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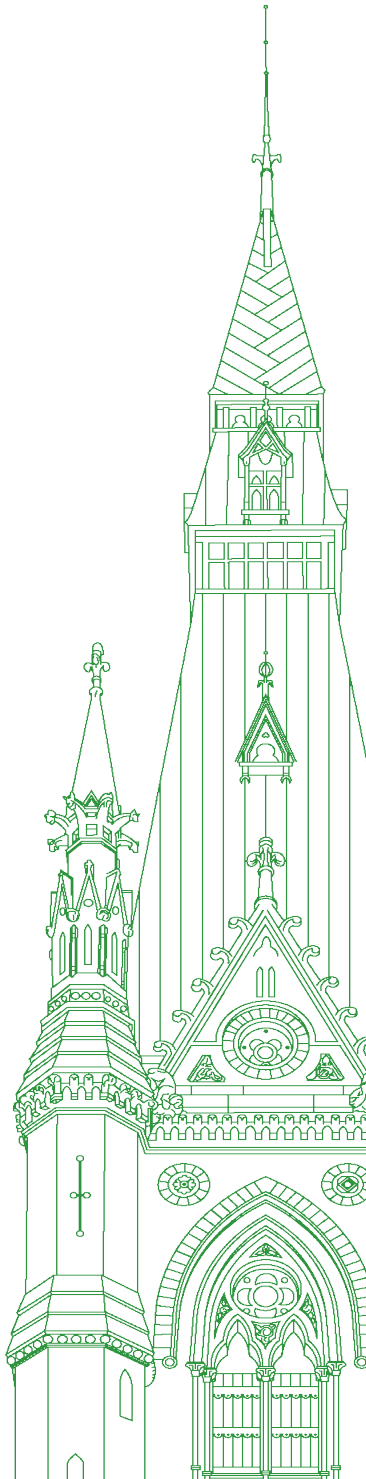

Chair: Mr. Sean Casey

Standing Committee on Health

Wednesday, October 25, 2023

● (1930)

[*English*]

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

Welcome to meeting number 84 of the House of Commons Standing Committee on Health. Today's meeting is taking place in a hybrid format, pursuant to the Standing Orders.

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

Pursuant to the order of reference of Wednesday, February 8, 2023, the committee is resuming consideration of Bill C-293, an act respecting pandemic prevention and preparedness. We are resuming clause-by-clause consideration of this bill. Where we left off was at clause 3 and amendment CPC-4.

Mr. Doherty, please go ahead.

Mr. Todd Doherty (Cariboo—Prince George, CPC): Thank you, Mr. Chair.

This should come as no surprise to our colleagues. As you know, the clerk distributed my motion on Monday afternoon to meet the notice period.

At this time I'd like to move my motion on the opioid crisis:

> That, given the recent study from the Institute for Clinical Evaluative Sciences Western and Lawson Health Research Institute revealing a lack of housing can influence people's patterns of substance abuse, the committee recognize: (a) the correlation between homelessness and increased opioid deaths, (b) that, while opioid deaths in Ontario increased two-fold over a four-year timeframe, deaths among the unhoused saw a nearly four-fold increase, (c) that people experiencing homelessness accounted for one in 14 opioid-related overdose deaths in 2017 and one in six deaths in 2021; that the committee call on the government to make access to low-barrier housing a central strategy in its efforts to address the opioid epidemic; and that the committee report this motion to the House.

Mr. Chair, if my colleagues can't guess by now, I take this issue very seriously and, to be honest, I don't doubt the motivation of our colleagues either. As I started to say, and before I was cut off a number of times last meeting, I have enjoyed the support—and the partnership, if you will, up to a certain point—from our other opposition parties in calling on this government to declare the opioid epidemic a national health crisis.

Last week, researchers at Western University in London, Ontario, released the findings of a study on the link between opioid deaths and the lack of housing. I'm shocked at the results. I'll repeat the statistics: Homeless Ontarians accounted for one in six opioid-related deaths in 2021, a staggering rise from the one in 14 in 2017.

Allow me to read briefly about the study for a moment:

> In one of the first reports to track the continuous increase in opioid-related mortality in the province among people experiencing homelessness, researchers found that the quarterly proportion of opioid-related overdose deaths among unhoused individuals increased from 7.2%...in the period of between July and September 2017 to 16.8%...between April and June 2021.
>
> "On average, that's one homeless individual losing their life to an opioid overdose every day...," said lead author Richard Booth....
>
> "Unhoused people are overrepresented among opioid-related deaths, and the situation has reached a critical point following the challenges of the COVID-19 pandemic....

That is why I tried so hard to mention this during our last meeting.

We know the statistics show that there are 22 deaths per day in Canada related to overdose—and those are the statistics that we know. When I'm talking about suicide, the rates of suicide or attempted suicides in our country, I always caution that these are the statistics that we know. Like mental illness and deaths by suicide, there is such a stigma attached to addictions. These are only the deaths that are reported, only the deaths that we know of. There are so many more that go unreported.

My Liberal and NDP colleagues can no longer ignore this issue. We've been pushing for some time now to move up this committee's study on the opioid epidemic, but all my colleagues on the other side of the table want to do is shut down this debate. I'm curious as to why my colleagues are so afraid to discuss this topic.

I've been very raw and very—

● (1935)

[*Translation*]

Mr. Luc Thériault (Montcalm, BQ): I have a point of order, Mr. Chair.

The Chair: Go ahead, Mr. Thériault.

Mr. Luc Thériault: I apologize to my colleague. I was waiting to hear his explanation, but since he's getting down to the nitty-gritty here, I want to point out a problem with this motion.

I'm willing to believe that it's admissible, but the problem, as my colleague will probably agree, is that the entire architecture or structure of the motion is based on a single study that hasn't been translated into French. So I'm being asked to make decisions regarding this motion without having access to the French version of that study. It doesn't exist.

I would've preferred to have a French version of the study, because the organizational structure of its wording is more than a mere detail. The structure and wording of the motion are based on a study the ins and outs of which I can't ascertain in French.

I'm sure that my Conservative colleagues are receptive to the argument I'm making today. I am in no way suggesting that I might not want to discuss the motion.

It seems to me that an effort could have been made to translate the study in question. I believe it's only 11 pages long. At least the abstract and conclusion could have been translated.

I submit that to you, Mr. Chair, so that you can assess the matter as a whole and come to a decision.

The second question in my mind concerns the fact that the calendar already provides—

[*English*]

Mr. Todd Doherty: Mr. Chair, we already have—

[*Translation*]

Mr. Luc Thériault: I'd like to address a second point because Mr. Doherty raised—

[*English*]

The Chair: Mr. Thériault is in the middle of raising a point of order.

The first point that he raised is a valid point of order.

Mr. Todd Doherty: Show me.

The Chair: I'm waiting to hear the second part.

[*Translation*]

Mr. Luc Thériault: Mr. Doherty is arguing—although perhaps he'll withdraw the point—that the committee doesn't intend to consider this matter, whereas we've all agreed on a work schedule. Mr. Hanley's motion, which addresses the entire opioid crisis, has been considered, and we were to discuss it on December 11 and 13. It's already on the agenda.

Mr. Hanley's motion is much more general. I've also read Mr. Ellis's motion, which addresses the opioid crisis. This raises an entirely technical question in my mind. If these two motions are intended to replace the motion we were to discuss on December 11 and 13, couldn't they be addressed at one of the eight meetings that we've scheduled?

I'm aware that we don't usually address routine matters in public, but we're working very hard. We've spent many meetings organizing our business, and this evening we're being told that we want to take up the opioid crisis, whereas it's already on our agenda.

I submit that to you, Mr. Chair. I would like to have your decision on those two technical points.

● (1940)

The Chair: I believe that the first question you raised concerned the fact that the French version of the motion does not contain a proposal that a study be conducted. However, that's not necessary for the motion to be valid. It's entirely permissible to move that the committee make a declaration and report to the House. That's precisely what is stated in English and French. The first part of your point of order is clear, but what Mr. Hanley has done isn't prohibited.

The second question you raised concerns the fact that we also have another motion. We've discussed Mr. Hanley's motion, but it hasn't yet been adopted. However, nothing would change even if it had been adopted. Mr. Doherty is entitled to introduce this motion. The fact that it concerns a matter related to another matter for which we have a notice doesn't extinguish that right.

Thank you for raising those points, but I am going to give Mr. Doherty the floor.

Mr. Luc Thériault: I would like some clarification, Mr. Chair.

Does that mean that the calendar that we've adopted isn't official and that we may change it as we wish? I need some clarification because we're supposed to be proceeding with our opioid study on November 11 and 13.

Are you telling us that the work we've done to adopt that calendar is no longer valid from the moment someone introduces another motion from the floor? Is that what you're saying? I'd like to understand this.

The Chair: The committee may alter its work plan. It may do so by means of a motion, by securing unanimous consent or by majority vote. This is absolutely permitted, and it has previously occurred on a number of occasions for many other reasons.

Mr. Luc Thériault: I know that Mr. Doherty is entitled to introduce a motion, except that his is based on an untranslated document, and its structure relies on arguments drawn from that document. The study of the Institute for Clinical Evaluative Sciences, Western University campus, and the Lawson Health Research Institute isn't translated. I thought the committee was sensitive to the fact…

I'm well aware that the motion has been translated into French. However, all the arguments in this motion are taken from a document that has not been translated. I can't follow them if I haven't been provided with the document or scientific study in question.

