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Chair: Mr. Sean Casey



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• (1930)

[English]

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

Welcome to meeting number 86 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 Standing Order 108(2) and the motion adopted on September 20, 2023, the committee is holding a briefing with the Minister of Health and the Minister of Mental Health and Addictions about their mandate letters.

Before we begin, I would like to welcome the Honourable Mark Holland, Minister of Health, as well as a very esteemed group of officials accompanying him this evening.

From the Canadian Food Inspection Agency, we have Diane Allan, associate vice-president, policy and programs, by video conference; and from the Canadian Institutes of Health Research, Tammy Clifford, acting president, by video conference. From the Department of Health, we have Stephen Lucas, deputy minister; Lynne René de Cotret, assistant deputy minister, oral health branch; Jocelyne Voisin, assistant deputy minister, strategic policy branch; and Dr. Supriya Sharma, chief medical adviser. From the Public Health Agency of Canada, we have Heather Jeffrey, president; and we have Dr. Theresa Tam, chief public health officer of Canada.

Minister, I believe that all of the officials would be well aware of this, but perhaps you are not. The practice that we follow on this committee, which seems to be most relevant when ministers appear, is that we try to keep the length of the question the same as the length of the answer. If you're inclined to go on longer than the length of the question, you can probably expect to be interrupted. If you're interrupted prematurely after a long preamble, I'll step in to make sure that you get a chance to finish your answer.

I would encourage people to use the translation earpieces that are available for that purpose.

With that, welcome to the committee, Minister Holland. You have the floor.

[Translation]

Hon. Mark Holland (Minister of Health): Thank you very much, Mr. Chair.

I am very pleased to be here with you and with the members of the committee.

This is my first time appearing before the Standing Committee on Health. I am really happy to discuss issues that are very important for our country.

[English]

I'm very glad as well to be here with officials, whom you have recognized, Mr. Chair, and to take members' questions, which I very much look forward to. I appreciate the opportunity to be before committee.

I thought I would take a moment, if I could, to talk about where we are right now. You folks know that we made an incredibly significant, historic investment in health of about \$200 billion over the next 10 years. You would have seen the first bilateral agreement in B.C., which was a phenomenal opportunity to talk about how we're going to begin to move forward in collaboration with the provinces on transforming our health system. That doesn't just mean fixing the workforce issues that are there today. It means taking important action on the deeper transformation that needs to occur in the future.

You can look at the bilateral agreement that's there in B.C. and what it does, but I would also point to the health ministers' meeting that we had in Charlottetown, which is a place, Mr. Chair, that you know a little bit about. In Charlottetown, we had the opportunity with health ministers to talk about our shared priorities.

I think the way forward in health is collaboration, and I was deeply encouraged by the conversation I was able to have with my counterparts of all political stripes, who set aside partisanship and asked how we can put the best interests of our health system first. I'm sure that the spirit of that will emanate in all of your questions today.

One of the things that folks may have missed, which I think was critically important in that meeting, was a 90-day service standard for regulatory bodies to provide certification and licensure to internationally educated health professionals. There was also a commitment to a health data charter to make sure that provinces and territories can share health data. We know that health data saves lives. I'd love to talk more about that in your questions.

There was a commitment on national licensure so that nurses and doctors can practise anywhere across the country. We also took action on a nurse retention tool kit, recognizing that keeping the folks we have is just as important as hiring new folks.

As well, we made a commitment around a centre of excellence, because we know that, within our health system, we get times of boom and bust in terms of our workforce, so this will make sure that we plan so that, in the future, we don't have these periods of time when we're in need or when we have too many people.

Of course, we're getting ready to move forward with a dental program for all Canadians, which I am extremely excited to talk more about here at committee. Already more than 370,000 children who have never, in many instances, had oral health before have been able to be helped by this program. When it eventually rolls out, we're talking about nine million Canadians, 3.5 million seniors and more than 100 disabled folks who don't have access to dental care who will.

To talk about how significant that is, Mr. Chair, if I could for a second, when we're talking about children, imagine that the number two need for surgery for kids is oral health. That's the number two cause of needing surgery. That is preventable. We could eliminate that. Imagine what that means for those families and what it means in terms of cost prevention, and then extrapolate that against the whole system. It's not just a matter of justice and making sure that everybody has a great smile. It's also a matter of prevention and good health.

I would say that we've taken really important action on pharmacare. Already the action we've taken with the provinces and territories on bulk purchasing has realized a savings of \$3.5 billion for consumers. We have the first-ever strategy for rare diseases, where we're putting \$1.5 billion to work with the provinces and territories to take action there.

We're moving forward with action on the Canadian drug agency. I can talk about your home province, Mr. Chair, about the P.E.I. pharmacare program and the hundreds of thousands of dollars that have been saved for the residents of Prince Edward Island.

The point, Mr. Chair—and we're getting ready for your questions, so I'll wrap up my comments—is that, together, enormously positive and exciting things are possible within our health system. They're possible because we co-operate and work together, set aside partisanship and really focus on getting the work done on behalf of Canadians in order to go from having one of the best health systems in the world to having the best health system in the world. That's our collective mission.

With that, Mr. Chair, I am ready to take your questions.

• (1935)

The Chair: Thank you, Minister.

We're going to start off with the Conservatives for six minutes.

Dr. Ellis, please go ahead.

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

Thank you, Minister, for being here.

First off, I have just a few simple questions. Can you tell me what's happened to housing prices in Canada in the past eight years?

Hon. Mark Holland: What I can say is that Canada remains one of the most attractive places in the world to live, and, as one of the most attractive places in the world to live, we're welcoming some of the most skilled and incredible people anywhere in the world. As a result of that—

Mr. Stephen Ellis: Thanks very much, Minister, but my question was very specifically related to what has happened to the price of housing in Canada in the last eight years.

Hon. Mark Holland: Sure. What I'm saying is that Canada is certainly facing challenges around affordability and in terms of housing—

Mr. Stephen Ellis: I'm sorry, Chair. That was not my question.

My question was very specifically related to what is happening to housing prices. You've already wasted 45 minutes of a two-second answer.

Hon. Mark Holland: I'm not sure if you want an answer or if you want to make a political point. If you want to make a political point, I'll leave the floor to you.

Mr. Stephen Ellis: I want an answer.

Hon. Mark Holland: Go ahead and make your point and then I can answer a question.

Mr. Stephen Ellis: Chair, are we going to play this game all evening or—

Hon. Mark Holland: You don't appear interested in an answer.

Mr. Stephen Ellis: Are we going to have some answers to questions here?

What's happening to housing prices in the last eight years? It's a simple question.

Hon. Mark Holland: They've gone up.

Mr. Stephen Ellis: How much have they gone up?

Hon. Mark Holland: They've gone up considerably.

Mr. Stephen Ellis: How much have they gone up?

Hon. Mark Holland: It depends on the region and it depends on the place.

Mr. Stephen Ellis: How much have they gone up, on average, in Canada?

Hon. Mark Holland: The housing prices have gone up.

Mr. Stephen Ellis: That's a good answer. They've doubled.

It's the same question on mortgage costs. How much have they gone up?

Hon. Mark Holland: Mortgage prices have gone up.

• (1940)

Mr. Stephen Ellis: How much have they gone up?

Hon. Mark Holland: They've gone up significantly.

Mr. Stephen Ellis: Don't you know?

Hon. Mark Holland: I'm not saying I don't know. I'm saying —

Mr. Stephen Ellis: Do you come to the House of Commons?

Hon. Mark Holland: Look, am I allowed to answer, Mr. Chair? I don't know.

If the point is to badger the witness, you're succeeding.

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

Ms. Sonia Sidhu (Brampton South, Lib.): I have a point of order, Mr. Chair.

Hon. Mark Holland: If your point is to badger me, attack me and not give an opportunity to provide context, then you're succeeding.

Mr. Stephen Ellis: I just want an answer. That's it.

Hon. Mark Holland: Then if I get the opportunity, Mr. Chair, the answer—

The Chair: I have a couple of points of order. I have one from Ms. Sidhu and one from Mr. Fisher.

