuals would feel as if they had lost a substantial part of their identity and their sense of Canadianism if Quebec were to separate.

Mayor Cunningham reflects the vast majority of constituents in my riding who believe in the unity of Canada. They know that Confederation has worked for all parts of our nation and recognize that our unity and prosperity depends on a no vote today.

* * *

NATIONAL UNITY

Mr. Sarkis Assadourian (Don Valley North, Lib.): Mr. Speaker, today is referendum day in Quebec. All Canadians await anxiously the results of this vote.

I have received many letters and phone calls on this subject. I would like to share one such letter from the Canadian city of Montreal.

Canada is a nation made up of numerous nationalities besides French and English, people who left their native countries to contribute their intelligence, energy and talent to their new nation, Canada, to build a better life in peace for themselves and for their children.

When they were separated from their homelands they had in mind a new project of integration because they believed that unity is a strength and to live in a united and strong Canada would bring them both strength and prosperity. After years of contributing to the growth and success of la belle province, it is heartbreaking to see those who would destroy our nation Canada.

As we have built this nation together we must vote to keep this country united.

The letter is signed by the Assadourian family.

I urge all Quebecers to reflect on these thoughts.

* * *

NATIONAL UNITY

Mr. Ed Harper (Simcoe Centre, Ref.): Mr. Speaker, today Canadians are watching and hoping for a strong no vote in Quebec. Reformers believe that no means not only no to the separatists but no to the status quo as well.

We must all acknowledge the problems that have led us to this point, starting with the top down style of federalism that dictates to provinces and people, instead of bottom up grassroots democracy.

The problems of ever increasing taxes, the enormous debt, unacceptable levels of unemployment and a failing criminal justice system are the result of failed policies of the past.

Reform has recently published 20 proposals for a renewed Canada. Without constitutional change, we would give power back to the provinces in language and culture, in natural resources and manpower training.

We would give Canadians direct democracy through recall, referendum and free votes in this House.

I urge my fellow Canadians in Quebec to vote no today and in doing so, say yes to a renewed Canada.

* * *

NATIONAL UNITY

Mr. Murray Calder (Wellington—Grey—Dufferin—Simcoe, Lib.): Mr. Speaker, Monday and Tuesday of last week I had the opportunity to meet with 50 students from Collingwood Collegiate Institute and to be part of their demonstration for national unity.

These students took it upon themselves to show their deep commitment to the people of Quebec by coming here to Ottawa—Hull to talk with and to share their concern and love for this great country with students from Quebec. They implore the

people of Quebec to vote no today and to share their dream of a united Canada that is respectful of their language and traditions, as well as being judged one of the best countries in the world in which to live.

I have with me today a petition from 359 students from Collingwood Collegiate Institute asking Quebecers to keep their faith in Canada and Canadians.

* * *

• (1405)

NATIONAL UNITY

Mrs. Rose-Marie Ur (Lambton—Middlesex, Lib.): Mr. Speaker, people from all over Canada, including my riding of Lambton—Middlesex, gathered by the thousands last Friday in Montreal to show their support for Canadian unity.

The future of this country is for our children. In that vein I am happy to report that some children in my riding have sent a message of support to our Prime Minister and to Canada. It consists of a huge 10-foot unity poster which was put together by the grade 5 and 6 class of Caradoc North Public School in Caradoc township near Strathroy, Ontario.

The idea for this poster which consists of 400 pairs of hands and 400 accompanying signatures came from the children. Its theme of course is unity among Canadians, all Canadians and its message is heartfelt and sincere. Over the top of the 400 pairs of clasped hands is a message in French and English: Ne separez pas. Don't let go.

For the sake of our children, let us keep this wonderful country, our Canada, together.

* * *

QUEBEC REFERENDUM

Mr. Herb Grubel (Capilano—Howe Sound, Ref.): Mr. Speaker, we Canadians are lucky. Our country's political and democratic institutions are sound and have the confidence of the people. They have served us well in a long history. They were used to resolve some of the most fundamental conflicts any society can face, the role of government in private lives and the power of centralist institutions in conflict with regional aspirations.

The resolution to these and many other conflicts were never supported by all Canadians. Before votes, they were discussed widely and heatedly. They divided families, friends and regions. After the votes were counted, the democratic decision was accepted. Losers licked their wounds and resolved to fight again by the same rules.

S. O. 31

This democratic tradition will be tested severely when the votes are counted today, when the stakes are higher than they have ever been before, when many fear the end of Canada.

I pray that all Canadians and especially we in these chambers continue to follow our successful democratic tradition and accept the people's—

The Speaker: The hon. member for Kamloops.

* * *

GOVERNMENT POLICIES

Mr. Nelson Riis (Kamloops, NDP): Mr. Speaker, the second anniversary of the Liberal government of course has now come and gone. Increasingly in the provinces and territories people are very concerned about the future. I wonder why.

The Prime Minister stated that he would tear up the FTA and would only sign NAFTA if major changes were made. No changes were made and the Prime Minister has become the strongest cheerleader of the NAFTA program down south.

The Liberals promised a new Bank of Canada policy. When they assumed office the rate was 4.3 per cent and today it is closer to 7 per cent. Canadians thought that the new policy meant lower interest rates not higher ones.

The Liberals promised a national child care program. Instead they have cut funding for the existing child care programs across the country.

The Liberals promised to abolish the hated GST. Today the GST continues to be collected and the government now is thinking of only changing the name of the GST.

Looking at the future we see reduced UI payments, reduced pension coverage, reduced—

* * *

[Translation]

UNITED WAY

Mr. Bernie Collins (Souris—Moose Mountain, Lib.): Mr. Speaker, it is with great pride that I rise today in the House to pay honour to my city of Estevan, Saskatchewan. Estevan has wrapped up its United Way campaign with a telethon which generated \$139,000. This year they reached their objective faster than any other city in Canada. And this is not the first time; they have done the same eighteen times in the last nineteen years.

Estevan was the first city in the country to reach its United Way objective. Estevan is a perfect example of the values that are important to both Canada and the United Way: compassion

S. O. 31

and generosity to all Canadians. Let us tip our hats in honour of Estevan, the most generous city in all of Canada.

[*Translation*]

* * *

[*English*]

NATIONAL UNITY

Mrs. Bonnie Hickey (St. John's East, Lib.): Mr. Speaker, I rise today as a Newfoundland MP and a proud Canadian. I speak on behalf of my constituents of St. John's East and the majority of Newfoundlanders. My message is to the people of Quebec and it comes from our hearts:

Today you will vote in a referendum to separate from Canada and the outcome affects us all. It was not that long ago that the people of Newfoundland voted to join Canada. You welcomed us and we have lived together in one peaceful nation.

We may come from different regions and face different circumstances but we share many of the same values and principles.

• (1410)

Like you, I want the best for my family and for my children. I want them to be able to find good jobs, to have the service and programs they need and to live in a generous and compassionate country. These goals are possible in a united Canada. Anything is possible in a united Canada. Let your children inherit the best country in the world, Canada. Vote no.

* * *

NATIONAL UNITY

Mr. Ray Speaker (Lethbridge, Ref.): Mr. Speaker, after 128 years of nationhood we find ourselves on the brink of massive change. Today millions of Quebecers will be asked to decide whether they want to stay and build Canada or to leave and construct a nation of their own.

Regardless of the outcome of this vote, regardless of whether Quebecers choose to stay or to go, one thing is clear: This country will never be the same again. If nothing else, the referendum has demonstrated the bankruptcy of the status quo.

A narrow victory for the no will not change the fact that millions of Quebecers have voted for fundamental change. Whether to stay or to go is for Quebecers to decide, but on behalf of my Reform colleagues I send the following message to Quebec: If you choose to remain Canadian you will not be alone. There are millions of reform minded people like you in every province of this country. Join with us. Together we can build a renewed federation which addresses our concerns. Vote no for sovereignty and yes to the new Canada.

NATIONAL UNITY

Mr. Guy H. Arseneault (Restigouche—Chaleur, Lib.): Mr. Speaker, the Quebec referendum debate will have had the side effect of encouraging the people of other Canadian provinces to express the heartfelt feelings they harbour toward Quebec.

For more than a week now, hearts in all of Canada beat in time with those in Quebec. This harmony of thoughts and feelings reached its peak with the monster rally last Friday in Montreal.

There was only one message to be delivered at that rally, and I believe that it was: our brothers and sisters in the other provinces understand and love us. They do not want to see their country broken apart, and they cannot imagine a Canada without Quebec.

By voting no this evening, the men and women of Quebec will allow us to continue this great adventure of tolerance and openness. My wish on this October 30, 1995 is: long life to Quebec, long life to Canada.

* * *

[*English*]

WORLD TRADE ORGANIZATION

Mr. Bill Blaikie (Winnipeg Transcona, NDP): Mr. Speaker, China is now in the process of applying for membership in the World Trade Organization, an application which the Liberal government supports in spite of China's appalling record on human rights and labour rights.

The WTO does not have any rules regarding labour rights, despite the efforts of the NDP working alongside many labour movements, social democratic parties and others around the world. To join, China must therefore prove it will respect foreign investors' intellectual property rights but not the rights of many child labourers, prison labourers and conscript labourers who suffer in China's unregulated labour market.

Trade will improve human rights in countries like China if and only if international trade rules offer the same protection for the human rights of citizens and workers as they do for the rights of investors.

I call on the government to take the lead internationally in making China's membership in the WTO conditional on the respect for basic labour rights.

* * *

IMMIGRATION AND REFUGEE BOARD

Mr. Randy White (Fraser Valley West, Ref.): Mr. Speaker, I have good news and bad news today.

Oral Questions

The good news is that Bounjan Inthavong, the bad guy from Laos who participated in the murder of young Kirby Martin by beating him with a baseball bat, has been deported. The minister of immigration assisted me in that deportation and I thank him for that. I hope the next time it will not take a year and a half to get his act in gear.

The bad news is that there are many more to deport, like Karel Kral and Hector Lopez. Standing in the way of these deportations is an inept, incompetent refugee board.

Most Canadians do not know this but these refugee boards are not required to look at criminal convictions of non-Canadians at refugee hearings, only the consequences of sending them back to the receiving countries—

The Speaker: The hon. member for Madawaska—Victoria.

* * *

[*Translation*]

NATIONAL UNITY

Mrs. Pierrette Ringuette—Maltais (Madawaska—Victoria, Lib.): Mr. Speaker, my statement today is that of millions of Canadians across this country. It is as follows:

• (1415)

O Canada! Our home and native land!
True patriot love in all thy sons command.
With glowing hearts we see thee rise,
The True North strong and free!
From far and wide, O Canada, we stand on guard for thee.
God keep our land glorious and free!
O Canada, we stand on guard for thee.
O Canada, we stand on guard for thee!

Some hon. members: Hear, hear.

ORAL QUESTION PERIOD

[*English*]

FEDERAL—PROVINCIAL RELATIONS

Mr. Preston Manning (Calgary Southwest, Ref.): Mr. Speaker, regardless of the outcome of the Quebec referendum, Canada must go on with important changes in the federal system. The priorities of the Canadian people must be met. The federal debt has risen to over \$560 billion. Canadians are staggering under an oppressive tax burden. Our health care system is on the critical list. Canadians are increasingly concerned about their public safety.

My question is for the Minister of Intergovernmental Affairs. Is the government willing to make changes, real changes, in these important areas to prepare Canada for the 21st century?

[*Translation*]

Hon. Sheila Copps (Deputy Prime Minister and Minister of the Environment, Lib.): Thank you, Mr. Manning, for this vote of confidence in Canada.

[*English*]

Mr. Preston Manning (Calgary Southwest, Ref.): Mr. Speaker, we saw on Friday and again throughout the weekend the power that Canadians can exert when they work together. Tens of thousands of Canadians joined together in a common cause and voiced a common concern. They want a united country and a Canada that is open to change. On that point I think I can speak for every member of this House when I say that we love this country and we will fight for change within a united Canada.

Is the government prepared to invite greater public input and greater public participation, like we saw on the weekend, in developing and implementing a Canadian agenda for change?

Hon. Sheila Copps (Deputy Prime Minister and Minister of the Environment, Lib.): Mr. Speaker, certainly we can agree with the Reform Party on one point. The show of strength of Canadians from across the country who converged on the city of Montreal to show their solidarity with Quebecers and to show Quebecers that not only is Canada good for Quebec, but Quebec is a very key part of Canada, with that we can certainly agree.

We look for the continued support of the leader of the Reform Party to implement an agenda where Canadians can feel at home in any part of their country, in any language.

Mr. Preston Manning (Calgary Southwest, Ref.): Mr. Speaker, in order to address many of the concerns on the Canadian agenda there needs to be a realignment of responsibilities between the federal and provincial governments.

Canadians want the control of the financing of services, like social services that affect their daily lives, to be in the hands of the level of government which is closest to them. They want the federal government to play a co-ordinating role in the establishment of national standards and a stronger role in the area of international trade on which so many jobs and incomes depend.

My question is for the Minister of Intergovernmental Affairs. In the days following the referendum is the government prepared to fundamentally rethink its relationship with the provinces and realign important federal and provincial responsibilities?