The motion contains the words, “given the recent study”. Then Mr. Doherty advances his arguments. I can't verify that, and yet I'm being asked to give an opinion and to vote on the matter.

It seems to me that should be taken into consideration. Personally, I think that, if there's no precedent here, that's how this should be considered. It's never too late to do the right thing.

I think my rights are being violated because this limits my ability to join in the debate.

● (1945)

The Chair: All right. Now I have a clearer understanding of what you're saying, Mr. Thériault.

You may suggest that we suspend debate or request that debate be adjourned so you can read the study that is the subject of the motion. However, that in no way prevents Mr. Doherty from introducing the motion and requesting debate.

I understand your argument. You have a few options, but they do not affect his right to introduce his motion.

[*English*]

Mr. Doherty, you have the floor.

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

I appreciate the comments from our colleague—

The Chair: I'm sorry, Mr. Doherty. Before I give you back the floor, if you anticipate that we're going to be here for the full two hours and we're not going to need our folks from the Public Health Agency of Canada, I wonder if you might consider letting them be free to leave.

If you're not in a position to do that, then don't.

Mr. Todd Doherty: Mr. Chair, at this time I would say no, but I don't want to waste anybody else's time.

I could probably have been a considerable way through this by now if that were—

The Chair: That's fair enough.

Thank you. Go ahead.

Mr. Todd Doherty: Thank you.

I do appreciate the comments from my colleague. I appreciate your deliberations on this as well, Mr. Chair.

Mr. Chair, we have been pushing this, obviously, and raising points of order and motions on studying this. I appreciate that there have been discussions about the calendar, but there are reports coming out about how this epidemic is increasing. It is becoming more and more prevalent. It should raise alarms with all of us around this table.

There are obvious precedents in other committees in which the calendar that was decided upon and agreed upon by all parties has been changed, and there are topics, bills, legislation, motions and what have you that have been bumped up the order of precedence.

I guess the question I have is whether our colleagues are in denial that there is an epidemic in the first place. Are they afraid the so-called safe supply policies will be exposed to Canadians in a public committee? I said it last week and I'll say it again: This government needs to do better. We all need to do better. Thousands of Canadians are suffering each and every day from this opioid crisis. This study, the ICES study, confirms what we already know and what we have been saying for months now, if not years—that the government is failing to protect the most vulnerable of Canadians.

We're talking about people dying. It's not something we can ignore for a minute longer. These people who are addicted to these drugs, the homeless people on our streets, are dying. We can't ever bring these lives back. We can't give them a second chance. We cannot keep pushing back this study and adjourning debate whenever opioids are brought up. It is a difficult conversation. Sometimes doing the difficult task, while not easy, is the right thing to do.

Canadians expect better from this government. This crisis is touching people from all walks of life across our nation. We have this crisis, this opioid crisis, this fentanyl crisis. As I mentioned in my last intervention on this, it impacts folks from all corners of society. We have a duty to protect the lives and livelihoods of each and every person in our country, whether they are a homeless person or whether they are a blue-collar worker who is addicted to opioids. Our homeless population doesn't have a roof over their heads, but many have served our country. Many, for whatever reason, have fallen into despair. Canada is still their home. Our country is still their home. Surely my colleagues across the table must agree.

Maybe they need more convincing. Let me quote again from the article on the study:

> While opioid overdose deaths in the province increased two-fold over the four-year timeframe, deaths among the unhoused saw nearly a four-fold increase.
>
> Unhoused individuals who died were often younger (61.3%...between [the ages of] 25 and 44 years)...and were more likely to have recently accessed health-care services for mental health or substance use disorders, compared to housed individuals who died.

We know the Liberals and the NDP are politically invested in the success or perceived success of so-called safe supply policies, but surely they can put their partisanship aside for the good of Canadians. I've asked this so many times in the House when talking about mental health and addictions and suicide prevention: Why can't all parties come to an agreement that this crisis demands the attention of this committee now—not in a few weeks or a month or next year, but right now?

● (1950)

We can't afford to wait any longer with the lives at stake.

The article goes on. It says, “Lack of housing can influence people's patterns of substance use, which can introduce considerable risk for people accessing Ontario's highly potent...illicit drug supply” and “Access to low-barrier housing should be a central strategy”.

Mr. Chair, will the Liberal-NDP coalition listen to these calls to action? As we've seen in this committee in recent weeks, it's proving nearly impossible for them to even acknowledge the crisis at all. How can Canadians trust that this government will heed the calls of these experts?

Since I tabled my motion last week, there has been an outpouring of messages from families and loved ones who have lost children. One wrote to me about their 14-year-old and thanked me for the work we're doing here. We've done nothing. All we've done is raise the issue. I said that to them, that we've just raised the issue, but we have given them hope that something will be done.

It is likely that the Liberals and NDP will simply claim that their so-called safe supply policies need to be ramped up to address this issue. It's unbelievable to me how they can stand behind such policies while they continue to ignore and offer no solutions to the massive and very real problem of diversion. I met with the minister last week, and I raised this issue. Let's just say that the conversation wasn't as fruitful as I had hoped.

Mr. Chair, we need to act now. We need to put the brakes on this opioid epidemic before thousands more Canadians are killed. The government needs to act immediately to keep our streets safe and to start getting addicts into recovery, instead of perpetuating their tragic and deadly addictions. The reality is that this so-called safe supply is anything but safe.

I have here the special report from the National Post called "Drug fail: The Liberal government's 'safer supply' is fuelling a new opioid crisis". This is the one that I tried introducing to this committee on Monday, yet it was not permitted. I'll read from it:

> Last December, Health Minister Carolyn Bennett in an opinion article for the National Post, praised safer supply and defended the federal government's commitment to the program. In Bennett's fairy-tale world, there are no concerns about diversion, rising addictions or debilitating infections. The minister also skipped over the fact that, according to the government's own research, many participants of safer supply programs continue to abuse fentanyl because hydromorphone doesn't get them high.

Indeed, we've heard that testimony here.

> Bennett cited the LIHC safer supply pilot project in London as a "particularly notable" example of success. According to the health minister, the program has seen zero overdose deaths. Yet [addiction specialist] Dr. Koivu says she's had patients who are enrolled in the LIHC safer supply program and ended up dying of overdoses. Their exclusion from official statistics has made her deeply concerned about the quality of data being provided to the government—did this data fully capture what was happening to the program participants? "The patients I watched suffering have to matter. Their lives and experiences are important, but I feel like they've been erased", she said.

That comment is interesting, because when I sit with families, almost to a T, the overwhelming comment we get is "Do you even care?" or "Are you even listening?" The fact that their child, their loved one, their husband, their son, their daughter, their wife, their brother, their sister, their mother or their dad is away, in their mind, now the problem is gone, but as we know the problem continues and it is only amplified.

● (1955)

Mr. Chair, this is the heart of the problem. At the last meeting of the committee, I started to read into the record an article on diversion. The title tells the story: "Astonishing amounts of government-supplied opioids found for sale on Reddit". It's absolutely appalling.

What we're seeing is people getting free drugs from the government—

Mr. Don Davies (Vancouver Kingsway, NDP): Mr. Chair, on a point of order, on Monday Mr. Doherty moved a motion that dealt with harm reduction and diversion, and that was dealt with at that time.

The motion before us today doesn't even mention harm reduction or diversion. It is explicitly referencing housing. I won't bother reading it, but it quotes a study revealing that a lack of housing can influence people's patterns of substance abuse, and it asks the committee to recognize the correlation between homelessness and opioid deaths and how people experiencing homelessness accounted for a certain number of opioid-related deaths. It asked that we call on the government to make access to low-barrier housing a central strategy, a separate....

While the issue of harm reduction may or may not be a valid issue to be debated, that was explicitly the subject of his motion on Monday—not tonight.

I notice that Mr. Doherty is venturing into comments on and references to harm reduction and diversion, which is clearly outside the parameters of this motion. In fact, the proof of that is that it was explicitly the subject of the motion on Monday and is not mentioned at all in this.

I would ask that he be called to confine his remarks to the motion under consideration.

The Chair: Thank you, Mr. Davies.

The motion is validly before the committee. It was put on notice. The motion does reference opioid deaths. It does, indeed, tie into housing. I am not convinced that he has strayed so far from the motion that he is outside the bounds of relevance.

I do trust, Mr. Doherty, that you'll take Mr. Davies' comments into consideration and be somewhat guided by them.

Anyway, the floor is yours, Mr. Doherty. Go ahead.

Mr. Todd Doherty: I appreciate your comments, Mr. Chair. Now I have to find where I left off.

I referenced an article earlier on diversion, and the title tells the story: "Astonishing amounts of government-supplied opioids found for sale on Reddit".

Mr. Chair, for my colleague in the NDP, when we are talking about the drugs that are being found on Reddit, these are drugs that are coming from those who are homeless. These are addicts who live on the street. They are taking the government-funded safe supply and they are selling it to dealers who are then in turn selling it, or they're selling it to kids in schoolyards and perpetuating this problem. They're taking the money they make from that and buying fentanyl for the higher and stronger high.

Any of it, Mr. Chair, is absolutely appalling.

What we're seeing is people getting free drugs from the government. Then, instead of taking them as the so-called safe supply program intends, they sell them on the street or online in places like Reddit, in the back alleys of our streets or in the schoolyards. Then they take the money from the sale of the government-provided drugs and they purchase stronger drugs from the street to get the fix.