Mr. Darren Fisher: I'm sure Ms. Sidhu's is the same point of order.

The Chair: Go ahead, Ms. Sidhu.

Ms. Sonia Sidhu: We all want to listen to the minister's answer. I ask my colleague to let the minister give the answer, please.

Thank you.

Mr. Stephen Ellis: Thanks very much, Chair.

Mr. Darren Fisher: Mr. Chair, I still had a point of order.

The Chair: Go ahead, Mr. Fisher.

Mr. Darren Fisher: He's the Minister of Health and we're very fortunate to have him here today. He's not the minister of housing, so Mr. Chair, if you could just push relevance a little bit, that would be great.

Thank you.

Hon. Mark Holland: Mr. Chair, if the point is to create a sound bite, I think he's got it. If he's interested in an answer, if I could be afforded 60 seconds to provide an answer....

Is that a reasonable request?

The Chair: It's not, unless you get a 60-second question.

Okay, I'm going to rule on the two points of order.

There are two points of order here. One is that a you're being incessantly interrupted without being afforded the chance to answer, and the other is that you're being asked questions that would very clearly not be in your mandate letter.

With regard to the first one, Dr. Ellis may not like your answers, but you are giving an answer. If he doesn't like the answers, then that's fine. I can't compel you to give a different answer, nor will I, nor should I, nor could I.

With respect to questions outside your mandate letter, I think that's entirely fair. I would encourage Dr. Ellis to bring it back around to something that would be within your mandate letter.

You didn't lose any time with those points of order, Dr. Ellis. You have the floor again.

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

Certainly I believe that housing would be an important part of people's overall health.

How much has the average rental apartment increased in cost in the last eight years?

Hon. Mark Holland: One thing I will say about political discourse in this country is that not having a real discussion about the issues that are in front of us does them an incredible injustice. Asking for one-word answers presumes that the problems and the complexity that's in front of us deserve those one-word answers—

Mr. Stephen Ellis: Thank you very much, Mr. Minister. I appreciate that.

Hon. Mark Holland: If there's an interest in a dialogue, I understand—

Mr. Stephen Ellis: How many new houses need to be built by 2030 to satisfy the demand in this country?

Hon. Mark Holland: Personally, I believe the purpose of discourse is to understand one another and listen to one another.

In the questions you're asking me and the staccato nature of them, it's clear that you have a partisan interest. There is an opportunity on Twitter, Reddit or wherever you make these points to do that.

Mr. Stephen Ellis: Thank you very much, Minister. I appreciate that.

What is the average inflation on the cost of food in September of this year?

Hon. Mark Holland: These are the questions you ask every day in question period. I am the health minister. I have agreed to come to talk about health. You have not only not asked a single question about health here; you haven't asked a question about health in the House of Commons.

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

Tell me this about—

Hon. Mark Holland: Can I ask you why you refuse to ask any questions as the health critic in the House of Commons?

Mr. Stephen Ellis: Excuse me, Chair—

The Chair: Minister.

Dr. Ellis, go ahead. You have the floor.

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

On drug approvals, how much longer does it take to get a drug approved in Canada versus the United States? How many days is it?

Hon. Mark Holland: In Canada, I'm deeply proud of our drug approval process, which makes sure that Canadians remain safe and that the considerations are based not only on efficacy but also on safety.

Mr. Stephen Ellis: Thank you very much.

I don't think I asked you anything about safety. I asked you how many more days it takes to get a drug approved in Canada. That's well within your purview.

Hon. Mark Holland: It is, sir. I would say that safety goes along with speed and that we can't just think about the marketization of a drug. We also have to think about safety—

Mr. Stephen Ellis: Safety is not days. Thank you very much.

How many more days would it take to get a drug approved in Canada versus the EU?

Hon. Mark Holland: I am very proud of the department's work to make sure that the drugs that go to Canadians are safe.

The Chair: I have a point of order from Mr. Thériault.

[*Translation*]

Mr. Luc Thériault (Montcalm, BQ): Mr. Chair, I'm not hearing any interpretation.

Things may be going a little quickly for the interpreters in the booth.

The Chair: I imagine it's impossible to interpret when several people are speaking at the same time.

Mr. Luc Thériault: The interpreters are doing an extraordinary job, but there is no interpretation at the moment.

I'm sorry, but I would still like to follow the conversation. I'm just missing popcorn.

[*English*]

The Chair: I know it's difficult, Minister, because the questions are so short, but this is actually the way we do it here.

Hon. Mark Holland: It doesn't represent discourse, but if that's the wish of the questioner, I'm happy to abide by that, Mr. Chair.

The Chair: Are we getting translation now?

[*Translation*]

Yes? Okay.

[*English*]

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

How much longer does it take to get a drug approved in Canada versus the EU?

Hon. Mark Holland: I would ask.... You haven't met with me. I've tried to meet with you. You haven't asked a question in question period.

Mr. Stephen Ellis: Excuse me, Chair. That's absolutely not the question. These are absolutely unacceptable answers.

What's the leading cause of death of 10- to 18-year-olds in British Columbia?

Hon. Mark Holland: I don't think you have any interest in my answers. I think you're here to—

Mr. Stephen Ellis: Now you're not going to answer. Is that what we're going to get—no answers?

• (1945)

Hon. Mark Holland: There—

Mr. Stephen Ellis: Do you know what the leading cause of death of 10- to 18-year-olds is in B.C.?

Hon. Mark Holland: I find the way in which you are posing your questions and the aggression to be—

Mr. Stephen Ellis: The point is this: Do you know the answer to the question?

Hon. Mark Holland: What is your point? What is your question? What are you trying to get at?

Mr. Stephen Ellis: No, you're not here to ask me questions. I'm here to ask you questions.

I'll say it more slowly. What is the leading cause of death for 10- to 18-year-olds in British Columbia?

Mr. Darren Fisher: Mr. Chair, on a point of order, we're used to that member not showing respect to members of this committee. I would ask that he show some respect to the minister. That was not called for.

The Chair: It isn't a point of order, as valid as it may be as a comment.

Go ahead, Dr. Ellis.

Mr. Stephen Ellis: I've already asked the question, Chair, to which I expect an answer.

Hon. Mark Holland: Province by province, I can't tell you what the leading cause of death is, but I can tell you that—

Mr. Stephen Ellis: Thank you very much, Mr. Minister. I'll help you with that. It's drug overdose.

How many people die on an average Canadian day, every day, due to drug overdoses?

Hon. Mark Holland: I don't have that figure on me.

Mr. Stephen Ellis: You have no idea.

Hon. Mark Holland: How many people die on average in a day? It's entirely too many.

Mr. Don Davies (Vancouver Kingsway, NDP): I have a point of order, Mr. Chair.

Hon. Mark Holland: I would say that what we have to do is work together, collaborate—

The Chair: Excuse me, Minister. We have a point of order.

Hon. Mark Holland: I would say, if I could.... Is it fair to say that we need—

The Chair: Minister, we have a point of order, which takes precedence.

Hon. Mark Holland: We need to work collaboratively and in a non-partisan way to deal with issues as extreme as being addicted to opioids—

Mr. Stephen Ellis: Chair, this is a point of order.

The Chair: Minister....

Go ahead, Mr. Davies.

Mr. Don Davies: There's wide latitude for questions, but we have the Minister of Health for the first hour. We have the Minister of Mental Health and Addictions in the second hour.

Dr. Ellis is asking a question that is clearly under drug policy and about opioid deaths, which I think would be more appropriately put to the minister responsible for mental health and addictions, who we have scheduled.

Hon. Mark Holland: Mr. Chair, my understanding is 21.

However, if I could just say, as an appeal to decency, that if we're dealing with people dying of opioids, having a conversation, rather than...would be valuable. I've been given no opportunity to be able to elaborate on any point.

The Chair: I think you will when the next person starts asking questions.

You have barely seven seconds left, Dr. Ellis.

Mr. Stephen Ellis: What's the average wait time for mental health treatment in Canada, Minister, to see a psychiatrist? This is for children 18 years of age or under.

Hon. Mark Holland: Minister Saks, the minister responsible for mental health and addictions, will be here in about an hour.