Hon. Sheila Copps (Deputy Prime Minister and Minister of the Environment, Lib.): Mr. Speaker, there was one message which came out very loud and clear from the people who gathered in Montreal from every corner of the country. The message was that they were tired of political fights. This was not a discussion among politicians. It was a heart to heart talk among the people of Canada. I personally spoke to a lady in a

Oral Questions

wheelchair who came from Peace River, Alberta with her husband. She met me in the elevator and she said:

• (1420)

[*Translation*]

“Ms. Copps, I do not speak French, but if you could tell Quebecers their being part of this country is important, tell them, because their Canada is my Canada”. And that is the message we must give Quebecers today, not the message that Canada does not work. Canada can change. Canada will change. And it will change with the heart of Canada inside it: Quebec.

* * *

[*English*]

THE ECONOMY

Mr. Herb Grubel (Capilano—Howe Sound, Ref.): Mr. Speaker, whatever the outcome of the referendum today, Canada's deficit crisis remains. The difference between the government's spending and revenues is nearly \$100 million every 24 hours of every week, of every month, at least for this year.

Can the Minister of Finance assure the people of Canada that whatever the outcome of the referendum, he has decisive plans for the prompt elimination of the deficit?

Hon. Douglas Peters (Secretary of State (International Financial Institutions), Lib.): Mr. Speaker, the government has a clear plan to reduce the deficit and to move from 3 per cent of GDP to a balanced budget. We have followed our plan.

Despite the changes in the economic environment, as the finance minister says, come hell or high water we are going to meet our targets in reducing the deficit. The best way of doing that is what we have done, to keep our feet to the fire with rolling two year targets. We have done that and we are going to continue doing it.

Mr. Herb Grubel (Capilano—Howe Sound, Ref.): Mr. Speaker, whatever the outcome of the referendum today, Canada's debt will still be \$560 billion. Our generation imposes an irresponsibly high burden on young Canadians.

Can the minister assure young Canadians that he has decisive plans to deal with the burden of the debt on young Canadians?

Hon. Sheila Copps (Deputy Prime Minister and Minister of the Environment, Lib.): Mr. Speaker, if the Reform Party were really interested in the financial state of the country, instead of using question period on this very important day to score cheap political points, it would be working with the

Government of Canada to keep Canada together which is the best message for the Canadian dollar that we can expect.

* * *

SOCIAL PROGRAMS

Mr. Nelson Riis (Kamloops, NDP): Mr. Speaker, my question is directed to the Deputy Prime Minister.

I think it is fair to say that citizens in all provinces and territories today are concerned about what they hear of the government's plans to reduce the unemployment insurance program, reduce pension coverage, reduce health care funding, reduce post-secondary education funding, reduce support for all social programs and last, high interest rates and high unemployment levels.

Knowing that this is in place and these are the trends, why should Canadians in any province and territory today be hopeful about the future?

[*Translation*]

Hon. Sheila Copps (Deputy Prime Minister and Minister of the Environment, Lib.): Mr. Speaker, I want to thank the hon. member for his question, because it gives me a chance to repeat the message I sounded loud and clear in the Gaspé on Saturday.

It was that Gérald Larose, who for 25 years has worked for the sole cause of separation, is spreading false versions of the federal government's policies on unemployment insurance. I can assure the hon. member, as I did in the Magdalen Islands yesterday, that the documents prepared by Gérald Larose and the CSN are pure separatist propaganda and of no value in the current debate.

[*English*]

Mr. Nelson Riis (Kamloops, NDP): Mr. Speaker, my supplementary question is also for the Deputy Prime Minister and concerns integrity in government and particularly in this government.

The Deputy Prime Minister promised Canadians that if the hated GST was not abolished immediately that she would resign her seat. Why has the Deputy Prime Minister not resigned her seat?

• (1425)

Hon. Sheila Copps (Deputy Prime Minister and Minister of the Environment, Lib.): Mr. Speaker, when I hear a member of the New Democratic Party from British Columbia talking about integrity, I want to say “bingo”.

An hon. member: Under the “N” for New Democrats.

Ms. Copps: I will say that during the election campaign I gave my word to the people of my riding that if we did not scrap the GST before the next election, I would resign and I intend to respect that promise.

Some hon. members: Oh, oh.

* * *

INCOME TAX

Mr. Jim Silye (Calgary Centre, Ref.): Mr. Speaker, regardless of the outcome tonight, the government should proceed with important, positive and constructive changes in the area of taxation.

The Liberal red book clearly states that fairness, simplicity and harmonization should be the key objectives of Liberal tax policies.

If they want to meet this promise, when will the Minister of Finance commit his government to full parliamentary review of our convoluted, complicated, confusing income tax system?

Hon. Douglas Peters (Secretary of State (International Financial Institutions), Lib.): Mr. Speaker, compared to some other tax systems, ours is a model of simplicity. We review it every—

Some hon. members: Oh, oh.

Mr. Peters: Have a pack of yahoos taken over the seats over there?

Mr. Jim Silye (Calgary Centre, Ref.): Mr. Speaker, let me try again.

The charter of rights and freedoms has 7,000 words, the Bible 773,000 words, the Income Tax Act has 1,200,000 words. Our current system of taxation has become an enormous social experiment which can no longer be understood, much less justified. Given that the United States is looking at flat tax reforms being brought forward by almost every Republican candidate for the next presidential election and this parliamentary secretary jokes about simplicity, when will the government follow suit and offer Canadians some hope in the form of tax reform and tax relief?

Hon. Douglas Peters (Secretary of State (International Financial Institutions), Lib.): Mr. Speaker, every time someone proposes the flat tax, I ask them: Are you going to pay more taxes or less taxes under a flat tax system? They always answer one way. They are going to pay less. I do not know who is going to pay the taxes under a flat tax system if that is the case.

I know under the Reform Party plan who will pay more taxes. The poor and the middle class are going to pay more and the wealthy are going to pay less because that is the Reform Party platform.

* * *

[Translation]

CANADIAN FORCES

Mr. Ted McWhinney (Vancouver Quadra, Lib.): Mr. Speaker, my question is directed to the Minister of National Defence.

Oral Questions

Yesterday, the first Canadian Forces flight to leave Bosnia arrived in Quebec City. A second flight will arrive today. These members of the peacekeeping force have worked under very difficult conditions in an extremely difficult situation.

Could the minister tell the House about the role these Canadians have played in saving the lives of civilians and opening the door to peace in a region torn by war?

Hon. David M. Collenette (Minister of National Defence and Minister of Veterans Affairs, Lib.): Mr. Speaker, I want to thank the hon. member for his question. I wish to commend all members of the Canadian Forces who worked in the former Yugoslavia during the past four years.

They served with great distinction, and we are proud of all members of the Canadian Forces.

• (1430)

[English]

It is not very well known that Canada now has, joining among its citizens upon the return of members from the armed forces, more veterans from armed conflict than at any time since the Korean war. The men and women who have served in Bosnia and Croatia have seen terrible hostility. They have seen a society that has been ravaged.

They have brought the best principles of civility, tolerance and compassion of a united Canada to bear upon their service in that area.

[Translation]

Mr. Ted McWhinney (Vancouver Quadra, Lib.): Mr. Speaker, I have a supplementary for the minister.

Could the minister tell us of the prospects for the future deployment of Canadian peacekeeping forces in Bosnia?

[English]

Hon. David M. Collenette (Minister of National Defence and Minister of Veterans Affairs, Lib.): Mr. Speaker, as the Prime Minister has said, Canada would consider participating in any force set up to help keep the peace in Bosnia after the appropriate peace settlement is negotiated. That is an option we are keeping open and one that we will consider.

Canadians appreciate that we have worked very hard in that area for the last three or four years and that we have contributed much. That does not mean to say we would not be prepared to continue our co-operation with any new force.

* * *

SOCIAL PROGRAMS

Mrs. Jan Brown (Calgary Southeast, Ref.): Mr. Speaker, as Reformers and as Canadian we sincerely believe in a strong and

Oral Questions

united Canada both today and for the future. I know the Liberals share our vision for a more decentralized federation.

Regardless of today's vote, to indicate an end to the status quo what specific powers and changes is the Minister of Human Resources Development prepared to offer to the provinces in the area of social programs?

Hon. Lloyd Axworthy (Minister of Human Resources Development and Minister of Western Economic Diversification, Lib.): Mr. Speaker, I was interested in the opening question of the leader of the third party asking us to engage Canadians in a major debate.

Up to now the Reform Party has opposed the major public participation that we encourage in looking at the changes to social programs. I am glad to see there has been a change in attitude on the part of the Reform Party.

One of the most important lessons out of the dialogue that has taken place with hundreds of thousands of Canadians is when they are talking about decentralization there is much talk about giving the individual more choice, providing more resources in the hands of individual Canadians and local communities to allow them to help shape, design and customize employment programs and social programs to meet the requirements of their own local communities.

As the hon. member will know, we have already taken a major step to fundamentally decentralize the operation of the Department of Human Resources Development which serves 11 million Canadians. It is the largest service delivery organization in the country. We have already announced those steps to bring the locus of responsibility, accountability and decision making to the local level so that we can work in partnership at the local level with individuals.

That is an indication of the kind of changes we want to make.

[*Translation*]

Mrs. Jan Brown (Calgary Southeast, Ref.): Mr. Speaker, in French, please.

The Reform Party would like to offer more hope to Canada and all the provinces, including Quebec. We believe we must decentralize control over social programs. Canadians are calling for it and so are the provinces. We want the provinces to have the final say over training, education and social assistance programs.

Will the minister of human resources be consulting in this regard?

Hon. Lloyd Axworthy (Minister of Human Resources Development and Minister of Western Economic Diversification, Lib.): Mr. Speaker, as the hon. member for Calgary Southeast knows, we have, in the past year, offered all of the provinces the option of full responsibility for training so they would have all the flexibility they need to manage this area of

jurisdiction. I set up a negotiating process with all the provinces and many agreements have been reached.

• (1435)

As far as unemployment insurance is concerned, I hope that, with the reform, there will be a new system, a new network for Canadian jobs. There will be a lot of opportunity to continue negotiating with the provinces, the unions, businesses and social groups in order to come up with a new approach to developing an employment system for all Canadians.

* * *

[*English*]

JASWANT KHALRA

Ms. Colleen Beaumier (Brampton, Lib.): Mr. Speaker, my question is for the Secretary of State for Asia-Pacific.

Jaswant Khalra, a human rights activist who appeared before Canadian parliamentarians in March, was abducted from his home in Amritsar, Punjab, India on September 6 by unknown persons. He has not been heard from since and police investigations in India have revealed no information as to his whereabouts.

Mr. Khalra's abduction is of great concern to many Canadians as well as to the international human rights community. What action has Canada taken regarding the abduction of Mr. Khalra?

Hon. Raymond Chan (Secretary of State (Asia-Pacific), Lib.): Mr. Speaker, after my department learned of Mr. Khalra's abduction our high commission in New Delhi made immediate approaches to the Indian authorities regarding this case.

We have contacted the human rights person in the Punjab state regarding his abduction. I raised the case of Mr. Khalra with the foreign affairs minister of India in New York when I attended the United Nations conference earlier this month.

The Prime Minister and I will be travelling next week to New Zealand for the Commonwealth conference. At that time we will continue to follow up with the Indian government regarding this matter.

* * *

JUSTICE

Mr. Art Hanger (Calgary Northeast, Ref.): Mr. Speaker, regardless of the outcome of today's referendum, Canadians continue to be extremely concerned about their safety. The early release of violent offenders is one issue that will not go away.

Can the solicitor general explain to Canadians why a first degree murderer is allowed to appeal his parole eligibility after serving only 15 years of a life sentence?

Hon. Allan Rock (Minister of Justice and Attorney General of Canada, Lib.): Mr. Speaker, section 745 has been part of the Criminal Code for almost 20 years. The debates which accompanied its introduction those many years ago disclose a will on the part of Parliament to provide the possibility after 15

years for persons to go in front of a jury to ask for permission to apply for parole in certain circumstances.

What must be borne in mind is this is not the right to parole. This is simply a provision permitting a prisoner to go before a jury drawn from the community to test the question of whether they should be permitted to apply for parole to the Parole Board.

That was the will of Parliament when that provision was adopted 15 years ago.

Mr. Art Hanger (Calgary Northeast, Ref.): Mr. Speaker, murderers Jim Peters and Robert Brown raped, stabbed to death and burned the bodies of their victims Laurie Boyd and Debbie Stevens. The Boyd and Stevens families are outraged to think that Peters could be eligible for a parole or even for parole review after serving only 15 years.

Since the solicitor general says he cannot intervene in the decision making process, will he support the repeal of section 745 of the Criminal Code and ask his party to support it as well?

Hon. Allan Rock (Minister of Justice and Attorney General of Canada, Lib.): Mr. Speaker, over the last two years I have met with dozens of victims of violent crime, women whose husbands have been killed, children left without parents, men and women whose children have been lost to violence.

I have listened to the message those Canadians have expressed. As part of Bill C-41 we changed section 745 to ensure that the courts on application for permission to apply for early parole will be obligated to hear from the families of victims as a factor to be taken into account in making that decision.