I'd like to reiterate a portion of the article from Monday. I'm not sure if my colleagues from across the table were paying attention at that time:

> If you want evidence that Canada's experimental "safer supply" drug programs have been a disaster, all you need to do is open your laptop [or your cellphone] and visit Reddit, a popular social media platform. Until very recently, if you knew which keywords to use, you could easily find drug traffickers openly selling tens of thousands of hydromorphone pills....

Many of them are still in the same prescription bottles and safe supply bags that they were given in and "clearly originated from Canadian safer supply programs."

I have pictures for the record, Mr. Chair, and I'll make these available if any of my colleagues have not seen them. It's shocking. If anybody hasn't seen these, these are the thousands of drugs that are being used online, and they're not just staying here within our borders. They're being shipped all over the world. It's crazy. As you can see, one drug trafficker has enough diverted hydromorphone to spell out his entire username in pills. Many photos, like this one, show the drugs diverted—still in the pill bottle from the pharmacy and from their pharmacist—to the black market, to the pockets of our neighours in the back alleys of our streets and schoolyards.

The story goes on to say:

> Though [hydromorphone] had once been scarce and expensive on the black market, that changed dramatically when Canadian safer supply programs began flooding communities with it in 2020.
>
> These programs claim to reduce overdoses and deaths by distributing free hydromorphone, an opiod as potent as heroin, as an alternative to potentially tainted illicit substances. However, addiction experts have said that, as hydromorphone generally does not get fentanyl users high, recipients routinely resell ("divert") their safe supply on the black market. This has caused the drug's street price to collapse by up to 95 per cent in some markets and fuelled new addictions, including among teenagers.

I have also presented to this House that the leading cause of death for youth aged 10 to 18 in my province of British Columbia is overdose. To continue:

> Reddit users frequently lauded safer supply for flooding the market with cheap opioids. Many of the posts selling hydromorphone had such titles as, "Check the date!! 150 dilly 8mg collected thanks to safe supply vancouver," "Dilly heaven—I love safe supply," "Batch of d8s, around 250 of em i love my safe supply Fr!!" and "Living in the UK getting high of(f) Canadas safe supply haha. Having family in Canada is a win win all around."

● (2000)

> In the comment sections of these posts, Reddit users openly discussed how safer supply recipients would sell their hydromorphone for "dirt cheap" to buy fentanyl. Drug users marvelled at how the Canadian government was giving away hydromorphone "like candy" and "throwing these f**kers around like tic tacs" and that drug dealers were buying "literally buckets" of safer supply opioids.

Mr. Chair, this is shameful. For this supposedly advanced country like Canada, this crisis is a blight on our reputation, our character and the Liberal-NDP government. People come here from all over the world because Canada is one of the greatest countries on earth. I think we can all agree with that. If we continue to hand out free drugs like candy, we're going to turn into a laughingstock instead, if we aren't one already.

So-called safe supply just isn't working. Many of these folks just aren't taking them. They're selling government drugs and buying more dangerous drugs that get them more high, drugs that are often toxic and are killing them. At the very least, these dangerous drugs like hydromorphone should be under stricter controls. Methadone, for instance, an opioid agonist that is used to treat opioid use disorder, is usually dispensed at a pharmacy under the watch of a pharmacist, but these so-called safe supply programs can't even do that, Mr. Chair. These programs are nothing short of an abject failure.

I also brought forth the fact that in my province of British Columbia we have pop-up stores that sell crack, methadone, cocaine and these pills. Our streets are littered with people who are hurting, and we're perpetuating their addiction. We can't get a roof over their heads and we can't get them into recovery, but we can give them free drugs.

I was talking with somebody who has a substance abuse problem, who watched our health committee on this last week. He lives on the streets and he said that when his friends who are alcoholics were trying to curb their alcoholism, they had absolutely no alcohol. This person is addicted to drugs, yet we still give them drugs because those are not as strong as the drugs they're addicted to.

What frustrates me is that this should not be a partisan issue. It's very simple. At the last committee I was approached at the food table and asked what it would take for us to end this, to stop doing what we're doing. I think all of us know what it would take. Let's get to work on trying to find solutions to this.

It's very simple. This is about protecting our communities from being flooded with cheap, government-funded drugs. It's about protecting those who are the most vulnerable, those who don't have a home to go to at the end of the night, the youth who don't have the life experience and who don't know what they're getting themselves into, or it's about the blue-collar worker. In my province, stories come out about those who are in our most marginalized communities, but you also hear stories about blue-collar workers who are working in camps, who start off with recreational drugs. You can't even tell what is in a joint anymore, apparently.

I was speaking with an RCMP officer and he said that they found a bag of marijuana and it was laced with fentanyl, so these kids and these people who are going to whatever parties or what have you think they're just taking these harmless drugs. For those who are on the street who are looking for that next high, they have no idea what it is they're taking or how potent it is.

● (2005)

When we did the emergency debate on opioids last year, or a couple of years ago, the study I read into the record said that it's as easy as ordering a book on Amazon to get a kilogram of fentanyl. That's a kilogram of fentanyl, when something the size of a grain of sand could kill people.

I know our physician colleagues across the way could probably tell the ratio and the amount that is needed to put somebody under for surgery or to use it in the treatment of pain, but these are trained professionals. The people on the street have no idea what they're getting.

I went to an event in the summer. I was driving a friend of mine from an event to another event, and just outside our homeless shelter, as we were driving by, we witnessed somebody being thrown out of a vehicle. As I do, I stopped and tried to administer first aid. This young man, 20 years of age or 19 years of age, pants around his ankles, was literally tossed lifeless, like a castaway, onto the street. He had been in this vehicle, which turned out to be stolen, and the occupants of the vehicle had taken a hit of whatever it was and he was in overdose.

It was shocking for me that one of his friends on the street, another homeless gentleman, knew immediately what to do and was calling for the other people gathered around on the street for naloxone or Narcan. He administered the shots to him. By the time the ambulance got there, we had given four shots and he wasn't revived at that time. I was doing what I could, but it was shocking to see this. I don't know the name of what was in it, but the ambulance attendants who came said they were seeing more and more powerful stuff. Benzos are also laced into it, I think. I don't even know what that is. They said it was making it harder to bring these people back from the overdose.

Going back to my brother, my brother has overdosed so many times that it takes more and more Narcan to bring him back from his overdoses. He apparently has black marks on his brain that cause seizures now and what have you. I don't wish any of this on anybody.

I apologize for getting emotional last week, but the number of people I've sat with, the number of families I've sat with.... I also do outreach on the streets and in my community. I know we're all good people and we all sign up to do better. Sadly, it seems that partisan politics have taken over, when many of us know better and we know we should be doing something.

This is about making sure that our kids and loved ones don't become addicts. Far too often, by the time they're addicted, it's too late. The addiction has a hold on them. We need to have policies aimed at preventing the spread of harmful and deadly opioids through our streets. We need to be working on ways to get people the treatment they so desperately need, not perpetuating their addictions and creating more addicts in the process.

● (2010)

Mr. Chair, I want to continue with the article on the safer supply pilot project at the LIHC. It reads:

> LIHC's safer supply program doesn't just provide free hydromorphone - it also gives patients comprehensive wrap-around supports. That includes an array of health and social services, as well as access to an interdisciplinary team that provides counselling, housing support and social services.
>
> The study provided no evidence showing that the provision of hydromorphone, and not the plethora of accompanying supports, were the cause of positive outcomes.
>
> ...addiction physicians said that this kind of oversight, wherein the benefits of wraparound supports appear to be misattributed to safer supply drugs, is common in the harm reduction world.
>
> "The quality of the science is very poor," said Dr. Regenstreif, who also noted that the LIHC evaluations showed that some patients had dropped out of the program, but that no information was given about what happened to them. By failing to investigate these outcomes, safer supply programs can misleadingly reduce their death count—patients don't die, they just disappear.

As we know from the homelessness challenges we have, these are the unaccounted for. These are people who, for many reasons, whatever reasons.... Some on their own choose to live on the streets. Some choose, for whatever reasons.... Some just don't have the opportunity. However, when they drop out of these programs, there's no recording on this.

> Dr. Regenstreif said that, in general, many drug-related deaths are simply not counted if they are caused by something other than an overdose.
>
> "If you're injecting fentanyl and then get a heart infection, or you die of something else related to drug injection while in hospital, that doesn't get counted as a coroner's case," she said. "It's not necessarily considered a drug-related death. It's not being included with the overdose numbers. And the epidemiologists don't seem to be aware of this."

I hope that my colleagues across the way are paying close attention to this, Mr. Chair, and continue to pay attention as I read this next section, which is deeply disturbing. It says:

> At least four addiction physicians I spoke to...have witnessed, first-hand, that evidence which contradicts the narrative around safer supply is often dismissed.
>
> In some cases, doctors say they are pressure to ignore harms. Dr. Regenstreif described being left out of important meetings, research activities and conversations after raising concerns about safer supply.
>
> Dr. Violet used to work at a B.C.-based institution that is associated with safer supply. As an addiction physician with a research background, the doctor asked to analyze the institute's safer supply data, in order to track unintended consequences and potential harms.
>
> "The request was met with hostility. They set up meetings with other stakeholders and I very quickly got the sense that this was not welcomed," said Dr. Violet. The institution refused to share its data, [she] says, and claimed that it already had plans to measure the potential harms of safer supply, but could not describe what those plans were.
>
> There was a "very clear warning" that Dr. Violet's job security was at risk by pursuing research that could reflect poorly on safer supply. "It was quite clear to me that they did not want any outsiders to take part in their work. I'm not the only physician whose interest in this area has been met with opposition and challenges," said Dr. Violet.
>
> After that incident, Dr. Violet found work elsewhere.