The Chair: Thank you, Dr. Ellis.

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

That was absolutely useless.

The Chair: Next, we have Dr. Powlowski, please, for six minutes.

Mr. Marcus Powlowski (Thunder Bay—Rainy River, Lib.): Let me say, as a doctor who's worked 35 years, I can't answer those questions precisely either.

Let me ask you a question about something you already brought up.

Some hon. members: Oh, oh!

Mr. Marcus Powlowski: I have the floor, guys.

The Chair: He has the floor, please.

Mr. Marcus Powlowski: An issue that I think we did pretty well in addressing in a non-partisan fashion in an earlier study this year was the health workforce shortage. That was the shortage of doctors and nurses. A strong recommendation, coming not just out of that study but out of at least one other study, was to make it easier for foreign health graduates—doctors, nurses and other allied health professionals—to get licensed in Canada.

From what you said, out of the Charlottetown agreement, there is some progress. For example, there's a national licensure, which, yet again, was something we heard about over and over as something that was in our best interest. It would also make it easier in other ways for foreign-trained health professionals to get licensed here in Canada.

Where do we go from here to get to that end? Certainly, in my riding, we have places like Atikokan, Emo and Rainy River that have been short on doctors. A lot of places were short on nurses for a while. What are the next steps, and when do you foresee there will actually be more health practitioners out there?

You're welcome to answer yourself or ask one of your staff to answer.

Hon. Mark Holland: Thank you, Mr. Chair.

I would like to just take this opportunity to say to the members of the health committee that these are incredibly difficult and complex issues facing this country. How we engage each other—the way in which we have conversations—matters. Any good conversation involves the attempt to understand one another and one another's perspectives. I don't believe that there is anybody on this committee who wants another opioid death. I don't believe that there is anybody on this committee who wants to see anybody suffer in this country at all in any way.

It is the objective of our health system to try to tackle the complex issues that are in front of us. I would suggest that in health, more than any other space, the need to put aside partisanship and to have level conversations is important. I appreciate the opportunity to be able to say that.

With respect to health workforce issues, we have to approach this from a myriad of different directions.

The first is to go back to that point around collaboration. I think that the meeting we had in Charlottetown was incredibly significant in that we were able to set aside our differences, our partisanship, and talk about solutions. I think that the commitments that were made around—as I talked about—retention, about that 90-day service standard and around national licensure were really huge items to move the needle.

We also talked about how we can accelerate recognition of foreign credentials and how we can continue, while respecting our WHO guidelines, to be able to immigrate folks faster to be able to have more folks here to deal with this. I look at a place like the Nova Scotia College of Nursing, which is doing phenomenal work to streamline its approval processes and is doing phenomenal things to meet the challenges it's facing there.

I think that, through collaboration and working together, we can not only get through this crisis but also, with the centre of excellence, manage it so that we don't wind up in a position of crisis again.

● (1950)

Mr. Marcus Powlowski: Can you give any timeline before we actually see people appear on the front lines?

Hon. Mark Holland: I think that you're seeing it now. The bilateral agreement that was signed with British Columbia is a tangible example of addressing workforce issues—with British Columbia laying out its plan and us being a part of it. The other bilateral plans are doing that. You're seeing us work with the provinces on the items I stated. You're seeing action now, and you're going to be seeing steady improvements over the coming days and months.

Mr. Marcus Powlowski: The second thing I want to ask you about is WHO's new treaty on pandemic preparedness, which is being negotiated. The first draft is out.

I found the first draft very exciting, with a number of provisions that I thought were very progressive. One of those was a requirement that countries contribute annually to the fund to assist poor countries in meeting their obligations under the treaty. A second thing would be a benefit-sharing provision whereby any products that were made from the genetic sequencing of any new virus would be shared between countries, and 10% of any products would go, free of charge, to the WHO, with an option for a further 10% to be sold at affordable prices to the WHO.

This is, I know, only the first draft. I know that this is just coming back to us, but would our country be supportive of trying to get such provisions, which I think many of us at this table feel are in our national best interest? We know that much of the threat, in terms of pandemics, will come from poor countries that don't have the facilities to detect and respond early on to diseases. These provisions would help poor countries do that. I think it's in our best interests. Is Canada willing to try to support that in further negotiations, with a view to perhaps having such provisions in the final version of the treaty?

Again, I know that Dr. Tam has an interest in international health too, and we have at least one other pediatrician, so maybe we could start with you, Minister. Then, if there is time, we could ask some of the others.

Hon. Mark Holland: Thank you very much for the question.

The Chair: Dr. Powlowski hasn't left you much time. Take 30 seconds.

We're not going to be able to run that around the table unless it's in a future round.

Hon. Mark Holland: Just very quickly I can say that I met today with the U.S. ambassador, and we were talking about how our two countries can work together to support international preparedness. It's so important that we work with our international partners to make sure that we're as prepared as we can be, and not only in Canada. Just today in question period, I mentioned going out to the facility in Laval that is being built by Moderna so that we can make domestic capacity.

However, as you say, we need to help other countries to make sure that they're also ready, not only to stop the death and the pain that would come from a lack of preparedness in those countries but also because we know that it keeps us safe. The international work we need to do is critical.

The Chair: Thank you, Minister.

[*Translation*]

Mr. Thériault, you have the floor for six minutes.

Mr. Luc Thériault: Thank you, Mr. Chair.

Welcome, Minister. This is the first time we have had the opportunity to talk to each other.

How would you describe your relationship with Quebec? Is it bad, good, very good, excellent?

Hon. Mark Holland: Thank you very much for your question.

I think it's a good relationship. I had the opportunity to meet with the health minister, Mr. Dubé—

• (1955)

Mr. Luc Thériault: Thank you, that's fine.

Earlier, you talked about going beyond partisanship. The National Assembly must have heard you. On October 23, you said that you wanted to conclude a bilateral agreement with Quebec as soon as possible. A week later, the response you received is a unanimous motion from the National Assembly telling you to mind your own business. Explain that to me. Is that a good relationship?

Hon. Mark Holland: It's really not a matter of jurisdiction because it's about getting data from each province and territory. It is essential for Quebecers, but also for everyone across the country, to see in the data the progress made by our health care system. That is essential.

Mr. Luc Thériault: Recently, you stated—and you just reaffirmed it—that negotiations with Quebec are not a matter of jurisdiction, but rather a matter of results. In short, you are saying that you want to measure the provinces' performance in their area of jurisdiction.

Ottawa and the Council of the Federation, of which Quebec was a part, agreed, and the Government of Quebec already knows its priorities: improve access to a family doctor, support health care workers, reduce surgical waiting lists, improve access to mental health and addiction services, and improve access to digital data on the state of the health care system.

Since Quebec is working on it, what is the problem, Minister? What are your additional conditions, given that Quebec is already doing all that?

Hon. Mark Holland: There is no problem, but we obviously have to check the data for each province and territory. It enables us to see, for the benefit of the public, the progress that has been made. I think it's good for the province of Quebec. If it is possible that another country has the same indicator, the same data, then it is possible for people to see the progress made in their health care system. I think that's really good. That is the goal.

Mr. Luc Thériault: How qualified are you to provide performance indicators, given that you don't manage any staff at all? Are you at the Common Front negotiating table right now? Do you know how a negotiation of the Common Front goes? Do you know what impact that can have on a health care system?

Hon. Mark Holland: Indicators and data are at the beginning. Eight of them are available, and those are the most important things to start with. It is very important to me that people be able to see the results. I'm wondering why that's a problem. If there is progress and improvements in the system—

Mr. Luc Thériault: Over how many years do you want those results, Minister?

Hon. Mark Holland: —I think it's a good idea to check that using the data.

Mr. Luc Thériault: I'm sorry, I let you speak.

Over how many years do you want those results? Do you know how many reforms have been made to the health care system in Quebec since 1985? I know you don't know. There have been six, Minister.

There was the Thérèse Lavoie-Roux reform in 1989; the Marc-Yvan Côté reform in 1992; the Jean Rochon reform in 1994; then the Philippe Couillard reform in 2003; Gaétan Barrette introduced one in 2014; and now there is Christian Dubé's reform. They are trying to do more with less.