• (1440)

There are those who say that is not enough. Let me respond to the hon. member further. When the private members' bill to repeal section 745 came before the House there was in essence a free vote on that subject. That bill has now gone to committee. I have encouraged the committee to look broadly at the whole subject and make recommendations. We shall pay close attention to those recommendations once they are made.

* * *

SOCIAL PROGRAMS

Mr. Chris Axworthy (Saskatoon—Clark's Crossing, NDP): Mr. Speaker, my question is for the Deputy Prime Minister. Canadians everywhere well remember the members of the present government's forceful opposition to the previous Conservative government's cutbacks on health care, post-secondary education and social programs when in opposition.

Oral Questions

Yet since moving from the opposition benches to the government side there has been a change of heart. This government's cuts to health care, post-secondary and social programs are the deepest in the last 50 years. While implementing an 8 per cent cut across the board, there is a full 25 per cent cut in these three areas.

Does she feel that tearing down the very institutions which define us as Canadians and which we hold dear is the way to build a strong, unified country?

Hon. Sheila Copps (Deputy Prime Minister and Minister of the Environment, Lib.): No, Mr. Speaker. On a day that all Canadians should be rallying to support Canada, on the eve of a very critical vote for all of us, I am rather surprised the NDP has joined the chorus of naysayers on the Reform side of the House.

I can only hope that between now and the time the polls close tonight in Quebec the message will not be coming out—the one that seems to be coming from the opposition benches—that Canada is in a mess and that it does not work.

The people of Canada have stated loud and clear they want universal health care available to everyone. The government has taken that suggestion against the opposition of certain premiers and certain political parties. We will fight to ensure that every single Canadian has access to health care because that too is part of the Canadian dream.

* * *

[Translation]

IRVING WHALE

Mr. Guy H. Arseneault (Restigouche—Chaleur, Lib.): Mr. Speaker, according to an article in *La Presse* last Saturday, a large quantity of oil is leaking from the *Irving Whale*. Could the Deputy Prime Minister and Minister of the Environment give us some information on the subject and reassure fishermen in the gulf?

Hon. Sheila Copps (Deputy Prime Minister and Minister of the Environment, Lib.): Mr. Speaker, I would like to give hon. members my assurances, as I did yesterday when I met with representatives of the RCM in the Magdalen Islands, that Canada will be there to take its responsibilities as soon as possible. It is too bad the Bloc Quebecois is trying to obstruct the refloating of the *Irving Whale*, but as soon as we can, and in fact this spring, despite the crushing opposition of the Bloc Quebecois, we will refloat the *Irving Whale*. And the fact that oil is leaking now goes to show how important it is to do this as soon as possible, and we will do it in Canada.

Oral Questions

[English]

SOCIAL PROGRAMS

Mr. Grant Hill (Macleod, Ref.): Mr. Speaker, regardless of today's vote Canadians know changes to our social programs are essential. The Department of Health recently spent \$2.5 million on public opinion polling. With all that money the minister must know what changes Canadians want. Would she tell us?

Hon. Diane Marleau (Minister of Health, Lib.): Mr. Speaker, when the hon. member speaks about polling and the money that was spent, the majority of the money was spent on tobacco. It was for a number of surveys including the study on plain packaging.

As a result of the Supreme Court decision, before any actions are taken or any pieces of legislation brought forward, we need to have evidence on which to base that legislation. It is necessary to have these surveys. I am a very careful with money but there are times when we have to spend those dollars.

Mr. Grant Hill (Macleod, Ref.): Mr. Speaker, the minister is fond of saying we want a U.S. style health care system.

An hon. member: No she isn't.

An hon. member: Wrong party.

• (1445)

Mr. Hill (Macleod): It has very little to recommend it, frankly. Canadians are looking at a system much more like that in Europe. There they have a public system complemented by the private system. The costs go down and the access goes up.

Is the minister polling to improve medicare or simply to protect her legislation?

Hon. Diane Marleau (Minister of Health, Lib.): Mr. Speaker, medicare in this country is about more than money. It is about more than cheap politics. It is even about more than health care.

Medicare concerns our self-understanding as a people and as a country. It concerns our identity as a fair, just, compassionate and pragmatic people. It is an identity that was fashioned by our commitment to shared fundamental values. It is an identity that is cherished by every Canadian.

Medicare recognizes the very best of what we are as Canadians. Without the medicare system we have now, Canadians would lose a very important mirror on themselves. We will not allow that.

U.S. BORDER TAX

Ms. Shaughnessy Cohen (Windsor—St. Clair, Lib.): Mr. Speaker, my question is for the Minister for International Trade.

Last February an American senator assured us that a plan to impose a fee on Canadians crossing into the States was "as dead as Elvis". Elvis may be dead, but I think he has been appearing in Washington before a Senate committee because they are talking about moving ahead with this plan.

Will the minister please tell us what the government is doing to persuade the Americans not to tax Canadians entering their fair country?

An hon. member: We want Elvis.

Hon. Roy MacLaren (Minister for International Trade): Mr. Speaker, I believe there have been a few sightings recently. In fact the House leader, who is something of an expert in these matters, has reported one such sighting.

The United States Senate judiciary subcommittee did indeed agree to a dollar tax on people entering the United States, but when it goes to full committee it is unlikely to carry. We are quite confident that when the full committee reviews the recommendation it will not go forward.

In any event, I would add that we have consistently pursued our point of view with the United States government, which is that, as the member suggests, such a measure would be in conflict with the United States commitments under NAFTA, a point that my colleague, the Minister of National Revenue, made when he visited Washington recently.

* * *

IMMIGRATION

Ms. Val Meredith (Surrey—White Rock—South Langley, Ref.): Mr. Speaker, no matter what happens with the vote in Quebec tonight, Canada must proceed with important constructive change.

Four years ago the Canada-Quebec accord was signed, which gave Quebec a significant voice and federal funding for immigration matters in that province. I ask the Minister of Citizenship and Immigration if this government is prepared to sign similar agreements with the other provinces.

Hon. Sergio Marchi (Minister of Citizenship and Immigration, Lib.): Mr. Speaker, on the contrary, it really does matter what happens tonight.

Some hon. members: Right on.

Some hon. members: Hear, hear.

*Oral Questions***YOUTH SERVICE CANADA**

Mr. Tobin: Bravo. The Reform Party might have to learn to live with a no. That will be tough.

Mr. Marchi: Mr. Speaker, our Prime Minister has made it abundantly clear that change has been a defining characteristic of this government.

With respect to immigration, we have not only talked about change, we have actually gone out there and done it. There happen to be seven provincial agreements with the federal government on immigration. We are actively negotiating with the three other provinces that do not have an agreement. British Columbia and Manitoba are already well entrained and Ontario is advancing very nicely.

• (1450)

We also talked to the provinces about renewing the way we integrate, so we will be moving from a position of not only Ottawa knows best but going local because if it does not happen locally it does not work nationally.

We have talked to the provinces and are working with the provinces on promotion and recruitment from abroad and also with respect to giving additional powers to the provinces.

We will have more to say when we announce the levels on Wednesday afternoon.

Ms. Val Meredith (Surrey—White Rock—South Langley, Ref.): Mr. Speaker, it is encouraging to hear that the Minister of Citizenship and Immigration is willing to let the provinces have more control in immigration.

I would like to know if the minister, when he announces the immigration projections for the new year on Wednesday, is going to allow the provinces to have input in the immigration levels of their provinces.

Hon. Sergio Marchi (Minister of Citizenship and Immigration, Lib.): Mr. Speaker, not only will they have input from Wednesday on, I have actually discussed with and written to every one of my provincial counterparts to consult with them as to what the numbers ought to be and, beyond the numbers, what categories there should be in this country and what kind of latitude the provinces should have.

For instance, with Manitoba, along with the Minister of Human Resources Development, we have been discussing very intensely in the last number of days and weeks its need for garment workers. That is not solely an immigration matter, not solely an HRD matter, and not only a matter for the province. It is a matter for governments in general to get their collective acts together.

We are moving in the right direction. We recognize that it is a shared jurisdiction. I would hope the hon. member would stand up and applaud our efforts.

Mr. Janko Peric (Cambridge, Lib.): Mr. Speaker, I understand there has been an evaluation done on Youth Service Canada. Can the Secretary of State for Training and Youth provide us with some of the highlights of this report?

Hon. Lloyd Axworthy (Minister of Human Resources Development and Minister of Western Economic Diversification, Lib.): Mr. Speaker, normally I would want the secretary of state to give the answer because she has done yeoman's service in ensuring that the young people of this country have been provided with new opportunities for employment. However, in her absence, as it comes under my general responsibilities, I would like to answer.

At this time we have over 200 projects operating in the country in which young people have been given an opportunity for community experience as well as being able to earn a stipend so they can return to school. Over 80 per cent of the young people involved in the first year have indicated that they will be using the experience they have gained plus the honorarium they have earned to return to school, to start their own businesses, or to gain further employment.

It shows that when we give young people a chance in this country they are not the problem, they are the solution.

* * *

ABORIGINAL LAND CLAIMS

Mr. John Duncan (North Island—Powell River, Ref.): Mr. Speaker, according to polls the number one issue in British Columbia is aboriginal issues. Among the provincial political parties there is a growing divergence of views on aboriginal issues.

With the current lame duck NDP administration in the waning days of its mandate, will the Minister of Indian Affairs and Northern Development assure the House that he will not entertain completion of any comprehensive agreements, such as the Nisga'a claim, until there is a new administration with a fresh mandate?

Hon. Ron Irwin (Minister of Indian Affairs and Northern Development, Lib.): Mr. Speaker, this government is prepared to entertain anything on which there has been consultation, which looks feasible, which will result in something better than when we started, and which takes into consideration the history of the aboriginal people. I see nothing in the proposal of the Reform Party that suggests it has adhered to any of those four criteria.

The Nisga'a have been waiting almost 80 years for justice and now the Reform member is saying do not do anything until the non-Nisga'a government changes in British Columbia. To do the honourable thing we should move ahead.

Oral Questions

● (1455)

I want to point out that the native people in this country have expressed their love for Canada in the last week by the Montagnais voting 99 per cent no, the Inuit voting 95 per cent no and the Cree voting 96.3 per cent no. Do we treat them and their sense of feeling for this country by saying do not deal with them but wait for the next provincial election? My answer to the hon. member is no, absolutely not.

Mr. John Duncan (North Island—Powell River, Ref.): Mr. Speaker, this month the B.C. Minister of Aboriginal Affairs publicly stated that settling B.C. land claims will cost \$10 billion. The federal minister's department this month estimated costs of \$5 billion. My numbers tally with those of the provincial minister.

When there are radically different estimates on such a critical issue does the minister not agree that the public deserves financial transparency and a cost-benefit analysis on this issue?

Hon. Ron Irwin (Minister of Indian Affairs and Northern Development, Lib.): Mr. Speaker, what the public needs is some straight talk from the Reform Party.

The member for Athabasca, who sits on the Reform Party's policy committee, said: "The Europeans came to this country 300 years ago, opened it up and settled it. Because we did not kill the Indians and have Indian wars does not mean we did not conquer these people. If they were not in fact conquered then why did the aboriginal people allow themselves to be herded into little reserves in the most isolated, desolate, worthless parts of this country?" That is what has happened in B.C.

The hon. member now says we should not do anything. Well now is not the time to take that position. I wish the Reform Party would support the BCTC legislation, which they may, so we can start negotiating and doing the job we were elected for: to support the very people the Reform Party represents. This hon. member has half a dozen to a dozen First Nations in his riding. It is about time he realized that they are Canadians and voters and have grievances that we must begin to resolve.

* * *

MEDICARE

Mr. Bill Blaikie (Winnipeg Transcona, NDP): Mr. Speaker, my question is for the Deputy Prime Minister.

The Deputy Prime Minister talked earlier about fighting for medicare. I do not doubt the Deputy Prime Minister's commitment to medicare. However, I would like to ask her a question. Does she and the government not see that if this government continues the trend toward unilateral withdrawal of the federal government from the fiscal partnership that medicare also

was—it was not just a partnership with respect to standards and services—they will be unable to maintain national standards because they will lose the critical moral edge they need and the Reform Party will win by default?

We have to fund medicare as well as fight for it. When will this government start funding medicare so that we can save it?

Hon. Diane Marleau (Minister of Health, Lib.): Mr. Speaker, we have stated unequivocally that we would continue to fund medicare in this country with stable, ongoing funding.

There are many myths out there and one has to do with the decrease in funding by the federal government. Since we have been in power we have not decreased the funding at all.

Let me give the member an example of what is happening in Alberta in terms of our share of funding for health care expenditures. When we took office the level of federal funding in Alberta was 33 per cent of its health care expenditures. The following year it rose to 37 per cent of its health care expenditures. This year federal funding for health care in Alberta, as our share of its spending, will be 40.6 per cent.

* * *

ENVIRONMENT

Mr. Paul E. Forseth (New Westminster—Burnaby, Ref.): Mr. Speaker, my question is on the environment. On Friday we were assured in the House that the Canadian Council of Ministers of the Environment draft environmental framework would be released for public discussion.