Mr. Chair, what are these organizations hiding? What is this Liberal-NDP government covering up? Could it be that they know that their so-called safer supply policies are a disaster for Canadians, yet still choose the politically expedient route instead of prioritizing Canadians' lives? It really is troubling, and it is a disgrace.

I'll return to the same article, which goes on to discuss government inaction.

Mr. Chair, I have a few pages left. Maybe we might want to dismiss our guests, or do you want me to get through this and then...?

● (2015)

The Chair: I think it's pretty clear that we're not going to get to Bill C-293 today. That's as much a question as it is a statement, Mr. Doherty.

Mr. Todd Doherty: In fairness to our guests....

The Chair: Okay.

Mr. Todd Doherty: I'll do my best to be quick with the rest.

The Chair: To our guests from the Public Health Agency of Canada, you are welcome to stay but you are free to go.

Thank you, and thank you so much for your patience.

Mr. Todd Doherty: That's unless you want to stay and listen.

Some hon. members: Oh, oh!

The Chair: Thank you for that, Mr. Doherty. Please proceed.

Mr. Todd Doherty: Mr. Chair, the article reads:

> What are Canadian government bodies doing about diversion? As it turns out, very little.
>
> I emailed a list of diversion-related questions to Health Canada, B.C.'s Ministry of Mental Health and Addictions and Ontario's Ministry of Health....
>
> ...both the B.C. government and Health Canada replied. Neither answered my two simple yes-or-no questions, either ignoring or deflecting them.

It continues:

> Health Canada didn't mention any additional anti-diversion measures in its email, but said that it will “monitor and assess available information” and “take appropriate action where necessary.”
>
> I emailed Health Canada's response to over 10 addiction physicians. Those who replied were uniformly critical of the agency's recommendations, which they called “inadequate” and “puzzling.” According to Dr. Lam, Health Canada seemed to be “significantly out of touch with the realities of opioid use disorder and the market for illicit substances, which is concerning.”

It's concerning, indeed, Mr. Chair. Clearly if Health Canada can't even articulate a strategy to mitigate safer supply diversion, their government overlords have no inkling of how to address this crisis either.

The article continues:

> To Health Canada's credit, at least it drafted a personalized response. When B.C.'s Ministry of Mental Health and Addictions replied, it simply referred me to two documents produced by the [British Columbia Centre on Substance Use]....
>
> Several addiction physicians I spoke with said that both they and their colleagues who work on the front lines generally believe that the BCCSU's guidelines, which are tremendously influential in Canadian addiction policymaking, fail to address the potential risks or harms of safer supply.
>
> Echoing his colleagues, Dr. Kahan said that, “Health Canada and B.C. government, researchers, public health officials and harm-reduction advocates have ignored these concerns and given funding and uncritical support for safer supply.”

Then it says:

> The addiction physicians I have spoken with have consistently claimed that the BCCSU uses inadequate research to support safer supply. This includes three former BCCSU staff members who spoke on a condition of anonymity, for fear of career repercussions.

Mr. Chair, enough is enough: enough stonewalling, enough sidestepping, enough adjourning debate. The opioid epidemic is not an issue we can run from. There are lives at stake. Addressing this crisis is infinitely more important than partisanship.

This Liberal-NDP government must end its funding and support for these so-called safe supply programs now or else pay them the attention they deserve and fix them. Clearly the current system is broken. For the sake of our kids, our communities and our country, this committee needs to give the opioid crisis the care and attention that it deserves immediately.

Mr. Chair, I talked at length regarding these challenges and these reports that we're seeing and hearing. It seems as though every day, honestly, you cannot turn on the news or look at social media.... Well, maybe not social media anymore because you can't get news on there.

I don't know about my colleagues, but whether it's in my social media inbox, in comments on posts, in my email or in phone calls over at my office, we have so many stories of yet another death related to opioids or fentanyl.

At one point, Mr. Chair, I spoke of this young player who I coached. His name was Chad Staley.

Hopefully that wasn't a heavy sigh from across the way about hearing yet another story from me.

● (2020)

Chad was an outstanding—outstanding—hockey player, community member and teammate. He was a young boy from Kennewick, Washington, I believe. When he came to our team to play as a junior for our team, he was just wide-eyed and bushy-tailed and a true leader on and off the ice. That translated into success both on and off the ice. He had an NCAA scholarship.

I believe it was in the second year of his scholarship that he was playing in a hockey game and injured himself. On the bus ride back to his campus, I believe it was, he was in so much pain that one of his teammates gave him a pill, what they thought was like a T3, Tylenol with codeine. Chad put it in his pocket and went back to his home. At one point, the pain was so much that he took the pill. That pill was laced with fentanyl. You can imagine the shock and the horror of his parents who found their child—not a drug addict, not a drug user—passed away.

That story is replayed over and over again. Maybe it's not a hockey player. Maybe it's not somebody with a scholarship but a blue-collar worker, or a president or a vice-president of a university in our province, or two professionals on the island, a husband and wife, taking recreational drugs, who died of an overdose from fentanyl. With my motion I've been talking about the increasing rate of deaths attributed to overdose in our homeless population.

Last week, I talked about that. If you don't believe me, we at least should believe the 17 leading experts in addiction medicine: Dr. Mel Kahan, medical director for META:PHI and co-chair of the methadone treatment and services advisory committee; Dr. Robert Cooper, who served on the board of the Canadian Society of Addiction Medicine and was chair of the OMA section on addiction medicine; Dr. Paul Farnan, in the field of occupational medicine and addiction medicine for over 25 years and clinical associate professor in the department of family practice, University of British Columbia; Dr. Michael Lester, physician assessor for the College of Physicians and Surgeons of Ontario and secretary for the OMA section on addiction medicine for 13 years; Jennifer Melamed, who served on the board of the Canadian Society of Addiction Medicine; Launette Rieb, clinical associate professor, University of British Columbia, and a physician certified in addiction medicine; Maire Durnin-Goodman, who has extensive experience in managing addiction disorders; Dr. Ray Baker, clinical professor at UBC who served on the board of the American Society of Addiction Medicine; Dr. Harry Vedelago, chief of the addiction medicine service, Homewood Health Centre; Dr. Alan Brookstone, addiction medicine and family physician with over 30 years of clinical experience; Dr. Clement Sun, founder of ACT Addiction Clinics; Dr. Oded Samuel, with over 25 years' experience in the field of addiction medicine; and Dr. Annabel Mead, medical director at B.C. Women's Hospital and Correctional Health Services, with 20 years' experience in concurrent disorders, pain, women's health and youth addictions.

● (2025)

A lot of people said a lot of things, both good and bad, regarding my intervention last week. As I said before, if you don't believe me, believe the people who are the experts. All I'm saying is that we have to be better, as I've said from the very first day I came to this committee or any other committee. Those who have been here as long as I've been elected know that I always challenge us to be better when it comes to these issues and that I truly believe we can leave a legacy of action, not inaction. That's where I come from on this. I shared my personal story not to gain sympathy or get likes on Instagram, Twitter, Facebook and other social media. It's just to say that I don't have the answers. I know we can be better.

Our family lives it each and every day. I appreciate all those who have come to me and shared their personal stories regarding loved ones and their own family challenges with addictions and mental health. It truly is one of the toughest things to do, especially given this role we're in: being raw and vulnerable and sharing that. I did not expect to be that emotional last week when I shared that story. It's something we live with each and every day. I expected it to be...but the reality is that I get frustrated. I get angry when we're sitting with these families—not just mine—that are crying and asking us to do something, and we're powerless. We're powerless to stop this drug from coming onto our streets, communities and country. For eight years, I've listened to a government say we need to do better and be better, yet here we are still struggling with this. The issue is not going away. It's not getting better. It's getting worse.

It's amplified by programs such as safe supply. I will be the first to agree that there are many tools in the tool box. It's not one-size-fits-all. However, this is not working. It's causing more problems—a whole new wave of opioid addictions among our youth and young adults. It's plaguing our streets and nothing is being done. We just go merrily on our way.

I honestly wish we could have a conversation around the table with the cameras on. We have expertise on all sides, and I know they've experienced this in their professional lives. However, I know what will happen. Somebody from the other side will move to adjourn the debate, rather than have an actual debate. I bet there's something going on right now. Somebody is saying, “The Conservatives are filibustering again and not letting our colleague's private member's bill go through. The Conservatives are up to no good once again.”

The chair is nodding his head. After all I've said, I get that reaction. It's disappointing, Mr. Chair. I know you to be a good person, but it is disappointing. Shake your head again all you want. It's disappointing. It truly is.

● (2030)

Why can't we have a conversation about this? Why can't we do something about this?

I believe there are good people on all sides of the House. I know it to be true because we have sidebar conversations with people from all parties who say they feel exactly the same, yet when we come through those doors or we go into the House, common sense goes out the door.

I'm eight years into this job. I haven't been here long enough to be jaded, although it may sound like it. I truly believe there are good people on all sides, but if you aren't willing to fight for our most vulnerable, what are you willing to fight for? Why are you here? Truly. Why are you here?

We're sent here with a mandate to listen to Canadians, to fight for Canadians and to make lives better for Canadians. I guarantee that each and every one of our colleagues was asked, when they were running for nomination and they were asking people to vote for them for their nomination, “Are you going to toe the party line? If this issue is really important to me and your constituents, how are you going to vote?” You can hear the echo of the whip crack.