In 2023, you say that you want results. Do you think that all those governments, which tried to do more with less, did not want results, Minister? How are you qualified to examine those results? How many years are we talking about? Next year, if the results do not suit you, you could say that you are going to cut health transfers and that you will not sign an agreement.

Hon. Mark Holland: It sounds like you're trying to pick a fight, and I'm looking for solutions—

Mr. Luc Thériault: I have other questions for you.

Hon. Mark Holland: —and when I talk to the Government of Quebec and Minister Dubé, the conversations are very constructive. I think it is possible to find a solution in the spirit of cooperation—

Mr. Luc Thériault: The National Assembly has just unanimously told you to mind your own business. That is not a good relationship.

The Chair: Mr. Thériault, let the minister answer.

Hon. Mark Holland: Health is a priority for everyone across the country.

The Chair: You have one minute left.

Mr. Luc Thériault: Because you put nothing on the table—you invested a \$1-billion transfer at the end of the pandemic, when \$6 billion should have been invested on a recurring basis—people are having trouble making the health care system work and getting it back on its feet.

The network must be robust enough so that a pandemic would never again put us in a lockdown situation like the one we experienced in Quebec. Seniors living in CHSLDs must never again be infected because of a lack of personal protective equipment. We must never relive such a catastrophe again.

Money is needed in the medium and long terms, and your meagre one-time transfer of \$1 billion to Quebec will not solve this problem. In addition, the agreement signed covers a 10-year period.

The worst thing is that it has been nine months and nothing has yet been signed with the Government of Quebec. In the National Assembly, unanimously and across party lines, you were told to mind your own business.

In my opinion, there is a problem.

What are your conditions? You have not stated them.

• (2000)

Hon. Mark Holland: We are ready to work with the province of Quebec.

Billions and billions of dollars are available to improve the health care system in Quebec. That's the good news. The money is available. However, we need cooperation.

In fact, \$131 billion is available for Quebec. That's huge. Our only condition is that we be able to ensure that there have been improvements in the system.

I think that's very reasonable.

The Chair: Thank you, Minister.

[*English*]

Next, we have Mr. Davies, please, for six minutes.

Mr. Don Davies: Thank you, Mr. Chair.

Congratulations, Minister, on your appointment, and thank you to you and your staff for being here tonight.

Minister, for-profit clinics across Canada are currently charging desperate patients tens of thousands of dollars for two-tier access to non-emergency surgery. The clinics are exploiting a loophole in the Canada Health Act that allows people to pay to jump the queue as long as their surgery is performed in a province where they don't reside.

In the last election the Liberal Party committed to strengthening the Canada Health Act to protect the integrity of our public health care system. Minister, will you act on that promise and act to close this cash-for-access loophole?

Hon. Mark Holland: Thank you very much for the question.

I am concerned that, coming out of the pandemic, our health system was weakened. We asked an enormous amount of our health care workers, and coming out of it there were a huge number of health issues that resulted in backlogs and challenges for provinces and territories.

Certainly one of the concerns we talked about in Charlottetown is the growth in for-profit operations. You're absolutely right. We have an obligation under the Canada Health Act to protect the public nature of our system and to make sure that it stays public. In the conversations in Charlottetown, with all of the health ministers, I was able to reiterate that and talk about a need to push out the privatization that we see in the system.

Mr. Don Davies: I'm sorry. I'm keeping really close track of the time, because of some important questions.

My next question is that the federal government sounded the alarm in 2021 over a rapid increase in youth vaping in Canada, and it proposed to regulate the sale of desirable flavours. However, two years later, Health Canada has shelved the proposal, apparently walking away from further regulating flavours, and they've left it up to the industry to regulate itself.

Can you explain why the government is refusing to act, while big tobacco uses vaping flavours like cotton candy, mango and berry to hook a new generation of children on nicotine?

Hon. Mark Holland: Let me acknowledge the concern. When I was the executive director at Heart and Stroke, I was one of the first out warning of the dangers of vaping and the need to have controls. The companies that are in the business of selling nicotine, which was really what this is about, were looking for another delivery mechanism. Seeing the increase in the youth population is deeply concerning to me, as are the flavours you're talking about.

I want to validate the concern and say that it's something we're actively looking at and working on and that I will get back to you on.

Mr. Don Davies: Minister, I want to congratulate your government for recently agreeing to launch an expedited review of Canada's breast screening guidelines through the Canadian task force on preventive health care.

Up to now, for several years, experts, patients, physicians and researchers have called the current guidelines "outdated" and "dangerous" and have called for the immediate intervention in the review process. They've noted that problems with the existing guidelines are driven by a strong anti-screening agenda by task force leadership and the persistent use of 60-year-old studies. We note that recently Ontario noted that women aged 40 to 49 who have mammograms are 44% less likely to die of breast cancer than those who don't.

Minister, what steps, if any, is your government taking to address those concerns?

• (2005)

Hon. Mark Holland: It's an important question. I'll turn to Heather Jeffrey, if I could.

Ms. Heather Jeffrey (President, Public Health Agency of Canada): Thank you very much, Mr. Chair, for the question.

We believe that the issue of breast cancer screening and guidelines is really of paramount importance to Canadians. That's the reason we put in place a knowledge exchange forum that took place with scientific experts from across the screening continuum to bring their experience to the table as well as those with lived experience of breast cancer.

We've opened a portal to allow all researchers and Canadians in general to contribute the latest research. The review panel for the task force is currently doing an expedited review of the guidelines and is considering all the evidence, including the latest real-time evidence. They will return with a decision.

Mr. Don Davies: Thank you.

Many health practitioners, Minister, small business owners and consumers from across Canada have expressed serious concerns to this committee that the government's proposed labelling requirements and new fees for natural health products will result in increased costs, serious harm to the sector's financial viability and jobs, and reduced choice for Canadians. They also complained of a lack of adequate consultation.

Minister, will you consider a pause on the regulatory changes until the natural health products sector is fully consulted and on board with any systemic changes?

Hon. Mark Holland: Let me say first that, within the natural health space, we are committed to keeping Canadians safe. It is essential that Canadians know what is in the products they buy. It is essential that false and misleading claims are not allowed to be pervasive. It's particularly concerning when so many products are making claims in the space of cancer and in the space of cardiovascular disease. These are for very vulnerable people who are being misled about products that aren't going to help them. It's imperative that people not make profit off of people's pain. It's imperative for us to take action in that space.

If I can, Mr. Chair, I want to quickly talk about the attack on Dr. Sharma as the chief medical officer of this country. It is unacceptable. If we are going to deal with information, attacking officials is totally inappropriate, and I will not stand—

Mr. Stephen Ellis: I have a point of order, Chair.

The Chair: Go ahead, Dr. Ellis.

Mr. Stephen Ellis: I'm guess I'm wondering. The great arbiter of our committee has never asked one question about pharmacare. He's deeply in their bed on pharmacare. I'm just wondering why he's not talking to the minister about pharmacare.

The Chair: Maybe you'll get a chance to ask that when you get the floor. It's not a point of order.

Go ahead and finish your answer, Minister. There are 40 seconds left in this round of questioning.

Mr. Don Davies: With respect, I want to get my last question in.

The Chair: I guess you're done your answer, Minister.

Go ahead, Mr. Davies.

Mr. Don Davies: Thanks.

My last question is that, in 2021, former health minister Patty Hajdu told Canadians that a full investigation into Canada's COVID-19 response would be required at the appropriate time. In September 2022, former health minister Jean-Yves Duclos noted that a decision on a federal COVID inquiry would come soon. We note that the government has failed to take any action since.

In fact, when I recently moved an amendment at this committee to establish an independent COVID-19 public inquiry under the Inquiries Act, Liberals voted against it and the Conservatives abstained, killing the inquiry.

Can you explain to us, Mr. Minister, why a fully independent, comprehensive and penetrating inquiry into Canada's response to the most severe pandemic in the century isn't needed, or when it might be convened?