● (1500)

Can the government inform us of this discussion schedule and the implementation time frame that will make this agreement a reality instead of another paper proposal?

Hon. Sheila Copps (Deputy Prime Minister and Minister of the Environment, Lib.): Mr. Speaker, the ministers agreed unanimously at the meeting in Whitehorse to release the document. We are ready at the federal level. We are speaking with our provincial colleagues and hope it will be released within a few days.

* * *

[Translation]

PENSIONS

Ms. Marlene Catterall (Ottawa West, Lib.): Mr. Speaker, my question is directed to the Secretary of State for International Financial Institutions.

Ninety per cent of the neediest senior citizens in this country are women. Because of their traditional roles and the fact they

were usually paid lower salaries, many women can expect to receive little or nothing in the way of pensions in their old age.

What does the minister intend to do to enforce the principle of equity between men and women with respect to pension reform?

[English]

Hon. Douglas Peters (Secretary of State (International Financial Institutions), Lib.): Mr. Speaker, I would like to thank the hon. member for Ottawa West for raising the issue.

Canada is world renowned for having one of the best retirement systems in the world yet one disadvantaged group in our country is single, elderly women. In recognition of that fact, Liberal governments have in successive years improved the security of low income, elderly women. The result is that retirement incomes for elderly women have been drastically improving over the last 10 or 20 years. The proportion of low income, elderly, women has declined significantly.

That is in contrast to the proposal on pensions from the Reform Party which would have the opposite effect of making the single, elderly woman less well off.

* * *

PRESENCE IN GALLERY

The Speaker: Colleagues, I would like to draw your attention to the presence in the gallery of Dr. Antje Vollmer, Vice-President of the Bundestag of the Federal Republic of Germany.

Some hon. members: Hear, hear.

* * *

POINTS OF ORDER

SINGING OF O CANADA IN HOUSE

Mr. Preston Manning (Calgary Southwest, Ref.): Mr. Speaker, I raise a point of order to seek the consent of the House for a small amendment to the standing orders which I think every patriotic member will support.

All of us participated enthusiastically today in the singing of "O Canada". Many of us, if not all of us, would like that to become a regular feature of the House just like the flag.

Eighteen months ago an amendment to this effect was referred to the Standing Committee on Procedure and House Affairs but nothing came of it.

I, therefore, seek the unanimous consent of the House for the following motion:

That Standing Order 30(1) be amended by adding immediately after the word "upon", the following:

Point of Order

On Wednesdays, immediately after prayers, the Speaker shall cause Canada's national anthem to be played or sung in the House.

That Standing Order 30(2) be amended by deleting all the words after the word "prayers" and substituting the following:

Or on Wednesdays after Canada's national anthem has been sung or played, the business of the House shall commence.

And that the clerk be authorized to make any consequential amendments to the standing orders in this regard.

If this was the only piece of business we did on this particular day I think it would be a good piece of business for Canada.

Some hon. members: Hear, hear.

Mr. Peter Milliken (Parliamentary Secretary to Leader of the Government in the House of Commons, Lib.): Mr. Speaker, I want to congratulate the hon. member on his very helpful suggestion.

I can indicate to him that having given me some notice this morning of the fact that he intended to raise the matter, although I did not have the specifics of the motion he had planned, I spoke with the chief government whip who, as he knows, is a member of the procedure and House affairs committee which I have the honour to chair. The chief government whip indicated to me his enthusiasm for the suggestion and he is quite prepared to consider it in committee. While I am happy to take the hon. member's motion under advisement, it would be inappropriate to make changes to the standing orders of the House here on the floor without notice.

• (1505)

Normally notice is given of these motions if they come at all through other than the committee. I think it appropriate that the committee take the matter under advisement and report to the House. I will undertake to see that the committee does study it at an early date.

The Speaker: Does the hon. member have the unanimous consent of the House to move the motion?

Some hon. members: Agreed.

Some hon. members: No.

The Speaker: There is not unanimous consent.

Some hon. members: Oh, oh.

The Speaker: My colleagues, I asked the House if we had unanimous consent to proceed with the motion. The House has refused it. Therefore this particular matter is set to one side.

If the hon. member has another point of order, I will gladly hear it but if it is on the same subject the House has decided.

The hon. member, for clarification.

Miss Deborah Grey (Beaver River, Ref.): Mr. Speaker, this is the very same motion I brought to the procedure and House affairs committee a year and a half ago.

Government Orders

Can we have two motions the same? It seems ludicrous to me that it was already sent there. How could we then send the very same motion back again? Let us just do it.

The Speaker: My colleague, you ask for clarification. What the committee does is the committee's business until there is a report to the House. I do not recall a report coming to the House.

To go back, we had a request for unanimous consent and the unanimous consent was turned down by the House.

Mr. John Nunziata (York South—Weston, Lib.): Mr. Speaker, a question of privilege. Perhaps a false impression has been left with my constituents that the Liberal Party opposes the singing of the national anthem in the House of Commons.

The fact that unanimous consent was denied does not mean that the Liberal Party is opposed to the merits of the resolution. The fact that unanimous consent was denied only means that it was denied with respect to the process that the Reform Party is following to—

Some hon. members: Oh, oh.

The Speaker: That is enough now on this. The point has been made and I have heard interventions. We asked for the unanimous consent of the House and it was denied. I permitted two interventions which perhaps in hindsight might have been done at another time.

We are going to proceed now to the tabling of documents.

Ms. Clancy: Mr. Speaker, I would like to say on behalf of my constituents from Nova Scotia that those who came to Montreal on Friday and sang "O Canada" loud and clear—

Some hon. members: Oh, oh.

The Speaker: Tabling of documents, the hon. parliamentary secretary.

ROUTINE PROCEEDINGS

• (1510)

[Translation]

GOVERNMENT RESPONSE TO PETITIONS

Mr. Peter Milliken (Parliamentary Secretary to Leader of the Government in the House of Commons, Lib.): Mr. Speaker, pursuant to Standing Order 36(8), I have the honour to table, in both official languages, the government's response to four petitions.

[English]

NATIONAL HOUSING ACT

Hon. David Dingwall (Minister of Public Works and Government Services and Minister for the Atlantic Canada Opportunities Agency, Lib.) moved for leave to introduce Bill C-108, an act to amend the National Housing Act.

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

* * *

PETITIONS

INCOME TAX

Mr. Paul Szabo (Mississauga South, Lib.): Mr. Speaker, this is a very important day for Canada which we all know includes Quebec.

Pursuant to Standing Order 36, I wish to present a petition which has been circulating all across Canada. The petition has been signed by a number of Canadians from Moose Jaw, Saskatchewan.

The petitioners would like to draw to the attention of the House that managing the family home and caring for preschool children is an honourable profession which has not been recognized for its value to our society. They also state that the Income Tax Act discriminates against families that make the choice to provide care in the home to preschool children, the chronically ill, the disabled or the aged.

The petitioners therefore pray and call on Parliament to pursue initiatives to eliminate tax discrimination against families that decide to provide care in the home for preschool children, the disabled, the chronically ill or the aged.

* * *

QUESTIONS ON THE ORDER PAPER

Mr. Peter Milliken (Parliamentary Secretary to Leader of the Government in the House of Commons, Lib.): Mr. Speaker, I 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

The House resumed consideration of the motion that Bill C-7, an act respecting the control of certain drugs, their precursors

and other substances and to amend certain other acts and repeal the Narcotic Control Act in consequence thereof, be read the third time and passed.

The Speaker: The hon. member for Lambton—Middlesex has about 10 minutes left in her speech.

Mrs. Rose-Marie Ur (Lambton—Middlesex, Lib.): Mr. Speaker, the regulations made initially under the new legislation will not differ substantially from those that currently apply to such activities under the existing legislation.

One of the purposes of the regulation making power is to enable the government to respond quickly to changing professional practices. The flexibility provided by regulations will ensure the availability of such drugs for appropriate medical and scientific purposes while complying with international drug control conventions.

Any changes in the regulations will only be made following full consultation with all affected parties using a regulatory consultation process that has been used for years by the Department of Health. Both the official opposition and the Reform Party member suggested there would be inconsistencies between various provisions of the bill and the charter of rights and freedoms.

One of the aspects of the bill identified as giving rise to charter challenges relates to the powers of inspectors under part IV. Reference was made to the interim order provisions of section 34 which permit the Minister of Health to act to limit professional drug distribution activities where there is substantial risk of immediate danger to the health and safety of Canadians. In addition the requirement to answer an inspector's questions was equated with self-incrimination in a criminal context.

In reply the solicitor general pointed out to members that the Minister of Justice must examine every bill for compliance with the charter before it is tabled.

Inspections that we are referring to here are inspections conducted to determine whether regulated persons are complying with the requirements under which they carry on their business or their profession. There are many acts, both federal and provincial, which confer broad powers of entry on inspectors in the interest of ensuring public health and safety.

• (1515)

These provisions are not criminal law in the true sense but administrative provisions that either have an independent existence or are incidental to criminal law. The applicable charter principles are not those that apply to criminal law provisions but those that apply to administrative inspection regimens.

These types of provisions have been in force in Canada under federal drug control legislation for over 80 years. They effec-

Government Orders

tively establish a federal regulatory scheme that governs the distribution and use of scheduled drugs in Canada in a manner consistent with limiting their diversion to the illicit drug market and consistent with Canada's international obligations under the United Nations drug control conventions currently in force in Canada.

Contraventions of designated regulations give rise to a hearing before an adjudicator as indicated in part V of the bill. It may result in a ministerial order which should effectively prevent a reoccurrence. No penalty of fine or imprisonment applies to a breach of these provisions of the regulations. Charter principles that would apply if imprisonment were available as a penalty are not applicable here.

Another area of criticism relates to the impact of the bill on physician-patient and pharmacist-patient confidentiality. Both members identified access to confidential files of patients as an unacceptable interference in the private lives of honest citizens. There is very little new here.

For over 30 years, under the narcotic control regulations the Minister of Health has exercised legislative authority to require a practitioner to provide any information concerning a patient treated with narcotics to the bureau of dangerous drugs, including the diagnosis, history and prescribing information relevant to the patient. This is the very information inspectors are being authorized to copy. Similarly, pharmacists are required to report prescriptions every two months to the bureau of dangerous drugs. Approximately 4.2 million prescriptions are reported to the bureau each year.

Subject to legitimate program activities required under the current and proposed legislation to protect public health and safety, physician-patient and pharmacist-patient confidentiality is and will be fully maintained. This information currently obtained is also subject to the Privacy Act, which prohibits its use or disclosure by any official except in accordance with that act. The Privacy Act ensures that all information collected by the federal government for program purposes is treated confidentially.

Concerning the so-called doctor shopping or double doctoring offence, the official opposition member cited evidence given by the Canadian Medical Association before the legislative committee which examined Bill C-85. It was argued that Bill C-7 would be unsatisfactory to doctors as they would be included within the ambit of clause 5(2). The Reform member asserted that this provision would mean that seeking help for an addiction would be a crime.

In fact the criticism was accepted by the committee and it was proposed that the provision be changed to essentially return to the existing section found in the Narcotic Control Act. As a result, the provision now refers only to persons who receive prescriptions from doctors.

Government Orders

The Reform member's comments are difficult to understand. Clause 5(2) of Bill C-7 as it now stands could not be applied to a person who goes in any one month to only one doctor for his medical requirements. This provision deals not with dependent persons seeking help, but rather with dependent persons who are seeking drugs from many doctors but help from none.

We all understand that control of controlled substances is a complex matter which requires a carefully constructed legal basis in order to be effective, judicious and fair. I believe this bill is a most appropriate instrument for the administration of the laws and regulations we need.

We are dealing with an aspect of society which demands proper protection of the innocent, the inexperienced and the vulnerable. It also demands forceful prosecution of the exploitive, the criminal and the ruthless.

I believe this bill strikes just the right balance between these two requirements.

• (1520)

While we continue to minimize harm through education and prevention, and while we continue to show compassion for victims through treatment and rehabilitation, we must also strike at the criminal heart of this problem. In passing this bill, we will be making contributions to successful battles against drug abuse now and well into the future.

Mr. John Maloney (Erie, Lib.): Mr. Speaker, I welcome the opportunity to speak on this bill today. This bill concerns controlling drugs and substances and addresses one of the most compelling issues with which society is faced today, the issue of drug abuse. Constituents in Erie riding have demanded action and this government has responded.

As each member of the House is only too aware, drug abuse and the untold suffering it causes knows no geography, no socioeconomic class, no social graces. The problem is widespread. It strikes hard and with devastation. It destroys families, careers and lives. We must stop this waste.

According to a United Nations survey, trade in illegal drugs is second only to world trade in arms. This is a very sobering fact. The incidence of drug abuse rises considerably among teenagers and young adults who are school drop outs, unemployed or homeless. Do not be fooled. This disease, this cancer is in our schools as well. Ask your children. Ask your grandchildren. It is truly frightening.

While recognizing that there is a need to emphasize demand reduction, it is important that the Government of Canada complement these efforts with drug law enforcement and crime prevention.