Aren't committees supposed to be the masters of their own destiny? That's what I hear from the Liberals all the time: “I had nothing to do with it. Committees are free to do whatever they want.” If we're free to do whatever we want, let's do the study.

Their heads are down. They're checking their emails, texting, shaking their heads and laughing.

Committees—

● (2035)

Mr. Darren Fisher (Dartmouth—Cole Harbour, Lib.): I have a point of order, Mr. Chair.

Mr. Todd Doherty: I still have the floor, Mr. Chair.

The Chair: Yes, but a point of order takes precedence.

Go ahead, Mr. Fisher.

Mr. Darren Fisher: Respectfully, nobody is laughing. Nobody is smiling. Everyone has been listening intently all night long.

Thank you.

The Chair: I agree.

Go ahead, Mr. Doherty. You still have the floor.

Mr. Todd Doherty: Mr. Chair, I'm close to wrapping up, so people can breathe a sigh of relief for now, but I will tell you this: I will continue to push and fight for those who are our most vulnerable, whether they are homeless on the streets, whether they are our youth becoming addicted to opioids or whether they are the families who have been left behind to pick up the pieces.

If you're listening to this, I commit to you that I'll continue to fight for you, and I'll continue to fight until our colleagues in the Liberal-NDP coalition stand up and agree to doing this study and truly finding out how we can make things better for those who are struggling with addictions.

Thanks.

The Chair: Thank you.

Next up is Dr. Ellis.

Just so people know, there are four people on the speakers list. We have Dr. Ellis and then Dr. Hanley, Mr. Davies and Mr. Thériault.

Dr. Ellis, you have the floor.

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

I want to thank my colleague for his hard work on this topic. I think everyone around this table would realize clearly that this is a topic that is incredibly emotional for my colleague, both because he has a heart as big—as my grandmother might say—as all outdoors, but also because it's very personal to him. I want to thank him not only for sharing his passion and his personal story, but for his advocacy for those who, sadly, don't have a voice here themselves. I would echo his comments that, realistically, they are who we're all here for.

It's interesting, colleagues, that oftentimes people wonder why this is important to us, why we are fighting about it, whether there is a plan to deal with it elsewhere in the calendar and those kinds of things. You look back to the study—I know our colleague from the NDP was here and Ms. Sidhu was also here—in 2016, when this issue came before the health committee. Looking at the statistics at that point in time, it was astonishing to the committee that there was a death every three days due to an opioid overdose. That was 2016.

Here we are, after eight years, and we know clearly now that there are more than 20 deaths a day. We've gone from a death every three days to more than 20 deaths a day. Should that seize this committee...? Back then, a death every three days was an opioid crisis. Now, we have 20 deaths a day. I wish I were a wordsmith and could tell you the superlative of an opioid crisis, but I don't know that there is a word that could even describe what we now exist with, which is 20-plus deaths a day.

Why is it also important? People will say that we're politicizing this. It's partly a political issue, I'm sad to say, because of this issue of safer or safe, or whatever you want to call it.... Let's just call it what it is: It's a government-funded supply.

My colleague raised a good point about homelessness and addiction and services that are or are not available. You often wonder which came first, the addiction or the homelessness, the homelessness or the addiction. We could argue that for days here.

The one thing, though, that we, as Conservatives, wish to bring forward, of course—which is intimately and integrally related—is the issue of the government supply of hydromorphone on the streets. We know very clearly, as my colleague mentioned, that many addiction medicine experts out there are absolutely and totally against this concept. What I'd like to outline this evening for everyone, and for the millions of people out there who have joined us, are the words that should bookend the story that I'll tell in the middle. They're the words of addiction medicine specialists who talk about safer supply.

I want to read this letter from a physician referenced by my colleague. His name is Robert Cooper. I asked him for permission to use this.

This is an email to the Minister of Mental Health and Addictions. It says that, on a daily basis, they are seeing opioid-dependent patients relapsing on inexpensive and widely available diverted hydromorphone from safe supply programs, and his colleague presented some pictures of pill bottles from safer supply programs. He says that they are seeing this lead back to fentanyl use and then to overdose deaths. They are seeing many people with no history of opioid dependency starting new addictions with diverted hydromorphone."

● (2040)

Here with are with this lame idea—I'll come to why I called it a lame idea—that giving people free drugs will suddenly help them not be addicted. It's not just free drugs; it's also free drugs in a unsupervised manner. We certainly know from significant clinical use of opioid agonist therapy, which is the supervised reduction by a health care professional in the amount of opioid that an individual is using, can be beneficial in the treatment of opioid use disorder. I think everyone would agree that makes sense, but to give people an opioid....

Do you know what? I've probably said this at this committee before. I know I've said it in the House of Commons. People will often look at a pill, such as an eight-milligram pill of hydromorphone, and say, “It's just a pill. It's the size of an Advil or a Tylenol. How bad could it possibly be for people?” We know that it is incredibly potent. I'll come back to its potency when we continue on with this sad tale.

The letter from Dr. Cooper goes on to say—and this is bolded, colleagues—that this is not harm reduction; it is harm, and this is not safe supply; it is reckless supply. This is a reckless way to go about trying to.... I don't know what the original intent was. I hope the original intent was to try to help folks with opioid use disorder, but when you have experts in the field out there ringing the alarm bells loudly and repeatedly, then I would suggest that this government, which appears to be hell-bent for leather on continuing safe supply for unknown reasons....

Why do we say that? We had the former minister of mental health and addictions here. I can remember very clearly talking about dosages of fentanyl. When we talked about dosages of fentanyl, we talked about how, in this decriminalization experiment, for personal use you could have 2.5 grams of fentanyl. We know very clearly that if we were to work in an emergency room, perhaps to do a reduction of a dislocated shoulder, you might get 100 micrograms of fentanyl. We're talking here about 2.5 grams of fentanyl. I said that was enough to treat 25,000 people, and the retort from the minister at that time was related to saying that it was always cut with something.

Do you know what? I looked at what the Government of Canada website has to say about fentanyl. It's quite fascinating. This is what the Government of Canada website says about fentanyl: “Fentanyl is a very potent opioid pain reliever. A few grains can be enough to kill you.” That's a few grains, and we have the Minister of Mental Health and Addictions suggesting that 2.5 grams is an okay amount to have for personal use.

The website continues, “Fentanyl is usually used in a hospital setting. A doctor can also prescribe it to help control severe pain.” Yada yada yada—here we are, continuing this fight. People ask why we're now interrupting a study on pandemic prevention and preparedness. First of all, it's mainly because this topic is killing Canadians. If we as a health committee are not seized with that, and we as the opposition are not seized with calling out a government that is clearly doing the wrong thing and allowing the death of its own citizens, such that there is now a framework for people with addictions to be able to kill themselves by medical assistance in dying....

● (2045)

Not only is this Liberal government wanting to kill Canadians who have depression. They now want to kill Canadians who have addictions. Is that simply because it's easier? Is that easier than treating them? They're trying to kill them now by giving them an amount of opioids for free in a “safer supply” program. Now we are going to have a society based on a framework endorsed by this government—

[*Translation*]

Mr. Luc Thériault: I have a point of order, Mr. Chair.

[*English*]

Mr. Stephen Ellis: —that says we will allow them to be killed.

The Chair: Excuse me, Dr. Ellis, but we have a point of order from Mr. Thériault.

[*Translation*]

Mr. Luc Thériault: This will give Mr. Ellis a chance to catch his breath.

Mr. Chair, it is now 8:50 p.m., and you mentioned that some speakers wanted to speak, which may have been the case at the start. However, when we have a list of speakers, we all agree in a friendly way on speaking time for each person. That's how the committee normally operates.

I want to accept the invitation of Mr. Doherty, who would like to speak with the other members of the committee, but we've been monopolizing speaking time for nearly two hours.

Wouldn't it be a good idea, Mr. Chair, for you to suggest to the members that we continue until 9:30 p.m. so that at least the people who have raised their hands to speak may do so?

Since there are no more witnesses and our schedule has been completely upended, it seems to me that the people who want to speak should be able to do so. Couldn't you move that?

I can move it, if you wish. It seems to me there are three or four potential speakers.

How many are on the list, Mr. Chair? I understood that there were four. Do they have 10 or 15 minutes of speaking time each?

● (2050)

The Chair: There are four.

Yes, Mr. Thériault, I can move it, but Mr. Ellis has the floor and he's entitled—

Mr. Luc Thériault: He'll definitely agree—

The Chair: That's up to him to decide—

Mr. Luc Thériault: Yes.

The Chair: —it's not up to us.

Mr. Luc Thériault: That's why I'm suggesting it. I think we're working very hard.

The Chair: Yes.

If he wants that, it's his decision.

You suggested it, and I can suggest it, but he has the floor for as long as he wants.

[*English*]

Dr. Ellis, please go ahead.

Mr. Stephen Ellis: Thank you very much, Mr. Chair.

To my colleague, we can continue this debate for as long as it takes. That will also, absolutely, give you the opportunity, sir, to have your say on this important topic. I have no issue with that.

However, I think it's clear the issue at hand is related to the fact that we have raised this particular issue of opioids multiple times in the Standing Committee on Health. What has happened? What has changed? Absolutely nothing has changed. What we see is colleagues continuing down an incredibly dangerous path for Canadians.

I need to hit the rewind button for a minute.