The Chair: Please be as brief as possible, Minister. We're out of time.

Hon. Mark Holland: Let me start by saying that we are utterly committed. There are already scores of studies going on reviewing Canada's pandemic response, which was among the best in the world with one of the lowest death rates in the world.

We are committed to having a pandemic review. We are looking forward to talking about that, but it's essential that it be forward-facing and constructive so that we can be ready to prepare and protect Canadians to the greatest extent of our ability.

The Chair: Thank you, Minister.

Dr. Kitchen, you have five minutes, please.

Mr. Robert Kitchen (Souris—Moose Mountain, CPC): Thank you, Mr. Chair.

Minister, thank you for being here.

Minister, your mandate letter states the following: "Governments must draw on lessons learned from the pandemic to further adapt and develop more agile...ways to serve Canadians."

How is this supposed to happen when your government refuses to hold an actual national public inquiry?

Hon. Mark Holland: As I mentioned, scores of reviews are happening right now. We are talking with our international partners as well about their reviews and lessons learned. I've just indicated that we will be looking at a pandemic review mechanism—

Mr. Robert Kitchen: Thank you, Minister. We are short on time.

The reality is that you were asked that question today in question period, and you basically didn't give a date at that time. Your colleagues have given responses similar to what you've said we're going to do over the last three years, yet we don't have an actual date.

Can you give us an actual date today, please?

• (2010)

Hon. Mark Holland: I can't give it to you at this time. Unfortunately, we continue to live through the pandemic—

Mr. Robert Kitchen: If you can't give us—

Okay. Thank you for that.

Hon. Mark Holland: Mr. Chair, I believe I have the same amount of time as was given to ask the question.

Mr. Robert Kitchen: Ultimately, the question was very short. It was asking if you can give us a date. You can't give us a date. Therefore, the question was answered.

Hon. Mark Holland: If that was the purpose of your question, you've achieved your goal.

Mr. Robert Kitchen: The question I now have is this: If you can't give us a date, can you tell us exactly when you think that date will be?

Hon. Mark Holland: I think it will be in the near future that, if I can be given an opportunity to elaborate...or are you done? Did you get what you wanted?

Mr. Robert Kitchen: I got what I wanted, which is "the near future". Thank you.

On that very issue, you were asked today a question in the House of Commons. Your answer to that was basically saying that you were going to do a "forward-facing review".

Now, I'm an educated man. I've done many research studies. I've never done one that was actually called a "forward-facing review". Can you tell us very quickly what a forward-facing review is, please?

Hon. Mark Holland: It's making sure that we are incorporating and metabolizing the lessons of the pandemic so that we can ensure that they prepare us for the future and that the next time we're facing a pandemic, God forbid, we are as prepared as possible as we continue to navigate the one that we're currently in.

Mr. Robert Kitchen: Thank you.

Ultimately, your mandate letter further states, and multiple times it states, that you are to review the "lessons learned from the pandemic", which naturally requires you to reflect on your government's past mistakes. Is that going to be included in this review?

Hon. Mark Holland: Absolutely. I think every country around the world, as it was dealing with this pandemic that nobody expected, realizes there were things they could have done better. Part of this process is acknowledging that, learning from it and making sure we incorporate those lessons so that we're as prepared as possible in the future.

Mr. Robert Kitchen: Thank you.

Minister, can you tell me how much money PHAC basically is forecasted to have spent in 2022-23?

Hon. Mark Holland: I'll turn to Heather—

Mr. Robert Kitchen: No, I'm sorry. I'm asking the minister.

Minister, if you can't give that, to avoid our having to get the response, I can give you the answer.

Hon. Mark Holland: It's \$4.8 billion.

Mr. Robert Kitchen: The amount is actually \$12 billion in total.

Hon. Mark Holland: We can compare.... Again, I'm not sure. If your objective is to try to play some sort of gotcha game, I—

Mr. Robert Kitchen: No, Minister, my objective—

Hon. Mark Holland: It doesn't appear that you're interested in asking about the pandemic. This seems to be—

Mr. Robert Kitchen: Minister, the question was how much, and you can't give us.... The reality is that I'm looking at Public Health Agency of Canada documents—

Hon. Mark Holland: I gave you a number. It's \$4.8 billion.

Mr. Robert Kitchen: —that clearly indicate the amount. The amount you're giving is totally different.

Let's stick with the one we have here. The reality is that \$12 billion is the total that they have been projected to spend in 2022-23. Now, next year it will be less. Ultimately, it will be down to \$3.379 billion. That amount of money will be spent strictly on issues around disease prevention and control. The reason for it is that the budgetary authorities for the procurement of COVID-19 vaccines have been stopped. That's why there's the reduction.

Can you tell me how many vaccines were purchased with that \$2-billion plus?

Hon. Mark Holland: What I can tell you is that Canada's response and ability to procure vaccines—

Mr. Robert Kitchen: Thank you. You—

Hon. Mark Holland: —was among the best in the world.

Mr. Robert Kitchen: Can you tell me the number?

The Chair: You asked a 40-second question. The minister can take 40 seconds to answer it, not four.

Go ahead, Minister.

Hon. Mark Holland: Canada's response to the pandemic ensured that every Canadian had the vaccines they needed. It meant that Canadians got vaccinated. That saved hundreds and hundreds of thousands of lives.

The quantity of vaccines purchased was enough to ensure that everybody in our population was vaccinated. I'm deeply proud of not just of the government's work but also the work across the health system to make sure—

Mr. Robert Kitchen: Thank you. That's 40 seconds.

How many vaccines were purchased—

The Chair: That's your time, Dr. Kitchen.

Dr. Hanley, you have five minutes, please.

Mr. Brendan Hanley (Yukon, Lib.): Thank you, Mr. Chair.

I'd like to add my welcome, Minister Holland, to you and to all the officials here at committee, most of whom I can't even see.

Minister, as you mentioned in your opening comments, you were recently in British Columbia to announce the first agreement as part of the bilateral agreements that were outlined back in February. I'm certainly looking forward to the progress on the bilateral agreements around the country, particularly with the Yukon, as I know you are too.

In this committee, as you know, and as Mr. Powlowski referred to, we did study the health care workforce crisis with many important recommendations coming out of that study. Completely related to that dire shortage of health care professionals is the lack of access to a family doctor or primary care team professionals. Too many Canadians don't have access to primary care.

I've met several times with local professionals and organizations in my own territory but also with important national organizations like CNA and CMA. They recommend many measures, such as

supporting mental health and retention initiatives and encouraging targets—"clear, measurable targets" in the words of CMA—that enhance patient access, improve working conditions and modernize health systems.

You touched on many of those aspects in your remarks. I'd like you to comment on some of these goals, particularly how we work with provinces and territories on measurable outcomes that include relief for our most valuable health care professionals but also rapidly help Canadians get access to primary health care—all within about a minute, if you can.

• (2015)

Hon. Mark Holland: It's essential that every Canadian have a relationship with a family doctor. Access to family health teams is absolutely critical. I look forward to being in Yukon and announcing the bilateral agreement and the aging with dignity agreement for Yukon. It is essential. You see it in the B.C. agreement. It provides support to work collaboratively to make that happen. The B.C. agreement also has very critical pieces to help first nations communities at a community level and to build community resilience.

I think one advantage of the bilateral agreements is how they look at the problems that are unique and specific to every province and territory, and then work with them to give them flexibility to create the solutions they need to the challenges within their jurisdictions.

Mr. Brendan Hanley: Thank you very much.

One of the other areas in the mandate letter is the promotion of healthy eating by advancing the healthy eating strategy.

I recently met with officials, including Dr. Warshawski, whom you may know from Kelowna, B.C. He is involved in the stop marketing to children initiative, where there are certainly concerns about how we're doing with the draft regulations.

I wonder whether you could elaborate on where we are in the regulations to stop marketing to kids and what aspects we need to get in order to make sure it's a very robust strategy when it comes to fruition.

Hon. Mark Holland: Thank you for that question.