This bill is intended to consolidate, modernize, enhance and streamline the government's drug control policy underlying two current acts of Parliament and to fulfil Canada's obligations under three international conventions.

In 1961 the government of the day enacted the Narcotic Control Act as a follow up to the single convention on narcotic drugs. In anticipation of the 1971 convention on psychotropic substances, in 1961 and 1969, Parliament passed parts III and IV respectively of the Food and Drug Act. In essence, much of our existing legislation framework is now more than 30 years old and must be reviewed. It is for this reason among others that this legislation is necessary.

Furthermore, as a signatory to three international agreements on the illegal drug trade, Canada is obligated to the terms of the single convention on narcotic drugs of 1961, the 1971 convention on psychotropic substances and the relevant parts of the 1988 United Nations convention against illicit traffic in narcotic drugs and psychoactive substances.

Consequently, the controlled drugs and substances bill is designed to achieve three prime objectives. First is to provide the government with the flexibility required to better control the import, production, export, distribution and use of controlled substances. Second is to provide the mechanisms needed to implement our obligations under international agreements. This relates to the restricted production or trade of internationally regulated substances destined for medical, scientific and/or industrial purposes. Third is to enhance the ability of the police and the courts to enforce our laws.

The bill provides for the seizure and forfeiture of property used in offences involving controlled substances. It also allows for the restraint and forfeiture of fortified drug houses. The use of fortified drug houses for the purposes of drug trafficking is an increasing problem.

The houses are generally family dwellings that have been modified for use as centres for drug trafficking. They are veritable fortresses of crime. The houses are fortified by adding steel doors, boarding up windows and adding cement walls. In some instances, trap doors are used to exchange money and drugs so that there is no contact between the trafficker and the purchaser. The purpose for building such houses is to delay or prevent entry by police. During the extra time it takes the police to gain entry, any evidence of drug dealing is destroyed.

The existing Narcotic Control Act and the Food and Drugs Act do not effectively deal with emerging trends in drug abuse. We must be able to adapt to rapidly changing criminal activity. These trends see the appearance of new illicit or new designer drugs which can escape effective control under current law. Their methods, their tactics and their products are forever undergoing change. We must respond and quickly. We need

flexible legislation which allows those on the front lines of enforcement to adapt quickly to these new developments as they occur.

• (1525)

For example, one of the more recent developments in the drug underworld is the production and illicit sale of so-called designer drugs. Designer drugs are potent substances with chemical structures slightly different from substances presently controlled by the Food and Drugs Act and the Narcotic Control Act, substances such as stimulants, tranquillizers and pain killers. Yet these drugs affect abusers in similar ways and can lead to the same health and social problems produced by more conventional drugs. Much harm can result from the abuse of these drugs. Primary targets are often school age children.

The manufacture and sale of the designer drugs can be a very profitable business. Under the current Food and Drugs Act and the Narcotic Control Act drugs must first be listed on a schedule to the act. This regulates the conditions for the sale of that particular substance in Canada.

Only once a given substance is listed can it become an offence to sell it. To correct this deficiency the controlled drugs and substances bill proposes the inclusion of analogues to cover these substances. Analogues are non-listed substances that have highly similar chemical structures to those of listed substances. Under the proposed act new illicit drugs appearing on the street which fit this description will be covered automatically.

The bill also permits the control of precursors. Precursors are chemical substances used to produce controlled substances. New provisions contained in the bill will enable authorities to regulate the import and export of these substances.

Other sources of drugs sold on the street are substances intended for medical or scientific use. They may be stolen from a hospital, obtained through illegal prescriptions, secured by obtaining numerous prescriptions from different doctors for the same ailment or via a forged prescription.

People who deal in diverted pharmaceutical drugs are collecting very large profits. This bill enhances present controls that deal with this issue. Under this bill the monitoring of the distribution of drugs will continue.

We know there exists a criminal element which is using more and more sophisticated networks to illegally produce, sell, export and import controlled substances in Canada. These people buy property and consumer goods to further their criminal activities and bolster their personal wealth. As I see it such people should be prevented from retaining illegally obtained capital and goods.

Government Orders

The bill before us today in tandem with the proceeds of crime legislation strikes at the heart of criminal enterprises. Together the legislation will enable the courts to strip criminals of profits and property illegally amassed through drug dealing. Traffickers will no longer be able to flaunt their Rolex watches, fancy cars and mansions, flashy boats and planes, and rightfully so.

Trends in illegal production, distribution and use of controlled substances change frequently and quickly. This bill is designed to deal with current problems and to anticipate future needs. This bill proposes a significant strengthening of our current legislative framework.

Nonetheless I believe this bill merits the support of all members on all sides of the House. Given what is at stake, I submit Canadians expect no less of us.

Ms. Bonnie Brown (Oakville—Milton, Lib.): Mr. Speaker, it is my pleasure today to speak on Bill C-7, the controlled drugs and substances bill. I would like to discuss for a few moments the rationale for this legislation, in effect why Canada needs this bill and why the government is appealing to members of this House to support it.

The current situation the world faces regarding illicit drugs is unsettling. The problem of addiction and those who profit by addiction troubles the nation. It troubles my constituents and speaking as one who is elected to represent those same constituents, it troubles me. The bill is a major contribution to effective law enforcement and prosecution of offenders as it consolidates, enhances and modernizes current drug legislation.

• (1530)

It is true in many communities that there has been some decline in drug abuse among the general population but there are also some distressing trends. Some abusers are taking much more potent drugs and the results are very harmful. Others are using drugs in very dangerous combinations.

There has been continuing inclination by youngsters to adopt the dangerous practice of taking anabolic steroids to try to build up their bodies. Unfortunately, prompted by constant and uncritical coverage in the media, uninformed people have come to abuse the drug without thinking of the consequences and equally unfortunately dealers have responded to this new demand.

Abuse has now spread to gymnasiums and high schools, putting at risk the health of young men and women. As is common in drug dealing, the anabolic steroids may be adulterated, raising the risk even higher.

The bill is designed to provide the government with improved means to prosecute people who deal illegally in anabolic steroids. It furnishes a framework to target purveyors of poison, the drug dealers who are the instruments of destruction of too many young citizens.

Government Orders

Despite a gradual decline in the abuse of most drugs, there are several alarming trends emerging on the horizon. Many drugs which are abused today are extremely potent with more potentially damaging consequences. Abusers are consuming drugs by much more dangerous means and they are using drugs in more dangerous combinations.

There is a growing frustration among law enforcement officials, community leaders from across the nation and Canadians in general. They are calling on provincial governments and the Government of Canada to assign a higher priority to dealing with drug abuse and its costly impact. Demands are being made for more severe sentences, a streamlining of the judicial system and assignment of the proceeds of drug crimes to help finance education and enforcement programs.

Court delays and complexities of administering the law have only helped to fuel the public's growing concern. Some law enforcement agencies have declared that the costs of enforcing the law against drug dealers have become high.

The government recognizes that these concerns require deliberate and sustained action, including combating the evil of addiction on three fronts: education and prevention, treatment and rehabilitation, and enforcement and control.

Bill C-7 corrects the deficiencies of existing drug control legislation. It encompasses all listed substances and declares them illegal for other than legitimate medical, scientific or industrial use.

In conjunction with the proceeds of crime legislation adopted in 1988 and proclaimed on January 1, 1989, the bill will empower the courts with the right to confiscate all property and capital accumulated as a result of or used in the commission of drug related crimes. This will provide police forces and the judiciary with the tools they need in a manner consistent with the charter of rights.

With the bill Canada will fulfil its international obligations found under the 1961 single convention on narcotic drugs, the 1971 convention of psychotropic substances and an international treaty governing the trade of illicit drugs.

The proposed bill can become an effective instrument in enforcing the law and controlling the import, export, production, sale, distribution and possession of illegal drugs. The bill seeks to update, enhance and consolidate a section of the Food and Drug Act and the Narcotic Control Act, both passed long ago in the sixties.

While the whims and wants of society have become more and more sophisticated since that time, unfortunately so has the network of drug producers and dealers.

• (1535)

The bill is designed to correct certain anomalies and shortcomings in our current law. In so doing it will enable law enforcement agencies to deal more effectively with a cunning, determined and resourceful adversary, the dealer in illicit drugs.

The new main provisions of the bill include controls on the import and export of precursor chemicals used by drug manufacturers. These chemicals include substances, usually not themselves psychoactive, which criminals can change easily into illicit drugs.

The bill also provides for provisions to control the production, sale, distribution, import and export of androgenic-anabolic steroids; provisions to control the possession, production, distribution, sale, import and export of designer drugs developed by dealers for the purpose of evading current laws; provisions to search, seize and have forfeited property used or intended for the purpose of committing drug offences, also known as offence related property including fortified drug houses.

The bill also includes a complete scheme for obtaining search and seizure warrants; the expansion of offences concepts relating to trafficking and production; the enhancement of control over disposal of controlled substances including forfeiture; new provisions to control the possession, production, distribution, sale, import and export of designer drugs; provisions which will facilitate Canada's commitments under the international conventions; and treatment by the courts of drug dealing in and around schools and other public places frequented by children and dealing drugs to minors as aggravating factors at the time of sentencing.

The principal purposes of the bill are to provide one comprehensive act for the drug control policy of the government and to provide for the enforcement and control aspects of Canada's drug strategy.

I will review briefly the seven principal parts of the bill as well as the introduction. Part I sets out the offences and punishment commensurate with breaking the proposed new law. The particular offences may include possession, trafficking, importing and exporting, production, possession of property obtained as a result of certain offences, and the laundering of proceeds obtained as a result of certain offences.

Part I also sets out specific aggravating factors to be considered by the court at the time of sentencing. These are directed particularly at drug dealers who target children, those who use weapons and violence, as well as those who have previous drug related convictions. This part also included a purpose clause dealing with sentences and, more particular, encouraging rehabilitation and treatment in appropriate circumstances.

Part II deals with enforcement of the proposed act by police. This includes provisions relating to search, seizure and deten-

tion of property or illegal substances, forfeiture of offence related property, as well as a complete scheme for protecting innocent third party rights over such property and forfeiture of proceeds of drug related crimes.

Part III outlines procedures for disposal of controlled substances. Part IV covers administration and compliance.

There are seven parts to the bill and its most important provision is that it moves Canada 30 years in time from the sixties to the nineties. It codifies and empowers police while at the same time it protects citizens. It gives us a Controlled Drugs and Substances Act that has merit and is enforceable.

The Speaker: Notice was given to another Speaker and I was just given a paper indicating that the member for Oakville—Milton is splitting her time with the hon. Parliamentary Secretary to the Prime Minister. The parliamentary secretary has approximately 9.5 minutes.

Ms. Jean Augustine (Parliamentary Secretary to Prime Minister, Lib.): Mr. Speaker, I rise to speak on Bill C-7, a bill in which many in Etobicoke—Lakeshore have an interest. I am talking about individuals who work in the areas of education, prevention, rehabilitation, treatment, enforcement and control. Those individuals are very interested in the general types of control substances outlined in Bill C-7.

• (1540)

Narcotics are covered under the Narcotic Control Act, as well as some from the 1961 single convention. Examples of drugs in this group are cocaine, opium, codeine, morphine and marijuana. Controlled drugs, as defined under the Food and Drugs Act, are stimulants such as amphetamines and sedatives such as barbituric acid. Restricted drugs come under the Food and Drugs Act, the so-called designer drugs, as well as the anabolic steroids, the precursors and the drugs from the 1971 convention on psychotropic substances.

The majority of the substances are diverted from legitimate manufacturers and then illegally imported and sold. Until recently dealers have been able to sell the steroids at up to 20 times their prescription value with little risk of getting caught.

The amendments to the Food and Drugs Act and its appended regulations contained in the bill have resulted in 42 androgenic-anabolic steroids and their derivatives being classified as controlled drugs.

In the grim world of the effects of illicit drugs on the lives of abusers can be severe. This is the crux of my argument. If the effects on the lives of the abusers can be severe, the penalties proposed for convicted dealers in the most dangerous drugs should be severe. Sentences for the most serious offences of trafficking, importing or exporting narcotics remain life imprisonment in the bill.

Government Orders

We know that the specific provisions of the bill have been given the close scrutiny they deserve by a subcommittee on Bill C-7 of the Standing Committee on Health. I will comment on the work of that committee. Members heard from many national groups and associations representing a community of thousands of people, as well as officials from the departments of health and justice.

I will quickly list some of the groups that made representations before the committee: the Canadian Medical Association, the Canadian Pharmaceutical Association, the Canadian Association of Chiefs of Police, the Royal Canadian Mounted Police, the Canadian Centre on Substance Abuse, the Department of Public Health, the city of Toronto, the Addiction Research Foundation, the Canadian Bar Association, the Canadian Foundation for Drug Policy, Lambton Families in Action for Drug Education, the Quebec Bar Association and the Criminal Lawyers Association, et cetera. Many groups appeared before the subcommittee.

The subcommittee fully addressed each and every concern with the intent of improving the bill before us today. Several amendments were made at committee stage. Some particular issues of discussion resulted in amendment. The main amendments to Bill C-7 are the ones in which my constituents are interested.