Let's underscore what's happening here. Not only are 20-plus Canadians dying a day, but allowing people with depression to be killed at their hand is set to take effect mid-March of 2024 in this Liberal government's MAID regime. Further to that, now there is a proposed framework to allow people with addictions—

Mr. Brendan Hanley (Yukon, Lib.): I have a point of order, Mr. Chair.

Mr. Stephen Ellis: It is interesting that I continue to get interrupted, Mr. Chair, when we're talking about an incredibly sensitive part. It's fascinating.

The Chair: It's a point of order from Dr. Hanley.

Mr. Brendan Hanley: Discussions about MAID and allegations about the purpose of MAID are not relevant to this discussion.

Mr. Stephen Ellis: Of course they're not.

The Chair: I'm not so sure. I see the link between opioids and medical assistance in dying.

I think, if we get too far into the MAID discussion, there will be a point to be made with regard to relevance. I'm not sure we're there yet.

Dr. Ellis, go ahead.

Mr. Stephen Ellis: Do you know what? It's fascinating to me that the former Liberal speaker—I don't know if that's the right term, but he certainly was elected as a Liberal—was talking about decorum.

What do we have over here? When it becomes uncomfortable, we have colleagues of mine, who know that this is an incredibly important and difficult topic, wanting to interrupt. I think that is a bit baseless. It is juvenile and incredibly inappropriate that we don't want to talk about the issues that we know are being brought forward because of the policies of the Liberal government.

We know it. Everybody here knows it, and do you know what? It's uncomfortable and it's painful and it's unpleasant, yada yada yada—too bad. Canadians are now uncovering the abscess that exists in their own country, which is that Liberal government, supported by these members across from me, where I'm pointing. They need to grow up and decide what side of history they want to be on. That's their choice.

As I was saying, on the MAID regime, which I sadly had to sit through as a member of Parliament—"sadly" because oftentimes it would appear to me that there was a gleeful nature of the Liberals as they brought forward more and more abilities for Canadians to kill themselves—what we saw there, very clearly, is that depression is in its infancy in terms of diagnosis and treatment. Now we will have a regime in this country that is not supported by Canada's psychiatrists. We know that very clearly.

There is one psychiatrist on that committee who continues to push forward that agenda, and now what do we see? We see other folks who want to take advantage of that and are suddenly saying: "Hey, you know what? People, sadly, are addicted to drugs. Let's let them end their lives." My colleague here has an interesting article with pictures of people who died of overdoses and pictures of them as children. Everyone around this table and anyone who's listening out there knows that no kid in this country grew up saying, "I wish that, when I grow up, I will be addicted to drugs."

This safer/safe, government-sponsored, hydromorphone-doling-out-for-free program is allowing them to continue to be addicted to drugs. That is a very sad state of affairs in this country, especially when.... I don't even know how many Liberals there are in the House of Commons. There are too many—I know that. They know the difference, and they refuse to stand up and be counted and to understand that this is an incredibly slippery slope that we are going down.

Not only are we now providing drug addicts with drugs for free—drugs that we know are being sold from the investigative reports of people like Adam Zivo and also from the physicians my colleague named and the letters they've sent to this government, and from other physicians who are too afraid to come forward because they're afraid their professional reputations will be sullied by this Liberal government—but we continue to allow this to happen. Shame, shame, shame. That's what I say—shame.

To go back to this original letter that we have received from Dr. Robert Cooper, which was sent to, again, the Minister of Mental Health and Addictions, it says that it is reckless for people suffering from addictions, as it is not supervised to ensure it is taken safely in the manner intended by the manufacturer. Also, it is provided in a way so that it can be and is being sold, with the funds utilized to purchase even more potent and dangerous opioids such as fentanyl.

We hear that this is the enemy: a toxic supply. This is what the Minister of Mental Health and Addictions, who came before this committee before, said: that this is a dangerous drug, that it's toxic, but if we give them something else, then they'll stop using fentanyl.

Sadly, we know that is the high the people who are addicted to drugs want. They want a high from fentanyl. All they are doing, very simply, is taking the hydromorphone that is being supplied for free and selling it to kids and other people who have never used opioids before, and they are then buying fentanyl with the money.

● (2055)

This is not a great stretch of imagination or a fantasy or the unicorns and fairy dust that we hear from this Liberal government on other topics. This is fact that is being reported from people who work in the system. This is being reported by people who use the drugs on the street.

Why do I say it slowly? It's because it appears that is the only way it can be heard by my Liberal colleagues. Why is it that we need to talk forever in this committee to get anything through? It's because otherwise there'll be a motion to adjourn the debate on this, which we have already seen.

I shall continue.

It is provided with a reckless disregard for our communities, as it has increased the availability of high-potency pharmaceutical-grade opioids on our streets and increased the number of people suffering from addiction. They are seeing more people. These are addictions experts. This is what they do. They are seeing more and more people coming and saying, “Wow, I have a problem with drugs and—guess what—I had free hydromorphone supplied by the government” or “I got the free hydromorphone supplied by the government, and—guess what I did with it—I sold it and bought something else with it.”

They are selling it. Are they buying more fentanyl? They probably are. Are they trying to live because of the incredible crushing inflation and cost-of-living crisis that this Liberal government has created through their reckless spending? Yes, of course they are. If they can't afford to put a roof over their heads, the likelihood, of course, of their being addicted to opioids is probably greater. If they're addicted to opioids, it is much more difficult for them to put a roof over their heads. Can they feed themselves? They can't do that well. Can they heat their homes? Well, they don't have any homes to heat. We know that very clearly.

Continuing to punish Canadians is what this Liberal government is bent on doing with their NDP coalition partners.

Third, it is reckless, a complete failure of monitoring and supervision, and an abrogation of the responsibility to do so, with an apparent reliance on the criminal justice system to prevent diversion when it is widely known that the criminal justice system has already failed to prevent the sale of opioids during the current opioid epidemic.

Colleagues, one of the things that I think are important for us to begin to understand is how related this epidemic that we have is to the OxyContin crisis. We know very clearly that in popular literature—and if you're not a student of history, you can look at Netflix, on which there is a series called *Painkiller*. We know very clearly that this tragedy that exists on Canadian and American streets at the current time is realistically related to the promotion and marketing of OxyContin.

There is an interesting article in the American Journal of Public Health entitled exactly that, “The Promotion and Marketing of OxyContin: Commercial Triumph, Public Health Tragedy”. This public health tragedy continues.

We know very clearly from this article.... It talks about controlled drugs. It has an American flavour to it and certainly it's not a style that we talk about in Canada, but we talk about opioids. Certainly realistically they are controlled drugs in terms of how they are supposed to be prescribed and given out in a very controlled manner by responsible physicians to those who need them, who we now know, as a cautionary tale, are not very common.

● (2100)

This article starts:

> Controlled drugs, with their potential for abuse and diversion, can pose public health risks that are different from—and more problematic than—those of uncontrolled drugs when they are overpromoted and highly prescribed.

We have an asinine situation now where these drugs are not only not prescribed, but they don't cost anything. They're not just highly prescribed; they're highly given out. There is no place in the world where anyone could possibly fathom that. Not only are these drugs, as we clearly know, dangerous and should be controlled, but they are now being given out by this government.

What did I say previously about fentanyl? We talked about fentanyl. What makes it so dangerous?

This is from Canada.ca:

> It is 20 to 40 times more potent than heroin and 100 times more potent than morphine. This makes the risk of accidental overdose very high.

Realistically, we know that hydromorphone is a little less potent than fentanyl—understandably. It is dosed in milligrams, not micrograms. We know very clearly that is very different. I understand that. That being said, for those who don't partake in opioids or haven't had the need to use opioids, we know these drugs are incredibly dangerous. Not only are they now highly prescribed; they are just given out. They are given out for free. How does that make any sense?

When we look at this.... This talks about an “in-depth analysis of the promotion and marketing of OxyContin”, which is also known as oxycodone. We know that:

> When Purdue Pharma introduced OxyContin in 1996, it was aggressively marketed and highly promoted. Sales grew from $48 million in 1996 to almost $1.1 billion in 2000.

Listen to this:

> The high availability of OxyContin correlated with increased abuse, diversion, and addiction, and by 2004 OxyContin had become a leading drug of abuse in the United States.

It is certainly not different in Canada.

That was in 2004. It had a $1-billion market in 2000 in the United States, and in 2004, it had become the leading drug of abuse in the United States. That was in 2004. That was 19 years ago.

Nineteen years ago, everybody, it seems, knew that OxyContin was a leading drug of abuse in the United States, and here we are, decriminalizing.... I'm sorry. We are not just decriminalizing drugs in this crazed experiment, but we have a government that is giving out opioids—exceedingly potent opioids—for free. It's giving them away.

If anyone out there could possibly make any sense of the fact that we know what happened, as a cautionary tale, with OxyContin, oxycodone, beginning in the United States and the trickle-down effect into Canada, and now we have a government that seems to.... I can't even.... It defies my ability to understand how a government could possibly think that giving its cousin out for free would help an addiction, an overdose, an overdose death, homelessness, affordability or a cost of living crisis get any better. That does not make any sense at all. It is mind-boggling and mind-numbing. I don't have any ability to understand that.

This article continues:

> Under current regulations, the Food and Drug Administration (FDA) is limited in its oversight of the marketing and promotion of controlled drugs. However, fundamental changes in the promotion and marketing of controlled drugs by the pharmaceutical industry, and an enhanced capacity of the FDA to regulate and monitor such promotion, can positively affect public health.