You're absolutely right. We have to look down the stream in order to transform our health system. It isn't just about the changes we can make today. It's about making sure we stop folks from getting sick, generally. I'm deeply concerned that childhood nutrition and challenges with childhood nutrition are leading to a tsunami of chronic disease and illness. We're seeing diabetes in children. We have to turn that around.

I'm deeply concerned about the advertising targeting children and leading them not only to nutritionally vacant products but also to products, tied to marketing, that are injurious to their health. That's why I want to commend our colleague Patricia Lattanzio for her PMB. It was something I advocated for in my time at Heart and Stroke. It's now working its way through the Senate. We want to see the regulations in place by spring 2024.

I also want to take a minute to talk about front-of-pack labelling and how important that is. That's going to come into force in 2026. There's still a lot more work to do. Canada's food guide was another major milestone in our action on nutrition. We need to be focused on that space. We don't talk enough about nutrition. We talk about physical activity. If we're going to transform people's health and avoid the worst outcomes, healthy eating is critical. Of chronic disease and illness, whether it's heart disease, cancer or stroke—you name it—about 70% is preventable. We can stop people from ever getting sick in the first place.

We have to be up that stream. Not only is it a matter of saving lives, but it will also realize exceptional cost savings. When we see the cuts the Conservatives are talking about in preventative medicine... That's what the realization will be: more cost, more sickness and more problems. We can't allow that to happen.

The Chair: Thank you, Minister.

Thank you, Dr. Hanley.

[Translation]

Mr. Thériault, go ahead for two and a half minutes.

Mr. Luc Thériault: Minister, have you ever seen a federal government defeated in an election because of its position on health?

• (2020)

Hon. Mark Holland: Recently there was an election in Manitoba that was certainly related to health issues—

Mr. Luc Thériault: I'm talking about a federal government.

Hon. Mark Holland: At the federal level—

Mr. Luc Thériault: The answer is no, as you do not have the same responsibility as the provincial premiers in terms of health and health care delivery. In Quebec, I have seen a number of governments defeated on health issues since the 1980s, as health is an election issue in Quebec.

I don't think you want that responsibility, and I'll tell you why. You say that we do not need an independent public inquiry into what happened during the pandemic and that you will resolve the issue, but it is possible that your government will be defeated because of its failures during the pandemic, since it was its responsibility to manage that crisis.

If an independent public inquiry is not needed, why was the national emergency strategic stockpile empty? Why was the Global Public Health Intelligence Network inoperative? Why were the stocks expired? Why did you send personal protective equipment to China more or less three weeks before Quebec declared a public health emergency?

Hon. Mark Holland: To me, the goal is to create a spirit of cooperation, to find out how we can work together, particularly on the data side, for example. It is essential that the provinces share the information. It is also important that the federal government give money and ensure that our public system is protected, in accordance with its responsibility under the Canada Health Act. Canada has that responsibility. It is relevant to say that it is entirely possible for a federal election to be decided on health issues.

Mr. Luc Thériault: So you're saying that, if a province's performance goes down, you will take political responsibility; then we can tell you that your plan was bad, and you will accept that that province, ultimately, cannot respect the decisions, standards and conditions that you decided to impose because you have been ineffective at controlling those conditions.

Is that what you are telling me today, when, constitutionally, we do not have the same responsibility at the federal and provincial levels?

Hon. Mark Holland: No, that's not the case at all. The data is not for me or the federal government. The data is for Quebeckers. It is for Canadians. It will enable taxpayers to see the progress of their health care system. That is essential. If the government gives money, it must be possible to see the increase and improvement—

Mr. Luc Thériault: In Quebec, that is settled during an election, Minister.

The Chair: Thank you, Mr. Thériault.

Thank you, Minister.

[English]

Next is Mr. Davies, please, for two and a half minutes.

Mr. Don Davies: Thank you, Mr. Chair.

Minister, Canada's patented drug price regulator, the PMPRB, recently announced plans to relaunch consultations on long-delayed reforms—I think they started in 2016—meant to save Canadians billions of dollars on the costs of medications.

As I'm sure you're aware, last year these reforms were derailed by your predecessor, Minister Duclos, who was accused of undermining the arm's-length agency's independence by asking it to suspend the reforms at the request of big pharma. That was the accusation. This led to a series of high-profile resignations at the regulator.

Minister, can you confirm when these reforms will finally come into full effect?

Hon. Mark Holland: As you acknowledged and I think is very important, there's an arm's-length relationship that is present.

We've made sure that the board is populated. It has an incredibly important mandate. I look forward to working with them, in that arm's-length way, to take action in this space, and I welcome their advice and their co-operation as we work together.

Mr. Don Davies: Thank you.

Going back to the breast screening guidelines, in May 2023, before the expedited review of those guidelines had even started, Dr. Guylène Thériault, a member of the Canadian task force, told the Toronto Star that “she does not see any reason to change the guidelines”.

In addition, the task force working group has reportedly started to vote upon recommendations, even though the evidence review is incomplete.

Can you assure us, Minister, that you will act to ensure that any bias in the task force on the breast screening guidelines is effectively removed, so that Canadian women can get the best evidence available and the best breast screening guidelines that they can?

Hon. Mark Holland: I think it's fair to say that we are absolutely committed to making sure that the breast screening guidelines are as strong as possible and that they protect women across this country.

I share your concern in this area and look forward to working with you towards that objective.

• (2025)

Mr. Don Davies: Thank you.

Quickly, I don't know whether you've had a chance to review this, but it seems that the gold standard is to recommend mammograms for women between ages 40 and 49. Is that something you're prepared to move towards on a national basis?

Hon. Mark Holland: Again, I can commit to having a continued conversation and for us to continue to look at this.

I think we share the top-line objective. How we get to that can be a continued conversation.

Mr. Don Davies: Thank you, Minister.

The Chair: Thank you, Mr. Davies.

Colleagues, we have about five minutes left in this hour, which is probably enough time to turn the witnesses around but not enough time for two more rounds.

Mr. Morrice indicated that he wants to ask a question. He would require unanimous consent, and I know already that it isn't there.

What I'm inclined to do is to thank this panel, get the next one set up and start anew.

Mr. Todd Doherty (Cariboo—Prince George, CPC): We have four minutes left. Can't we do...?

The Chair: Do you want to do two minutes each?

Mr. Todd Doherty: Yes, sure.

The Chair: Okay. It's two minutes for the Conservatives and two minutes for the Liberals.

Mr. Doherty, you have two minutes.

Mr. Don Davies: Mr. Chair, I wouldn't agree to that.

We just completed a full round. Were you to proceed with that, it would leave the Bloc Québécois and the NDP without a question.

The Chair: Actually, Mr. Davies, we haven't completed a full round. A full round would be another five minutes for the Liberals and another five minutes for the Conservatives, but we don't have that much time, so they've agreed to cut their time. A full round would be a full five-minute turn for each of them.

We have Mr. Doherty for two minutes.

Mr. Todd Doherty: Minister, you've indicated that you intend to have a national single-payer pharmacare program established by the end of the year. How much is this program going to cost Canadians?

Hon. Mark Holland: No, what I've said is that taking action in the space of drugs—

Mr. Todd Doherty: How much?

Hon. Mark Holland: You're saying something that I haven't done.

Mr. Todd Doherty: Okay, so how much would that be? Have you done the work to...? How much would it cost—

Hon. Mark Holland: I couldn't say. It's not something I've committed to. It's not something I've said, so you're asking me about something I haven't said or committed to.

Mr. Todd Doherty: Have you done any work? Has any work been done on single-payer...?

Hon. Mark Holland: Many, by many different... The Hoskins report was done. There are many different projections of how much the cost would be.

Mr. Todd Doherty: What would that cost be?

Hon. Mark Holland: Again, I wouldn't hazard.... There are many different numbers I've heard. As I said, we have not done any work to verify those numbers.

Mr. Todd Doherty: Okay. As you stand right now, there's no work that's been done other than.... There's no single-payer user pharmacare coming in the coming months.

Hon. Mark Holland: I haven't made a comment on it in one direction or the other. You asked me what the costs would be.

If we were to be in a situation where we were talking about something we're bringing forward—

Mr. Todd Doherty: Minister, in the 2021 election, your government was elected on the promise of a mental health transfer. What happened to that?