The amendments create a new offence for possession of marijuana and hashish involving certain quantities. They create a new offence for trafficking in marijuana and hashish in certain quantities. They provide for a purpose clause dealing with sentences and, more particular, they encourage rehabilitation and treatment in appropriate circumstances.

The aggravated circumstances section has been expanded to cover in or near public places usually frequented by minors. This means that when an offender has been convicted in those circumstances a judge will have to give reasons for not imposing a jail term.

The amendments will delete subsection 3(1), which was meant to cover non-scheduled substances having or presented as having the same effect as scheduled substances. There were some apprehensions among other things that it might cover herbal products.

At the same time there is a limit on the ability of inspectors to examine the records so that they may not examine the records pertaining to the medical condition of patients.

• (1545)

The bill clarifies those situations where a practitioner would be considered to be trafficking by providing that unless authorized by the regulations it will be illegal to sell a prescription to obtain a scheduled substance. Several things have been done and several amendments have been made to the original Bill C-7.

Government Orders

I am confident that the current situation facing Canada today as it relates to drug abuse will prompt each member of this place to consider the facts in his or her own constituency, to reflect on the implications for the future and to respond accordingly by supporting this bill.

Through education and prevention we must continue to inform our young people, alerting them to the seductive snares of addiction. Through rehabilitation and treatment we must reach out and free those already trapped in the nightmare of dependence and desolation. Through enforcement and control we must strive to disinter the roots of those criminal enterprises that prey on the young and defenceless, those who otherwise risk being enticed into a never ending cycle of addiction and deprivation.

The bill gives the police new authority without giving them sweeping authority. It gives us greater power to prevent dangerous substances from entering the country. It gives us the tools to help ensure that justly prosecuted criminals do not benefit from their crimes.

I submit that passage of the controlled drugs and substances bill is but one step toward a healthier and safer tomorrow. It is nonetheless a very important step in the right direction. I urge all members from all sides of this House to give this bill the scrutiny it richly deserves. Anything less would be an abdication of our responsibility.

Let us pass this bill so the government can get on with its mandate to protect and promote the health of Canadians in a way consistent with what we have a right to expect. I call on everyone to support this.

Mr. Nelson Riis (Kamloops, NDP): Mr. Speaker, I have listened to some excellent presentations today on Bill C-7, an act respecting the control of certain drugs, their precursors and other substances and to amend certain other acts and repeal the Narcotic Control Act in consequence thereof.

On balance I find myself in support of all the concerns raised. Members have pointed out some of the highlights of this legislation and its attractiveness. As the previous speaker has just mentioned, it is one step toward a healthier and safer tomorrow. On that there is no question.

However it does pose a more fundamental issue. Yes, this bill takes some steps to fight drug dealers in their pushing of illicit drugs and illicit substances of all kinds. Some time or other we have to have a debate that asks why so many people, particularly young people, are attracted by these illicit substances. What is it about their lives and the way they view the world that makes abusive substances such an attractive option? What are the causes of drug abuse? What are the causes that enable drug dealers and drug pushers to make such lucrative incomes in our country? That is the debate that is absent here.

If we believe that passing legislation and getting tougher on drug dealers is going to solve this problem, we have to admit that it will not. Yes, indeed it is a step closer. Yes, we have to get tougher. I particularly like the section of the bill that refers to those traffickers and so on who are trafficking illicit substances in or near a school, on or near school grounds, or in or near any other public place usually frequented by persons under the age of 18 years.

To say that those convicted who have been pushing their illicit drugs in and around schools will obviously receive a harsher sentence is an excellent start. However I do have to say that until Parliament starts addressing the fundamental causes of drug abuse it is not going to solve the problem. I do not think we want to feel too good about ourselves, that passing this legislation is going to be a major step toward the elimination or reduction of the use of illicit drugs. As the previous speaker said, and I think very accurately, it is a small step in the right direction.

• (1550)

I have two concerns about this legislation. One is the fact that once again we missed the opportunity to deal more effectively with marijuana and the use of marijuana. We all appreciate that this legislation began under the previous Mulroney administration and was brought forward by this administration with very few amendments at that point.

At that point one of the hopes a lot of people had, particularly those involved with the court system and with the real world of illicit drugs and substances on our streets, was the possibility that marijuana would not be listed in the same penalty class as heroin and cocaine, that perhaps now was the time to follow the call from the police and so on in terms of the decriminalization of this substance. I am not saying the legalization; I am talking about the decriminalization.

Alas, Bill C-7 continues the tradition of treating marijuana possession as a criminal offence. All of us have known probably on a personal basis friends and constituents who now possess criminal records for having had in their possession a small amount of marijuana. They are lumped into the same category in many cases with cocaine dealers and that problem element in our society. This was a missed opportunity.

I want to make a few comments about the herbal remedies that were once a major part of this legislation. It is fair to say that increasingly Canadians are turning away from traditional medical systems and sources to more natural ways. The herbalists are coming into their element and coming into their time. People realize that many of the substances we use in the traditional pharmaceutical way are in fact derivatives of natural substances. Increasingly today physicians will say that many Canadians are taking advantage of natural herbs to solve some of their medical problems.

Government Orders

The lobbying that went on by those involved in herbal medicine was quite astounding. I suspect all of us received numerous petitions, letters and visits from people who were concerned that this legislation in its previous state would have eliminated a whole set of possibilities that herbalists were using. I particularly refer as an example to Natural Way Herbs, headed up by Mr. Jim Strauss and his son, who led a tremendous campaign from the western part of Canada to point out to parliamentarians that many of the substances that were being eliminated under this legislation were in fact being used very successfully today to resolve people's medical problems.

I am aware in a personal way of dozens and dozens of people who found the traditional, if you like, medical approach to their illnesses and physical problems were failing and yet found the solution in the use of natural herbs. I thank Mr. Jim Strauss and his son, seventh generation herbalists, for the contribution they make to their community and their patients. As a result of much of this positive lobbying, the herbal remedies continue to be regulated by the Food and Drugs Act. That was a good change in this legislation.

I will leave it at that. It is appropriate that we get on with this legislation. For those two reasons, I will oppose the legislation. That is not to say that there are not a whole set of very positive elements in the legislation. I want to acknowledge that. However, the hassle the natural herbalists experience today is partly as a result of lobbying by the traditional health care system and the international pharmaceutical companies. We have to be aware that there is a holistic approach to solving medical problems and that the natural way, the use of natural herbs, is one way. We ought to be taking more steps to encourage that as opposed to hindering it.

• (1555)

Ms. Hedy Fry (Parliamentary Secretary to Minister of Health, Lib.): Mr. Speaker, I would like to respond briefly to the two very important points the hon. member just made. One had to do with herbal remedies. It was the last one so I will deal with it first. I will be very quick.

There was never anything in Bill C-7 that impacted on the use of herbal remedies in health food stores. That was disinformation and misinformation, whichever way we want to look at it. The sale of herbal remedies in health food stores is dealt with in parts I and II of the Food and Drugs Act. This bill only deals with parts III and IV, so it never was going to impact on it. We removed that whole section because of so much disinformation and so much concern. We thought if we struck that whole clause it would in fact allay these fears.

The second point the hon. member made was regarding the cause of young people using drugs. That is such a multifactorial question. It deals with so many other issues. As a result of that and as a result of looking toward that kind of broader prevention and long term strategy, the hon. member should know that a

recommendation came out of subcommittee to the Minister of Health asking that Canada's complete drug strategy be reviewed. This is obviously going to deal with some of those issues.

I would be distressed if I thought the hon. member would withhold voting on what is a very important, creative and progressive bill for two reasons that actually I hope I have answered to his satisfaction, one of which will be dealt with and the other of which never existed at all.

Mr. Riis: Mr. Speaker, I appreciate the member's response to my latter issue and I accept what she says as being accurate. Disinformation was prevalent across the country and caused undue alarm to a lot of people unnecessarily. I am pleased she has pointed out how that was dealt with. However, I do not accept quite so easily her latter comments that there has been a recommendation to have a broader approach to combating drug abuse in our country.

Perhaps the record will show that this is the crucible where critical debate takes place in Canada. This is the centre where government and on occasion opposition members through opposition days and perhaps even private members' initiatives bring forward the issues we feel are important. By and large, we acknowledge that the government sets the agenda for most of what goes on in this House. However, I do not recall in all my years in Parliament ever having a debate on the fundamental causes of substance abuse in our country. In other words, yes, debate takes place on specific pieces of legislation, but I am talking about the fundamental causes of drug abuse, like poor housing and educational opportunities. We all know the causes as opposed to the symptoms.

I appreciate what my hon. friend is saying. I do look forward to a time when we say to ourselves in this country that passing legislation, imposing stiffer sentences and getting tough on drug dealers is only a small step to resolving the growing substance abuse in our country.

I was disturbed recently when I was visiting a number of junior high schools in the constituency of Kamloops. After the formal talks and presentations I arranged a lunch get together with students who were interested in talking about issues. In every high school concerned students raised the matter of drug abuse in their schools. These were junior high schools, not senior high schools. Their views were that large percentages of the students were becoming regular drug users, and of course cigarette use was leading this initiative.

As parliamentarians, all of us are concerned about this issue. Are we doing anything to come to grips with the fundamental causes of this growing use of drugs in our society? I think not. As a matter of fact, if I were going to be truthful with myself today I would say that we are taking a number of steps that will enhance drug abuse in the future, will make life more miserable for more Canadians, tougher for more Canadians and will

Government Orders

abandon more young people as a result of policies that are being considered or brought forward in these times.

• (1600)

I appreciate the minister's intervention but perhaps in six months we will look at the record of Parliament and ask ourselves how much time we spent as elected representatives dealing with the fundamental causes of drug abuse in our country.

That is the way we will measure whether we are taking this seriously.

Mr. Paul Szabo (Mississauga South, Lib.): Mr. Speaker, the parliamentary secretary answered the first two items. I simply advise the member that under the three international conventions to which Canada is a party and to which Bill C-7 addresses the problem we have with, for instance, benzodiazepines, it is required that simple possession and use of marijuana remain a criminal offence. This is not an option for Canada in terms of opting out, as the member might suggest.

We did not miss an opportunity. What we did was bring our legislation into line with the requirements of the international conventions to which Canada is a party.

With regard to the attitude, I agree with the member. There is no question we have to look for every opportunity. Our national drug strategy spends 70 per cent of the moneys available to it on rehabilitation, treatment and prevention programs, most of which, as with regard to tobacco, is directed at our young people, those most susceptible to these problems.

I agree with the member that there should be a review. Our subcommittee, of which I was the chair, has recommended to the Standing Committee on Health and to the minister that a comprehensive review of Canada's drug policy and our overall drug strategy be conducted.

Mr. Riis: Mr. Speaker, I appreciate the intervention by my hon. friend. I accept gratefully the comments he has made.

A number of major initiatives have been taken as a result of our relatively comprehensive drug strategy. Let us also acknowledge that as a result of the transfer payment reductions now being imposed on the provinces, many of the programs they have in place will have to be curtailed or abandoned as a result.

On one hand we might be expanding and on the other hand we are making it more difficult for provincial jurisdictions to continue their programs.

I quote the Prime Minister when he was the justice minister in Pierre Trudeau's government in 1980, referring to marijuana decriminalization: "It is our intention to bring about changes

which will serve to lessen the severity of penalties for possession of this substance".

Granted my friend has said what is true, but in 1980. This legislation does not do that. It continues with the same penalties we have had in the past.

Ms. Hedy Fry (Parliamentary Secretary to Minister of Health, Lib.): Mr. Speaker, I am distressed to hear the hon. member make the statements he did because I agree in every way with what he has said with regard to young people and the use of drugs.

As a family physician, I can tell members that nothing has been of greater concern and has caused me more pain over my 25 years of practice. Voting against this bill would serve neither of the hon. member's objectives. It will really be throwing the baby out with the bath water.

See this bill as a scaffold. See the recommendation the committee made to review this strategy as an open door to make very important changes that will be necessary. This is a springboard. It may not be all that he does, but voting against the bill will certainly throw away the opportunity.

Mr. Riis: Mr. Speaker, I have been here for a few years and I have heard the same comments time and again that in dealing with major problems facing our country this is a tiny baby step in the right direction.

This issue inflicts so much pain on so many people and on so many families, that not to do whatever possible to combat this is perhaps questionable in terms of our work here.

I do not take these slight steps in the right direction with much enthusiasm but I accept that what she is saying is accurate.

• (1605)

Mrs. Sue Barnes (London West, Lib.): Mr. Speaker, it gives me great pleasure to speak today on Bill C-7, the Controlled Drugs and Substances Act.

Bill C-7 consolidates and supplements the Narcotics Control Act and parts III and IV of the Food and Drugs Act. It combines a regulatory scheme for drugs used in medicine with the criminal law regime for illicit substances.

The bill is a reintroduction of Bill C-85, the Psychoactive Substance Control Act, introduced by the Conservative government in the previous Parliament. Bill C-85 died on the Order Paper in the last Parliament due to the election call. While it was reintroduced into this Parliament by the Minister of Health, aspects of it fall under the concerns of the Department of Justice and the Solicitor General of Canada.