What we're talking about here is asking a pharmaceutical industry to change how these drugs are promoted and regulated.

● (2105)

What we have come to is a government that has effectively deregulated, unregulated and dysregulated. It has totally and absolutely gone against regulations by not just promoting a potent opioid but also giving it away for free. Think about it. If I have a product, why would I need to promote it if my objective is simply to give it away? I don't need to promote it if I'm giving it away.

On one side, we have a government in the United States realizing that pharmaceutical industries need to be more regulated in their promotion of opioids. On the other, we have a government north of the border giving away opioids and suggesting that, in the land of unicorns and fairy dust, this is making the opioid crisis—and again I'd use the superlative of crisis—better. It's doing that mind-numbingly, without any ability for me to understand that. When we go on and begin to understand that, we.... Some people say, “This is not related to hydromorphone or fentanyl.”

This article talks about it:

> OxyContin’s commercial success did not depend on the merits of the drug compared with other available opioid preparations. The Medical Letter on Drugs and Therapeutics concluded in 2001 [22 years ago] that oxycodone offered no advantage over appropriate doses of other potent opioids.

For people out there to say that hydromorphone is better than fentanyl or oxycodone.... Clearly, we know that, in esteemed, useful and well-read medical journals, this is absolutely total hogwash. There is no difference among these opioids at all. They are all incredibly dangerous. Where does that leave us? That leaves us....

Again, when we look at this, there are some other things here that talk about the relative potencies, but I think I will leave that out. I may come back to it.

I'll continue on:

> The promotion and marketing of OxyContin occurred during a recent trend in the liberalization of the use of opioids in the treatment of pain, particularly for chronic non–cancer-related pain. Purdue pursued an “aggressive” campaign to promote the use of opioids in general and OxyContin in particular. In 2001 alone, the company spent $200 million [U.S.] in an array of approaches to market and promote OxyContin.

When you begin to look at that, it becomes very clear. I was a practising physician during those days. I clearly remember many edicts coming out of the Canadian Medical Association, the Canadian College of Family Physicians and—I'm not entirely sure, but probably—the Canadian Pain Society suggesting that someone treating chronic non-cancer pain.... If physicians were not prescribing enough opioids to treat that pain, they were bad doctors.

Do you know what? That was wrong. We know it was wrong, but those of us who are physicians in this room know it happened. We saw those edicts come out of the Canadian Medical Association, the Canadian College of Family Physicians and, as I said, probably the Canadian Pain Society, and we know in retrospect that was wrong. There were changes that came forward. They talked to physicians about how they should prescribe opioids in a more responsible fashion. There were also edicts that subsequently came out talking about how much morphine equivalence of opioid should be prescribed, because we knew these substances were being overprescribed in a highly regulated fashion already.

Now what do we have? We have a government giving them away for free and continuing to ignore their own advice, which says that these substances need to be prescribed very carefully in small quantities and for short periods of time. We have a government giving them away for free in gigantic quantities for unlimited periods of time. Now, if that is not the exact opposite, I don't know what is.

● (2110)

We have people getting eight-milligram tablets of hydromorphone in quantities of—depending on which article you want to read from Adam Zivo—26, 32 or 34 tablets at a time. Now, if that is not big quantities of high-potency opioids given out in an unrestricted, long-term fashion, I don't know what is. This is the exact opposite of a careful, short-term, low-dose prescribing of opioids, which was suggested to physicians who should be controlling this.

It is mindless, and it continues to this day. Folks around this table then want to say, “Why is it? Why do Conservatives want to talk about opioids? Why do they want to talk incessantly about this?” Do you know what? It's because clearly the Liberal government does not get it. Until we say things over and over again, almost ad nauseam, it clearly appears not to be understood.

I do know that one of my colleagues, my colleague from the Bloc, referenced a motion that has been moved—I don't know whether it's been moved, but it's been tabled—to talk about the opioid experiment. If we had confidence on this side of the chamber we're in this evening that our colleagues would actually do the study, then maybe we wouldn't have to be here tonight talking about this over and over again.

One of my colleagues even deemed this, in this motion, to be an opioid experiment. Do you know what? When you have an experiment that has gone awry and is causing harm, every medical journal out there knows that you stop that experiment early. That's what you do. You don't continue it on. When you realize that people are dying because of the drug that you're using, you don't continue to do the experiment. You stop it. You stop the experiment, but what are the geniuses in the Liberal government doing? They are doubling down.

They are doubling down: “Let's fight the Conservatives on this.” We heard this from my colleague this evening. We have those on the opposite side who think this is a waste of time, that all we're doing is wanting to filibuster to get rid of Bill C-293. Really? There is enough in Bill C-293 that we could have talked about it for 10 more years. It's a terrible piece of legislation. It's utterly ridiculous. It is fraught with incredible jurisdictional contradictions, which my Bloc colleague could have talked about for the next six years, at least, on his own. He brought an expert here to talk about Bill C-293, and he talked about how bad the jurisdictional infractions were with respect to his great province of Quebec. Now it is suddenly only the Conservatives who are trying to get rid of Bill C-293.

I had an opportunity today to meet with the deans of the agricultural and veterinarian schools from across our great country. They have a huge problem with Bill C-293. I read them sections of the bill, and I informed them that we had one meeting here with witnesses on Bill C-293.

They were aghast when they read sections of Bill C-293. When I told them that we had one meeting with witnesses, they couldn't believe it. To think that a bill wants to influence the food that we eat and how it's produced here in this country—we know that farmers are the greatest stewards of farmland and of farm animals in this entire country—then we have the audacity of Liberal members suggesting we are using opioids as a way to filibuster Bill C-293. It's hogwash. It's petty politics—absolutely incredulous.

When I begin to look at the topic at hand, which I will return to, understanding the scourge that opioids have caused and continue to cause for innumerable Canadians, this is absolutely an unacceptable and untenable position.

● (2115)

We know—again, very clearly—that the cost of living crisis this government has created is continuing to cause significant problems for Canadians. I would suggest to you that this opioid crisis is allowing this to be perpetuated. I quote:

> From 1996 to 2001, Purdue conducted more than 40 national pain-management and speaker-training conferences at resorts in Florida, Arizona, and California. More than 5000 physicians, pharmacists, and nurses attended these all-expenses-paid symposia, where they were recruited and trained for Purdue's national speaker bureau. It is well documented that this type of pharmaceutical company symposium influences physicians’ prescribing, even though the physicians who attend such symposia believe that such enticements do not alter their prescribing patterns.

Certainly, that's been a huge argument inside the medical community for a long time. Isn't it interesting, though, colleagues? What we're talking about is how a company could influence the prescribing habits of physicians, and what we have now is these drugs being given out for free and Liberal colleagues suggesting that this is an appropriate and acceptable type of behaviour.

As I said, we have a scholarly article talking about this being inappropriate. It's inappropriate to try to influence physicians, who are the appropriate people to write prescriptions. It's inappropriate for them to be influenced to write more prescriptions, but it's not inappropriate for a government to give away the same drugs for free. Wow. Again, I can't even wrap my mind around how that would make any sense at all. It is absolute nonsense. That's what it is.

This article goes on and talks about how they possibly did this, how much money they spent to try to change physicians' minds, how many doctors they convinced to do this and that they gave them fishing hats, stuffed plush toys and CDs. When you look at this now, what are we doing? You don't need to influence doctors, because the Liberal government is giving away opioids for free.

Don't worry, Canadians, because when you're addicted to these opioids that this Liberal-NDP coalition is giving you for free in its crazed experiment, what are they going to do? They're going to kill you.

It's nonsense. It's absolute nonsense to continue to allow the propagation of medical assistance in dying—the euphemism by which it has become known—a procedure that was destined for those who had uncontrolled pain and a reasonable, foreseeable death, to now being for folks who have suffering because of homelessness. Perhaps it's because they can't find a job, they can't afford a house because of the 40-year high inflation of this Liberal government, or they can't afford to feed themselves, put a roof over their heads and heat their homes for winter because they are addicted to opioids. This government is culpable in the creation of this problem.

We are now going to say, “Let's make the problem go away. Let's simply make it go away.” You know what the old saying is: Dead men can't talk. Let's let them go away and not be a problem, because we—not me and not those of us on this side, but this NDP-Liberal coalition—have created a problem that is uncomfortable. I cannot understand why they want to continue to stand up and defend it, and do not have the guts and the good decency to step forward and say, “This is wrong. We made a mistake.”

That's what grown-ups do when they make mistakes. They admit they're wrong and they move on from their mistakes.

This country has trusted them to run this country for eight long and miserable years. What do we have? We have an opioid crisis that is beyond parallel. I'll just go back to that number I talked about earlier. That number went from one person dying every three days to more than 20 people dying every single day in this country due to opioids.

● (2120)

This experiment is being perpetuated by this NDP-Liberal government coalition. They will not back down from their position. No matter what happens, it is very clear they won't back down. When my colleagues begin asking why we need to talk incessantly about a problem, it's because they don't get it. That is why.

We know very clearly that the NDP member of this committee is a full-blown supporter drug decriminalization and the Liberal members have a boss and a PMO bent on safe supply. That makes me able to really understand why they're reluctant to talk about this topic. We look at Mr. Davies' provincial counterparts in the B.C. NDP as prime examples. Tent cities, crime, chaos, drugs and disorder have become the norm under their leadership, where drug overdose is now the leading cause of death for kids between the ages of 10 and 18.