Hon. Mark Holland: Minister Saks would be the best place.... She'll be here in about four minutes.

Mr. Todd Doherty: As the Minister of Health, you can't comment on that?

Hon. Mark Holland: I think she's better placed to respond, and she's coming in four minutes.

The Chair: Thank you, Mr. Doherty.

Now we'll go over to the Liberals for two minutes with Ms. Sidhu.

Ms. Sonia Sidhu: Thank you, Mr. Chair.

Thank you to you, Minister, and to your team for being with us.

Minister, you were interrupted when you wanted to talk about misinformation when it comes to the baseless attack on Dr. Sharma. Combatting misinformation is relevant to the work you are doing for your mandate. I would like to allow you to finish your thoughts on that or on Dr. Sharma.

Hon. Mark Holland: Thank you.

Look, I was in opposition. I get it. You attack government. You cross swords. It's an important challenge function. I signed up to be a political actor. Tough questions of me are fair, but people.... I mean, Dr. Sharma has been at Health Canada for 20 years. When you attack Canada's medical officer of health and try to claim that the things she's saying aren't true, it's a deeply dangerous thing to do.

Frankly, the attack—

Mr. Stephen Ellis: I have a point of order, Chair.

The minister was not even here. I guess the point would be that commenting on things of which he has no knowledge is well beyond the purview of his ability to make comments to this committee. Certainly, we're talking about misinformation, and I think those of us who were here heard significant misinformation from Dr. Sharma.

The Chair: It's an interesting point of debate but not a point of order.

Finish your answer, Minister.

Hon. Mark Holland: Look, the point is that we can't afford to cross swords on health information. It is critically important that Canadians trust the health information they're given and that we don't play games or cross swords on it.

It is totally fair game to attack me in any which way works for you on Reddit or whatever Twitter source—

Mr. Todd Doherty: I have a point of order, Mr. Chair.

Hon. Mark Holland: —you're trying to work, but to attack officials is something that I had not seen in my time in opposition—

• (2030)

The Chair: Please, Mr. Minister, we have a point of order from Mr. Doherty.

Hon. Mark Holland: —and it's something that I don't think is at all appropriate.

The Chair: We have Mr. Doherty on a point of order.

Mr. Todd Doherty: On a point of order, Mr. Chair, at no time was there an attack.

Mr. Chair, all that was asked was for Dr. Sharma to clarify or qualify her testimony, because there was proof that her comments were wrong. I asked repeatedly for Dr. Sharma to qualify that answer—

Ms. Sonia Sidhu: I have a point of order, Mr. Chair.

The Chair: Mr. Doherty, wanting the floor to contradict something that was said does not amount to a point of order. Everyone here knows that.

Go ahead, Minister.

Hon. Mark Holland: Misinformation during the pandemic cost I don't know how many lives. It caused all kinds of people to be hesitant to get a vaccine that could have protected them.

I'm just asking for us to be very careful. If we're going to make decisions to try to attack each other, that's a choice that can be made, but the people who have worked under successive governments—Liberal and Conservative—to do their best to protect the health of Canadians and to accurately reflect, on a basis of science and data, information is something that I would just ask that folks treat very carefully.

The Chair: Thank you, Minister.

Thank you to the team of officials who were here to support you.

It has been an eventful hour. I thank you for the way you've handled it. We look forward to having you back before the committee before too long.

With that, I'm going to suspend for about three minutes to allow for a changeover to the second panel.

The meeting stands suspended.

• (2030)

(Pause)

• (2035)

The Chair: I call the meeting back to order.

I would like to welcome the Honourable Ya'ara Saks, Minister of Mental Health and Addictions, as well as the officials who have joined us for this second hour.

Some of them you will recognize. They have been here from the outset, but I believe we have a few additional ones: Eric Costen, associate deputy minister; Michelle Boudreau, associate assistant deputy minister, strategic policy branch; Jennifer Saxe, associate assistant deputy minister, controlled substances and cannabis branch; and, from the Public Health Agency of Canada, Nancy Hamzawi, executive vice-president.

Minister, I think this is the first time you've come before the committee. I just want to let you know the way we operate, especially when ministers are here, because it seems to be much more relevant. You are allowed to provide an answer that's equal in length to the question that you are asked. If you go longer than that, you can expect to be interrupted, but if you're asked a one-minute question, and you're interrupted after four or five seconds, I will intervene to make sure that you get a chance to have the same amount of time.

I encourage you to use the earbuds for translation, if required.

With that, welcome to the committee, Minister Saks. You have the floor for the next five minutes or less for your opening remarks.

Hon. Ya'ara Saks (Minister of Mental Health and Addictions): Thank you, Mr. Chair.

Thank you, colleagues. It is really an honour to be joining you this evening to talk about a subject that, I'm sure for everyone around this table, is top of mind when it comes to mental health.

Mr. Chair, as you know, Canada is facing one of the most serious public health crises in our country's history. Since my appointment, I have been listening to provinces and territories, indigenous communities, researchers, health stakeholders and people with lived and living experience in order to gain a deeper understanding of the issue and to chart a path forward. Every death due to this terrible crisis leaves someone behind. We all know a friend, a partner, a parent, a child, a co-worker or a neighbour.

As Minister, I have heard heartbreaking stories of addiction and loss, as have many of my colleagues here tonight. At the same time, I have also heard inspiring stories of support, of recovery and of hope. People on the ground are working relentlessly to fight this crisis, and the federal government needs to be there to support them.

Canadians must have access to a full range of services and tools to address substance use. Harm reduction as well as treatment and recovery are health care. Everyone's journey is different, and we know there is no one-size-fits-all recovery, and we can't help someone who is dead from an overdose.

I know that some members and I may not always agree on everything, but I am absolutely convinced, Mr. Chair, that everyone at this table shares the objective of wanting to save lives.

This week, we launched the renewed Canadian drugs and substances strategy. The CDSS presents a whole-of-government approach to address substance use. The expert task force called for bold actions and significant policy change, and we are delivering on this each and every day.

I would also like to point out—I know my colleague Minister Holland mentioned this—the Government of Canada's \$200-billion historic investment in health care, which was announced this year. Mental health and substance use is one of the four shared priorities and will be embedded in the three others, because we can't have health without mental health. In addition, we continue to support community projects that address those issues. In fact, we recently launched the 2023 national call for proposals for the substance use and addictions program to help address substance use harms and improve health outcomes for Canadians.

As we all know, the past few years have been extremely difficult for most Canadians, and we can't look away from that fact. The COVID-19 pandemic affected individuals and families across the country, and we are still living through an exceptionally difficult time with many people experiencing stresses related to war, geopolitical unrest and climate change, not to mention the financial worries. Mental health is now a topic of conversation in almost every home in this country. It's now easier to share that it's okay to not be okay, but there are many challenges ahead.

We need to do better in order to create completely accessible care and to remove barriers to care and services, and that includes reducing the stigma that is still prevalent amongst our communities. Negative and often unfair beliefs related to mental illness and substance use is one of the many obstacles being faced by people looking for support, and it can prevent some people from even asking for the help they need.

Marginalized groups often experience more stigma or prejudice, which puts them at an increased risk of harms. They include our youth, indigenous peoples, racialized communities and the 2SLGBTQ+ individuals who are part of our communities as well. That is why we are committed to increasing access to the full continuum of mental health and substance use services through a compassionate lens and a human-centred approach.

Later this month, the Centre for Addiction and Mental Health, CAMH, will begin operating the 988 line, which is Canada's three-digit number for suicide prevention and emotional distress support. This number will make it easier for people to access the help they need when they need it the most.

Mr. Chair, together we can save lives, but we do need to learn from each other to ensure there is a comprehensive, evidence-based—and I will use this word a lot—compassionate approach. Together we can create real systemic change and can give every person in Canada the support they need to live a long and healthy life.

I look forward to your questions.

● (2040)

The Chair: Thank you, Minister Saks.

We will now go to rounds of questions, beginning with the Conservatives.

Mr. Doherty, go ahead, please, for six minutes.