One main object of the bill as originally conceived was to bring our drug laws into conformity with provisions in certain international agreements we had signed. These agreements

include the Single Convention on Narcotic Drugs, 1961, the Convention on Psychotropic Substances, 1971, and the relevant portions of the United Nations convention against illicit traffic in narcotic drugs and psychotropic substances, 1988.

In keeping with the spirit of these instruments, Bill C-7 adopted an interdiction and criminalization approach to the production, traffic and the possession and use of illicit substances.

The legislation was also supposed to cohere with Canada's drug strategy which had been unveiled in May 1987. The key object of the drug strategy is to reduce harm to individuals, families and communities caused by alcohol and other drugs. Canada's drug strategy was designed to place greater emphasis on reducing demand for illicit substances through prevention, education and drug treatment programs instead of relying solely on the interdiction efforts of police and penal institutions for the reduction of the supply of illicit drugs.

In contrast to these methods, harm reduction seeks to reduce the harm caused by those who have a problem with substance abuse, including harm done to themselves, to their families and to other persons. It takes a public health approach to the problem of drug abuse rather than a moralistic, punitive one which views such abuse as criminal in and of itself.

The bill passed second reading and was sent to a subcommittee of the Standing Committee of Health in April last year. As members will recall, the red book promised us that MPs would be given a greater role in drafting legislation through their work on House of Commons committees. The work done on Bill C-7 by the subcommittee chaired by the member for Mississauga South and the participation of other parliamentarians in making significant changes to the bill despite its having passed second reading is a perfect example of this commitment put into action.

Officials from the Departments of Health and Justice have explained that the bill was a consolidation of existing legislation and that the changes it contained were required to fulfil the international agreements we had signed. They emphasized that our international partners were exerting pressure on us to pass this legislation.

As the subcommittee analyzed the bill more closely and listened to the arguments of witnesses a variety of issues began to emerge. Although there was not a single unanimous view, nonetheless members of each of the three parties expressed similar concerns about the substance of the bill, as did other parliamentarians including me.

As many Liberals see it, Canada's approach to illegal drugs has required adjustment for some time. At different times the Liberal Party of Canada has in non-binding party resolutions advocated certain fundamental changes to our drug policies. To simply consolidate and thereby reaffirm existing approaches to

Government Orders

drugs would be to miss an important opportunity to effect modern rational policies on drugs.

What were the concerns some had with the original Bill C-7? Bill C-7 is a complex piece of legislation. In my view the following were among the most important concerns. First, the bill lacked provisions for rehabilitation and treatment options for sentencing as an alternative to incarceration or fines. Second, the bill categorized illicit substances according to outdated schedules.

Third, the bill reaffirmed lengthy maximum prison terms and increased the fines for the simple possession of cannabis in contrast to current court practices and evolved societal attitudes.

Fourth, Bill C-7 included a deeming provision for illicit substances which seemed to us to contradict the fundamental legal principle that conduct subject to criminal sanction should be specified clearly in acts.

Let us deal with these concerns. First, the bill lacked provisions for rehabilitation and treatment options for sentencing as an alternative to incarceration and fines. Many members felt Bill C-7, drafted under the lead of the Department of Health, did not squarely address the public health dimensions of the illicit drug problem. Among experts in public health and addiction research, the consensus has emerged in recent years which emphasizes a strategy called harm reduction. It emphasizes the broader reduction of harms to society caused by illegal drug use, as well as by inappropriate institutional responses to drug problems.

• (1610)

As the experts know, a harm reduction approach seeks to reduce the harm caused by those who have a problem with substance abuse, including harm done to themselves, to their families and to other persons. It evaluates strategies for dealing with illicit substances in part by situating them within the context of substance abuse generally, including that of alcohol and tobacco. A less ideological perspective on the problem begins with honest epidemiological comparisons to strategies for dealing with such legal and potentially very dangerous substances.

Harm reduction initiatives include needle exchange programs, methadone treatment, counselling and rehabilitation efforts. Education efforts which stress the health risks associated with legal and illegal drug use are also important in the prevention of drug dependencies or addictions.

I contrast this approach with what I would call prohibitionism. One treats the consumption of drugs as a moral evil where criminal sanction is seen as the only appropriate response. Rather than recognizing the users of illicit substances as endangering their health and taking appropriate steps to help them, the prohibitionist perspective would treat them solely as criminals

Government Orders

who require the threat of criminal penalties and a criminal record to deter them from such behaviour.

Were this an effective approach, the United States with its heavy emphasis on interdiction and punishment would be nearly drug free by now. As we know, the number of prisoners in jail for drug offences in that country continues to grow with little sign of any stemming of the insidious drug trade or the use of illegal drugs.

Despite being part of Canada's drug strategy which emphasizes harm reduction as its primary goal, Bill C-7 in its original form did not mention or encourage judges to consider rehabilitation or treatment as alternatives to fines or incarceration for those convicted of possession of illicit substances. This was a concern now remedied.

Criminal sanctions should not be our only tool for dealing with illicit drugs or for changing the habits of persons who are addicted or at risk of drug addiction. Prohibitionism toward drug users on its own arguably inflicts greater harms on individuals and families than the harms it purports to prevent. We should also bear in mind the far greater number of deaths and amounts of disease associated each year with the use of such legal drugs as tobacco and alcohol. In my opinion the sums and energies we expend in fighting the use of illicit drugs should be allocated with due regard for their overall impact on population health.

Wisely and responsibly, the government has amended Bill C-7 to include a clause that addresses rehabilitation. Clause 11(1) declares: "The fundamental purpose of any sentence for an offence arising under part I is to contribute to respect for law and the maintenance of a just, peaceful and safe society, while encouraging rehabilitation and treatment in appropriate circumstances of offenders and acknowledging the harm done to victims and to the community".

The second concern I raised was that the bill categorized illicit substances according to outdated schedules. No one would dispute our drug policy must be reflective of current scientific knowledge. The parliamentary committee repeatedly stressed the schedules proposed in Bill C-7 are outdated. This was put forward by witnesses. While they are housed in the 1971 UN convention, their arrangement derives from public policies of the 1920s when policy makers knew relatively little science about the nature, the effects and the potential for societal harm posed by these drugs.

The most serious example of the lack of pharmacology reflected in the schedules was the placement of cannabis in the schedule I of the UN convention. Schedule I is supposed to be reserved for the most socially harmful drugs such as morphine, heroin and opium.

Heavy regular use of cannabis can certainly sap motivation and affect short term memory. Many will contend that while it

may be carcinogenic, the risks of the light use of cannabis do not appear to be significantly worse than those associated with moderate use of legal substances like alcohol. While we have heard calls from some for decriminalization, in my opinion dependency on marijuana should be strongly discouraged. Nonetheless, the drug schedules used in Canada should reflect the best scientific knowledge we possess. We should not be obligated to accept outdated schedules.

In response to the concerns raised, the bill has been amended to incorporate an additional schedule, I(i), which deals exclusively with cannabis and its derivatives. Read together with the new penalty provisions which I shall discuss next, this amendment takes cannabis out of the company of far more deleterious drugs like heroin and cocaine while keeping it within the realm of the Criminal Code. In a minute I will also discuss the international schedules and our response to that issue.

- (1615)

The third concern with the original Bill C-7 was it reaffirmed maximum prison terms and increased the fines for the simple possession of cannabis, in contrast to current court practices and involved societal attitudes.

Should pot smokers have the threat of a lengthy jail term hanging over their heads? Is this the best way to discourage use? Does it make Canada safer? Does it make it healthier?

As originally drafted, Bill C-7 retained a maximum penalty of seven years for simple possession of cannabis. It doubled the fine for a first offence and more than doubled it for a second offence. These maximum penalties contrasted with what is generally now meted out by Canadian courts for a first time offence, which is usually a small fine and sometimes an absolute discharge.

It is estimated that we charge over 40,000 people a year with simple possession of cannabis, a costly burden on the court and the police systems. This represents approximately 3 per cent of the estimated over one million regular cannabis users in Canada.

Further, while 3 per cent of those charged will face incarceration, over half a million Canadians have criminal records because of cannabis convictions. These people can apply for pardons in due course, but the convictions they have can be a serious hindrance to employability and for travel. Penalties tend to vary with different police officers, the judges, the regions of the country and the socioeconomic status of the accused. Would that it were not so, but it is true.

In many communities across Canada, the courts, the legal profession, the police on the beat and the average person do not appear to view cannabis possession as meriting the severe penalties set out for it in existing law. Reaffirming these penalties would effectively express our legislator's faith in the existing penalty structure. What signals should such reaffirmations send to our courts? When law lags behind court practices

and societal attitudes and such laws come up for review, the laws must be adjusted, not reaffirmed.

Penalties for offences under the act should be proportionate to the social and personal harm they entail. In keeping with this principle, the bill has been amended to incorporate a new schedule which establishes threshold amounts of cannabis for the offence of simple possession. Persons charged with possession of lesser amounts will be subject only to summary conviction proceedings, with a correspondingly lower range of penalties. This is still a criminal conviction and I stress this. However, in those cases involving the lesser amounts with simple possession charges, there will not be fingerprinting, there will not be photography or entering into a CPIC system for tracing purposes.

By reducing penalties and recommending treatment and rehabilitation alternatives in Bill C-7, we send a clear signal to the courts encouraging them to pursue the available harm reduction avenues.

The fourth concern I originally mentioned, that the bill as originally drafted included a deeming provision for illicit substances, appears to contradict the fundamental legal principle that conduct subject to criminal sanction should be specified clearly in acts.

The deeming provision in Bill C-7 allowed new, previously unscheduled substances to be deemed by regulators to belong to a particular schedule and the attached penalty provisions to come into force at that point. The bill would have extended a definition of controlled substances and their analogues beyond drugs cited in the schedules to such drugs as were deemed by regulators to have an effect substantially similar to, or greater than, schedule substances.

Using this provision, the government would thus have been able to adopt regulations to control, govern and limit the use of as yet undesignated substances. This would be a significant departure from current provisions of the Narcotic Control Act and the Food and Drugs Act, the offences and associated punishments set out in these acts would apply only to such drugs as are specifically cited in the attached schedules. The purpose of this provision would be to allow regulators to respond quickly to the introduction of new so-called look alike drugs on our streets.

While this purpose is laudable, it has yet to be shown that this problem of undesignated drugs is out of control and in guarding against it, we must be careful not to trample on other fundamental legal principles. Citizens must know what the law is beforehand so that they can govern their behaviour accordingly. If something is illegal, then there must be a law saying so unambiguously. To declare *x* a crime after the fact is unacceptable.

Further, many consumers and vendors of natural health remedies expressed concern that this provision could allow regulators to declare these products included in restricted or banned schedules. This provision in fact only dealt with parts III and IV of the Food and Drugs Act and herbs have historically been

covered by parts I and II. Accordingly, this provision has been deleted now as the amended act Bill C-7 by the government.

● (1620)

I have dwelt at some length on the substantial improvements that members were able to bring to this bill after second reading.

Most of my remarks have concerned the demand side of the drug equation. There is also the supply side to consider. Bill C-7 introduces three important measures to combat drug trafficking. First, it includes a provision whereby judges are required to take aggravating factors into account when sentencing. Written reasons will now be required of a judge who fails to impose a prison term in the presence of any one of a list of aggravating factors.

The court will be required to regard as aggravating factors: first, use of a weapon or use of threat of violence; second, trafficking on school grounds or to a minor or in or near public places frequented by minors; third, any previous convictions of a drug offence; and fourth, using the services of a minor in the perpetration of a designated substance offence. It is anticipated and hoped these provisions will deter drug dealers from using weapons, threatening violence, selling to young people or recruiting their services.

Second, schedule V in Bill C-7 introduces the notion of precursor substances, adding them to the list of controlled substances. This innovation keeps us in line with our international obligations under the single convention on narcotic drugs, 1961 and the 1988 Vienna convention.

Precursors do not by themselves produce any psychotropics or psychoactive effect but can be converted or used to produce designer drugs, look alike drugs or scheduled substances. Regulations enacted to control the import and export of precursors would attempt thereby to thwart the production of psychoactive substances in Canada and elsewhere. Canada has become a conduit for these and we owe it to our international partners to put a stop to this.

Finally, Bill C-7 allows police to use reverse sting measures, that is selling quantities of drugs to dealers for the sake of making arrests. Under the regulations of the Narcotic Control Act police officers have been permitted to possess drugs as part of their undercover work but without legislative authority to sell. Quite reasonably they wish to have clarified that they are so permitted by including a clause exempting them from the criminal provisions of the new act. That has been done.

Legislation is an evolutionary process as it should be. I believe that Bill C-7, as amended, has come a long way. The subcommittee has also recommended that a comprehensive drug policy review be undertaken by a parliamentary committee. Further, there has also been a recommendation that a task force of experts be established to examine and redefine the criteria for the scheduling of drugs. Thus Canada could be a leading force in the modernization of international drug scheduling.

Government Orders

Government Orders

Although I admit to not being an expert in these matters, I do know that it is the time to look forward to a drug policy appropriate to the 21st century, one that incorporates criminal law, enforcement, public health and modern societal attitudes.