Do you know what, colleagues? I need to read that again: Drug overdose is now the leading cause of death for kids between the ages of 10 and 18. I have three grown children and I have two grandchildren. This scares the daylights out of me because this is not just in Vancouver, Toronto, Montreal, Calgary and Edmonton and every other big city. This is in every town and village across this great country of ours.

Folks, believe it or not, for roughly the past year, the Prime Minister and the leader of the NDP authorized the B.C. government to allow crack, heroine, cocaine and fentanyl around children's playgrounds. They had to then create another edict, suddenly, to say that you can't have drugs around playgrounds and in areas that children frequent.

Are you kidding me? Do we think that it is suddenly an acceptable part of Canadian life to have these drugs around where families and children are all the time? It took the year before an election recently for them to walk this policy back and before they finally prohibited open air drug use around these areas. Colleagues, we know that this happened within the last one month. Wow, you shouldn't use drugs around kids. It's shameful.

You would think that after eight long and miserable years of this Liberal government, there would be a change of heart. Do you know what? I know very clearly that there is not a change of heart. Tonight we saw the incredulous activities of colleagues on the opposite side, with the NDP-Liberal coalition suggesting that this was a simple ploy by Conservatives to get around Bill C-293.

Bill C-293 is a ridiculous piece of legislation that allows this Liberal government to not have an inquiry with respect to their pandemic response. As I said, it creates incredible jurisdictional difficulties related to attempting to force Canadians to change how they farm this great land and how they produce protein for Canadians. It's interesting. I'll go back to the deans of agriculture and veterinary colleges today. They know and they've said out loud that Canada could be the entire breadbasket for the world.

What do we have? We have the NDP-Liberal coalition wanting to stand in the way of that. They say that farmers are mean people and that they're mean to their animals. They are mean. They don't know how to take care of animals. They haven't done it ever. They are bad stewards of the land. They're over-users of fertilizers, and they are unknowledgeable in practices of farming.

Do we really want to believe this? It's shocking. It is incredibly shocking. My friends, this is the track that the NDP-Liberal coalition wants you to go down. This is the track where they want Canadians to begin to believe that farmers are bad people. I know a lot of farmers. They are not bad people. They are perhaps the most optimistic people I have ever met. To be a farmer, you have to be optimistic. Who could possibly think, at the beginning of every growing season, that you're going to have enough rain and enough sun—

● (2125)

Mr. Don Davies: I have a point of order. If I'm not mistaken, we are debating Mr. Doherty's motion on opioid overdose. However, Mr. Ellis has strayed back, ironically, to the actual item on the agenda. That was supposed to be Mr. Erskine-Smith's bill on pandemic response, which does deal with some of the issues that Mr. Ellis is speaking about. I think he needs to be called to order and to confine his remarks to the motion under discussion.

The Chair: Thank you, Mr. Davies.

Dr. Ellis, you are wandering from the topic. I don't see the connection. It's been a long address so it's understandable, but perhaps you could focus in.

While I have you.... You banged the table a couple of times. We got a note from the translation folks that it didn't feel very good. You haven't done it in the last 10 or 12 minutes, so I haven't had a chance to come and mention it to you.

You still have the floor. We have about one minute left in our allotted time. At any time, at 9:30 or later, a motion to adjourn would be in order.

Go ahead, Dr. Ellis.

Mr. Stephen Ellis: Thank you very much, Chair.

My deep apologies to the translators. The passion, I'm afraid, overtook me, and I apologize deeply for that.

That being said, why did I wander back to the bill at hand? Because there were accusations around this table that said this was a filibuster to get rid of Bill C-293.

I would love nothing more than to continue to talk about this bill. Sadly, there's something that is way more pressing when 20 Canadians a day are dying; 20-plus Canadians a day are dying because of a failed NDP-Liberal coalition experiment. Unfortunately, the NDP member, who believes himself to be the arbiter of this committee, continues to want to interrupt, even though perhaps, if closer attention was paid to the incredibly important words I'm saying, he would understand the connection to the injustice attempted upon the Conservatives in suggesting that this was a filibuster related to Bill C-293.

That is why I needed to make that connection to the matter at hand, related to homelessness and the ongoing opioid experiment, which continues to be perpetrated, propagated and perpetuated by the petulant Liberals. That causes great consternation for all of us who sit on this side, the Conservative side of the House.

What we know very clearly is that safe supply is a failure. It is a failure, an abject failure. It doesn't matter which euphemism we wish to say about it, whether we want to call it “safe supply” or “safer supply” or “safest supply”. Again, those are the superlatives we have at our use in the English language. Whichever one we want to use, we know that it is an experiment, and we know that it has failed. We know very clearly that this is a lesson from history. Not to be too trite, but we know that those who refuse to listen to, know or believe history are doomed to repeat it.

When we look back at the Purdue Pharma fiasco, at the tragedy, as mentioned in this article, we know very clearly that Purdue Pharma misrepresented the risk of addiction. As this article talks about, there was a systematic effort to minimize the risk of addiction and the use of opioids for the treatment of “chronic non-cancer-related pain”. One of the most critical issues regarding the use of opioids in the treatment of chronic non-cancer pain is the potential of iatrogenic addiction. I'll come back to that.

The article states, “The lifetime prevalence of addictive disorders has been estimated at 3% to 16% of the general population.” When we look at that, what does that mean? It means, for those being prescribed opioids for chronic non-cancer pain, that even by giving them opioids there was a likelihood that they were going to become addicted to them.

Now what are we doing? At the current time, this NDP-Liberal government is not prescribing them carefully in small quantities and in small dosage amounts. They are giving these medications to Canadians for free in large quantities: an incredibly potent opioid called hydromorphone. When we look at that, colleagues, that is anathema to the suggestion that, after the historical tragic events related to Purdue Pharma, we all need to hear the lessons thereof, such that we are now doomed to repeat them, and that is exactly what we shall do.

Mr. Chair, if I may, may I have a point of clarification? If I agree to adjourn this meeting, will I still have the floor when we pick it up next time?

● (2130)

The Chair: Not necessarily. An adjournment of the meeting.... Actually, at the next meeting, I believe we have witnesses, so if we adjourn the meeting, we would proceed with the agenda for the next meeting. Unless this was actually on the agenda, it wouldn't be automatic, Dr. Ellis.

We are at the point, Dr. Ellis, where we're at risk of losing our resources, so a motion to adjourn would be a good idea regardless of the consequences, because we're not going to have the support that we need to continue.

Mr. Stephen Ellis: Chair, I believe this topic is absolutely essential to the Canadian narrative at the current time. For that reason, if you would like me to stop, I am happy to hear you say that, because I don't want to give up the floor. I do want to continue with this, Chair.

● (2135)

The Chair: Okay. Thank you for that invitation.

Colleagues, we will not have resources to go any further.

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

Mr. Robert Kitchen (Souris—Moose Mountain, CPC): If not, suspend.

The Chair: A motion to adjourn is not debatable.

Is it the will of the committee to adjourn?

Mr. Stephen Ellis: On a point of order, Chair, I actually didn't hear a motion to adjourn this meeting. I did hear the chair talk about adjourning the meeting, but there was no motion to adjourn.

I believe, if I heard correctly, that I did have a motion to suspend the meeting from my honourable colleague.

The Chair: All right. There isn't a motion to adjourn before the committee. I invited one and didn't receive one.

It appears that there is a motion to suspend. The committee is scheduled to meet next on Monday, so is it the will of the committee to suspend this meeting until Monday at 11 a.m.?

Mr. Brendan Hanley: On a point of order, Mr. Chair, I did not hear a motion to suspend.

The Chair: Yes, I did. Dr. Kitchen moved a motion to suspend.

Mr. Brendan Hanley: Excuse me, but I don't believe Dr. Kitchen had the floor, Mr. Chair.

The Chair: Yes, Dr. Kitchen didn't have the floor. You are correct.

Dr. Ellis had the floor, and he still has the floor.

Mr. Stephen Ellis: I will move a motion to suspend, Chair.

The Chair: Now we have a motion to suspend that is in order.

Is it the will of the committee to suspend the meeting until 11 o'clock on Monday morning?

Mr. Marcus Powlowski (Thunder Bay—Rainy River, Lib.): If there is no suspension, what's the alternative?

Mr. Stephen Ellis: That's not a point of order. That's a point of clarification.

Mr. Marcus Powlowski: We need to rule on this, Chair. I would suggest a point of clarification, I think.

The Chair: We're left in the untenable situation of trying to continue with the meeting without having resources. In the absence of a motion to adjourn, that's where we're left.

Quite frankly, I don't want to be there. We do have a valid motion before the committee to suspend. The question has been put.

All those in favour of suspending the meeting until 11 o'clock on Monday morning, please raise your hands.

(Motion negatived)

Mr. Stephen Ellis: Thank you very much, Chair. I appreciate the fact that I do still have the floor, so—

The Chair: Hang on.

Mr. Davies, do you have a point of order?

Mr. Don Davies: No, I had my hand up for the floor.

Dr. Ellis no longer has the floor, because he just moved a motion to suspend, which was defeated, so I had my hand up to be recognized.

● (2140)

The Chair: Okay. Thank you.

I'm going to take advice on whether the floor goes back to Dr. Ellis, but what I can say is that Dr. Hanley is next on the speakers list after Dr. Ellis.

Just bear with me for one second....

Dr. Ellis, we're going to lose interpretation very quickly. We won't be able to carry on with the meeting. I will exercise the power to adjourn the meeting, because it's impossible for us to continue.

I declare the meeting to be adjourned.