I publicly commend our ministers, the subcommittee members and our colleagues in the House from all parties in the development of the bill as deliberated today and I will support it.

Mr. Reg Alcock (Winnipeg South, Lib.): Mr. Speaker, in listening to the remarks of the member for London West we see the excellence that is brought to the work of this Chamber.

I want to speak very briefly on the process rather than the substance of this bill. For me the bill personifies and represents everything that is good about what we said we would do when we came to this House.

The very low number it has, Bill C-7, should indicate to members that a considerable amount of time has elapsed between the time this bill was introduced and today. The reason for that is quite simple. We said when we campaigned in the election in 1993 that we would introduce processes that allowed backbench members to get involved in a hands on way with the drafting of important legislation, which is exactly what happened with this bill.

The members for Vancouver East, Beaches—Woodbine, Oakville—Milton, Fredericton—York—Sunbury, London West, Etobicoke—Lakeshore, Saint-Denis, Lachine—Lac Saint-Louis and many others spent hundreds of hours arguing through the articles of this bill. They were concerned. This bill is a holdover from the previous government. As many members have said, when they first heard the testimony they thought something was wrong, that the bill did not meet the test that we campaigned on.

Members of this House worked exceptionally hard with the full support of three ministers, the Minister of Justice, the Solicitor General of Canada and the Minister of Health. They struggled to improve the bill and have it reflect the principles and the values which our party brings to this House.

In so doing, we received tremendous support from staff in the various ministries. I want to single out an individual, Mr. Paul Genest, from our research bureau who put in all of those hours with each of these members as they thought through, argued through and worried about the details. It is not easy being a backbencher and approaching legislation in the face of a cadre of experts, lobbyists and in this case people from other countries who come in and said that the legislation must be written in a particular way to meet their particular needs. It took a long time. It took much thought. It took very hard work.

I believe we have produced legislation that will, as the member for London West has suggested, put Canada in the forefront of leading the war on drugs from a perspective of harm reduction and not simply following the U.S. model that was established earlier in the eighties under Ronald Reagan.

This whole process has been an exercise in excellence and one in which our caucus should be very proud. I want to thank those members on the staff and in this caucus who worked so hard to do what we said we would do when we came here and that is allow every member of this House a hand in drafting important legislation.

[*Translation*]

The Deputy Speaker: Is the House ready for the question?

Some hon. members: Question.

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

Some hon. members: Agreed.

Some hon. members: No.

The Deputy Speaker: All those in favour will please say yea.

Some hon. members: Yea.

The Deputy Speaker: All those opposed will please say nay.

Some hon. members: Nay.

The Deputy Speaker: In my opinion the yeas have it.

Some hon. members: On division.

(Motion agreed to, bill read the third time and passed.)

[*English*]

Mr. Don Boudria (Glengarry—Prescott—Russell, Lib.): Mr. Speaker, I move:

That the House do now adjourn.

The Deputy 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.

Some hon. members: On division.

(Motion agreed to.)

The Deputy Speaker: Under our standing orders, the House stands adjourned until tomorrow at 10 a.m.

(The House adjourned at 4.28 p.m.)

CONTENTS

Monday, October 30, 1995

PRIVATE MEMBERS' BUSINESS

Canada Health Act

| | |
|---|-------|
| Bill C-284. Motion for second reading | 15939 |
| Mr. Blaikie | 15939 |
| Ms. Fry | 15941 |
| Mrs. Hayes | 15943 |
| Mr. Maloney | 15944 |
| Mr. Keyes | 15946 |

Suspension of Sitting

| | |
|--|-------|
| (The sitting of the House was suspended at 11.56 a.m.) ... | 15947 |
|--|-------|

Sitting Resumed

| | |
|-----------------------------------|-------|
| The House resumed at 12 p.m. | 15947 |
|-----------------------------------|-------|

GOVERNMENT ORDERS

Controlled Drugs and Substances Act

| | |
|---|-------|
| Bill C-7. Report stage (with amendment) | 15947 |
| Motion | 15947 |
| Mr. Hill (Macleod) | 15947 |
| Ms. Fry | 15947 |
| Mr. Benoit | 15948 |
| (Motion negatived.) | 15950 |
| Motion for concurrence | 15950 |
| Mr. Dingwall | 15950 |
| (Motion agreed to.) | 15950 |
| Motion for third reading | 15950 |
| Mr. Dingwall | 15950 |
| Ms. Fry | 15950 |
| Mr. Hill (Macleod) | 15953 |
| Mr. Szabo | 15954 |
| Mr. Simmons | 15960 |
| Mrs. Ur | 15962 |

STATEMENTS BY MEMBERS

National Unity

| | |
|------------------|-------|
| Mr. Murphy | 15963 |
|------------------|-------|

Quebec Referendum

| | |
|----------------------|-------|
| Mr. McClelland | 15963 |
|----------------------|-------|

Health Care

| | |
|---|-------|
| Mr. Axworthy (Saskatoon—Clark's Crossing) | 15963 |
|---|-------|

National Unity

| | |
|--------------------|-------|
| Mr. Mitchell | 15964 |
|--------------------|-------|

National Unity

| | |
|-----------------------|-------|
| Mr. Assadourian | 15964 |
|-----------------------|-------|

National Unity

| | |
|----------------------------------|-------|
| Mr. Harper (Simcoe Centre) | 15964 |
|----------------------------------|-------|

National Unity

| | |
|------------------|-------|
| Mr. Calder | 15964 |
|------------------|-------|

National Unity

| | |
|---------------|-------|
| Mrs. Ur | 15965 |
|---------------|-------|

Quebec Referendum

| | |
|------------------|-------|
| Mr. Grubel | 15965 |
|------------------|-------|

Government Policies

| | |
|----------------|-------|
| Mr. Riis | 15965 |
|----------------|-------|

United Way

| | |
|-------------------|-------|
| Mr. Collins | 15965 |
|-------------------|-------|

National Unity

| | |
|-------------------|-------|
| Mrs. Hickey | 15966 |
|-------------------|-------|

National Unity

| | |
|--------------------------------|-------|
| Mr. Speaker (Lethbridge) | 15966 |
|--------------------------------|-------|

National Unity

| | |
|----------------------|-------|
| Mr. Arseneault | 15966 |
|----------------------|-------|

World Trade Organization

| | |
|-------------------|-------|
| Mr. Blaikie | 15966 |
|-------------------|-------|

Immigration and Refugee Board

| | |
|--------------------------------------|-------|
| Mr. White (Fraser Valley West) | 15966 |
|--------------------------------------|-------|

National Unity

| | |
|------------------------------|-------|
| Mrs. Ringuette-Maltais | 15967 |
|------------------------------|-------|

ORAL QUESTION PERIOD

Federal-Provincial Relations

| | |
|-------------------|-------|
| Mr. Manning | 15967 |
| Ms. Copps | 15967 |
| Mr. Manning | 15967 |
| Ms. Copps | 15967 |
| Mr. Manning | 15967 |
| Ms. Copps | 15967 |

The Economy

| | |
|------------------|-------|
| Mr. Grubel | 15968 |
| Mr. Peters | 15968 |
| Mr. Grubel | 15968 |
| Ms. Copps | 15968 |

Social Programs

| | |
|-----------------|-------|
| Mr. Riis | 15968 |
| Ms. Copps | 15968 |
| Mr. Riis | 15968 |
| Ms. Copps | 15968 |

Income Tax

| | |
|------------------|-------|
| Mr. Silye | 15969 |
| Mr. Peters | 15969 |
| Mr. Silye | 15969 |
| Mr. Peters | 15969 |

Canadian Forces

| | |
|----------------------|-------|
| Mr. McWhinney | 15969 |
| Mr. Collenette | 15969 |
| Mr. McWhinney | 15969 |
| Mr. Collenette | 15969 |

Social Programs

| | |
|--|-------|
| Mrs. Brown (Calgary Southeast) | 15969 |
| Mr. Axworthy (Winnipeg South Centre) | 15970 |
| Mrs. Brown (Calgary Southeast) | 15970 |
| Mr. Axworthy (Winnipeg South Centre) | 15970 |

Jaswant Khalra

| | |
|--------------------|-------|
| Ms. Beaumier | 15970 |
|--------------------|-------|

| | |
|---|-------|
| Mr. Chan | 15970 |
| Justice | |
| Mr. Hanger | 15970 |
| Mr. Rock | 15970 |
| Mr. Hanger | 15971 |
| Mr. Rock | 15971 |
| Social Programs | |
| Mr. Axworthy (Saskatoon—Clark's Crossing) | 15971 |
| Ms. Copps | 15971 |
| Irving Whale | |
| Mr. Arseneault | 15971 |
| Ms. Copps | 15971 |
| Social Programs | |
| Mr. Hill (Macleod) | 15972 |
| Ms. Marleau | 15972 |
| Mr. Hill (Macleod) | 15972 |
| Ms. Marleau | 15972 |
| U.S. border tax | |
| Ms. Cohen | 15972 |
| Mr. MacLaren | 15972 |
| Immigration | |
| Ms. Meredith | 15972 |
| Mr. Marchi | 15972 |
| Ms. Meredith | 15973 |
| Mr. Marchi | 15973 |
| Youth Service Canada | |
| Mr. Perić | 15973 |
| Mr. Axworthy (Winnipeg South Centre) | 15973 |
| Aboriginal land claims | |
| Mr. Duncan | 15973 |
| Mr. Irwin | 15973 |
| Mr. Duncan | 15974 |
| Mr. Irwin | 15974 |
| Medicare | |
| Mr. Blaikie | 15974 |
| Ms. Marleau | 15974 |
| Environment | |
| Mr. Forsyth | 15974 |
| Ms. Copps | 15974 |
| Pensions | |
| Ms. Catterall | 15974 |

| | |
|-------------------------------------|-------|
| Mr. Peters | 15975 |
| Presence in Gallery | |
| The Speaker | 15975 |
| Points of Order | |
| Singing of O Canada in House | |
| Mr. Manning | 15975 |
| Mr. Milliken | 15975 |
| Miss Grey | 15975 |
| Mr. Nunziata | 15976 |
| The Speaker | 15976 |

ROUTINE PROCEEDINGS

GOVERNMENT RESPONSE TO PETITIONS

| | |
|--------------------|-------|
| Mr. Milliken | 15976 |
|--------------------|-------|

National Housing Act

| | |
|---|-------|
| Bill C-108. Motions for introduction and first reading deemed adopted | 15976 |
| Mr. Dingwall | 15976 |

Petitions

| | |
|-------------------|-------|
| Income Tax | |
| Mr. Szabo | 15976 |

Questions on the Order Paper

| | |
|--------------------|-------|
| Mr. Milliken | 15976 |
|--------------------|-------|

GOVERNMENT ORDERS

Controlled Drugs and Substances Act

| | |
|---|-------|
| Bill C-7. Consideration resumed of motion for third reading | 15976 |
| Mrs. Ur | 15977 |
| Mr. Maloney | 15978 |
| Ms. Brown (Oakville—Milton) | 15979 |
| Ms. Augustine | 15981 |
| Mr. Riis | 15982 |
| Ms. Fry | 15983 |
| Mr. Szabo | 15984 |
| Ms. Fry | 15984 |
| Mrs. Barnes | 15984 |
| Mr. Alcock | 15988 |
| (Motion agreed to, read the third time and passed.) | 15988 |
| Mr. Boudria | 15988 |
| Motion | 15988 |
| (Motion agreed to.) | 15988 |



*En cas de non-livraison,
retourner cette COUVERTURE SEULEMENT à:*
Groupe Communication Canada — Édition
45 boulevard Sacré-Coeur,
Hull, Québec, Canada, K1A 0S9

If undelivered, return COVER ONLY to:
Canada Communication Group — Publishing
45 Sacré-Coeur Boulevard,
Hull, Québec, Canada, K1A 0S9

Publié en conformité de l'autorité du Président de la Chambre des communes par l'Imprimeur de la Reine pour le Canada.

Published under the authority of the Speaker of the House of Commons by the Queen's Printer for Canada.

Le Président de la Chambre des communes accorde, par la présente, l'autorisation de reproduire la totalité ou une partie de ce document à des fins éducatives et à des fins d'étude privée, de recherche, de critique, de compte rendu ou en vue d'en préparer un résumé de journal. Toute reproduction de ce document à des fins commerciales ou autres nécessite l'obtention au préalable d'une autorisation écrite du Président.

**On peut obtenir la version anglaise de cette publication en écrivant au Groupe Communication Canada — Édition, Travaux publics et Services gouvernementaux Canada,
Ottawa, Canada K1A 0S9, à 1.75 \$ l'exemplaire ou 286 \$ par année.**

The Speaker of the House hereby grants permission to reproduce this document, in whole or in part, for use in schools and for other purposes such as private study, research, criticism, review or newspaper summary. Any commercial or other use or reproduction of this publication requires the express prior written authorization of the Speaker of the House of Commons.

**Additional copies may be obtained from the Canada Communication Group — Publishing, Public Works and Government Services Canada,
Ottawa, Canada K1A 0S9, at \$1.75 per copy or \$286 per year.**