Mr. Todd Doherty: Minister, I have a personal question first. I know you have family in the conflict. How are you doing?

Hon. Ya'ara Saks: Thank you for that question. That's very kind.

I think, like many communities across the country who have loved ones in the region, it's a challenging time of worry and anxiety, but thank you for asking. That's very kind.

Mr. Todd Doherty: I appreciate that.

Hopefully, you will be kind to me, Chair.

The Chair: You're off to a great start.

Mr. Todd Doherty: We'll take the gloves off now.

Minister, is safe supply working?

Hon. Ya'ara Saks: Can you clarify what you mean by "working"?

Mr. Todd Doherty: Is it saving lives? Is it not causing more overdoses?

It's a simple answer. In your opinion, is it working?

Hon. Ya'ara Saks: In my opinion, safer supply is one of the many resources and tools that we're using in a comprehensive approach to substance use.

Mr. Todd Doherty: Can you tell me the latest number of deaths attributed to the opioid crisis this year?

Hon. Ya'ara Saks: I know that it's on average 21 deaths a day, which is far too many.

Mr. Todd Doherty: That's correct.

Do you have an estimate of the total number of deaths from 2016 to the present?

Hon. Ya'ara Saks: I don't have the number in front of me, but—

Mr. Todd Doherty: It's about 38,514.

Do you believe those numbers are accurate, or do you think that those stats could actually be higher? We know the stigma attached to it.

Hon. Ya'ara Saks: I know that those stats are coming from a number of sources, including coroners' reports. I think that every death from an overdose is a tragedy.

Mr. Todd Doherty: I agree with you on that.

Can you tell us which provinces have the highest death rates?

Hon. Ya'ara Saks: As is well known, B.C. has the highest death rates in the country. The Yukon, as well, is struggling. I would also add that, within Ontario, both Thunder Bay and Timmins are reaching above average numbers in overdose deaths.

Mr. Todd Doherty: The majority of the deaths occur in B.C., Alberta and Ontario. Can you tell us the demographic that's been most affected by that epidemic?

Hon. Ya'ara Saks: According to the data that we have currently, it's indigenous peoples.

Mr. Todd Doherty: It's young to middle-aged males—73% this year.

In terms of research, do you know how many of the deaths were fentanyl related? A percentage is what I'm looking for.

Hon. Ya'ara Saks: I'll turn to one of my officials for the statistic numbers.

Mr. Todd Doherty: Don't you know those numbers?

Hon. Ya'ara Saks: I look at the overall picture of the number of deaths. I don't have in front of me the data of the breakdown by drug, but I'm sure the officials can offer you an answer if you'd like.

Mr. Todd Doherty: It's about 81%.

Minister, did you have a chance to read Adam Zivo's column and stories in the National Post recently about diversion?

Hon. Ya'ara Saks: I'm aware of the articles by Adam Zivo, which are anecdotal.

Mr. Todd Doherty: It's absolutely staggering.

Users go to Reddit and they buy the pills that our government gives out for free. Adam put together a spreadsheet with over 50 posts on diverted safe supply. It is staggering.

I will share it with you privately off-line, Minister, because I think you'll be staggered by that.

Are you familiar with your government's 2016 shift from an anti-drug strategy to a harm reduction strategy?

● (2045)

Hon. Ya'ara Saks: Yes, I am. It's part of the four pillars of our overall drug strategy, which includes prevention, harm reduction, treatment and enforcement, looking at this as a health crisis and also understanding that there's an important lens of public safety involved.

Mr. Todd Doherty: You've doubled funding every year to the opioid-related health emergencies in B.C. and Alberta. In 2023, you proposed the largest annual opioid crisis expenditure to date, \$359 million.

This strategy isn't working. We have leading addictions medical experts who are writing letters to you. They're imploring you to re-evaluate this.

Hon. Ya'ara Saks: If I may answer the question, I'm familiar with the letter from the 17 doctors who are involved in our substance-use addictions programs and offer prescription treatment.

However, they are experts—like there are many experts—and anyone, in my opinion—

Mr. Todd Doherty: Do you discount their—

Hon. Ya'ara Saks: No, I don't discount anyone who is committed to helping those with substance use and is willing to save lives.

Mr. Todd Doherty: Minister, in that \$25 billion sent to provinces, your recently signed health accords include shared health indicators and results intended to measure progress.

As you know, mental health services are covered under medicare only if they're delivered by doctors in hospitals. Most other services that are delivered by charities and community non-profit organizations are not systematically captured in the health reporting.

Can you please elaborate on how the government intends to accurately collect the data on the indicator that measures the median wait times for community mental health and substance-use services?

Hon. Ya'ara Saks: First and foremost, the way we are looking at the data collection at this time is to have a comprehensive lens of need.

Mr. Todd Doherty: How will the government then hold the provinces and territories accountable for funding to community mental health when the health accord itself does not direct funding specifically to community mental health services?

Hon. Ya'ara Saks: The bilateral agreements include detailed work plans for the allocation of efforts and the work that will be done.

Mr. Todd Doherty: Do they specifically direct the funds to community mental health programs?

Hon. Ya'ara Saks: As the member well knows, health care falls under provincial jurisdiction.

Mr. Todd Doherty: So they don't.

Hon. Ya'ara Saks: We have key principles in place that are allowing for this. Also, we work with CIHI in ensuring that the research and the individual data are fed into the system, so we can see how it's working and monitor and evaluate—

Mr. Todd Doherty: What happened to the mental health transfer that your government promised during the 2021 election?

Hon. Ya'ara Saks: In 2017, we made a commitment of \$5 billion to mental health supports, which is ongoing, but what we learned—

Mr. Todd Doherty: But in the 2021 election—

The Chair: That's all the time for questions, Mr. Doherty.

Go ahead and finish your answer, Minister.

Hon. Ya'ara Saks: What we learned through this process was that having an integrated approach to mental health services as part

of primary health care is the best way to serve Canadians to receive mental health services.

The Chair: Thank you.

Next we'll have Ms. Sidhu for six minutes.

Go ahead, please.

Ms. Sonia Sidhu: Thank you, Mr. Chair.

Thank you, Minister Saks and your team, for being with us.

My question is for Minister Saks. Many of our youth are struggling with their mental health. I understand there has been significant success with an integrated youth services model of care. Can you tell us why this approach is so promising?

Hon. Ya'ara Saks: I want to thank the member for the question.

What I will say is that what we do know, particularly coming out of COVID, is that our youth, the kids, are not always all right, especially with the isolation and what went on during the pandemic with being at home. During that time period they were cut off from the social structures that really help enhance the growth and resiliency of our young people.

The federal government made a commitment to integrated youth services, which incorporate wraparound supports for youth and their families, so not only primary health care but also the other aspects of care that come with it—whether those are vocational and job training, social environments or in some cases indigenous communities' land-based learning—with an understanding that we really want to invest in our youth to make sure they have the best tools they need as well as the preventative tool of education to understand the impacts of substance use so they will be well equipped to be out in the world and understand what resources and services are available to them.

We've made sure that these are by community, in community. The best example I can give is that of the Foundry in B.C., which has a wonderful set of services, as my colleague from B.C. here on the other side of the aisle would well know. We know that the impacts of these investments are long-term, which means, if we invest in our young people now, that is an upstream approach to better mental health care for them in the future. We've seen good results and the programs are expanding.

• (2050)

Ms. Sonia Sidhu: Thank you.

My next question is about giving birth. It's a joyful occasion. Unfortunately, we know that new parents may also be struggling. I know our message to them is to please not carry this burden alone or in silence. Getting help is the most important thing you can do for yourself.

How can you help these new parents since perinatal mental health issues can have long-lasting impacts?

Hon. Ya'ara Saks: I thank the member for the question.

I'll say, if I may just share personally as the mother of two teenage daughters, that being pregnant with them was one of the most exciting times in my life and also in many cases the most terrifying. That is the case for many individuals who go through pregnancy and then birth as well as for many families. That's why we understand that perinatal health, which follows a woman through the course of her pregnancy and afterwards, is a critical part of ensuring not just her mental health but also the best success for the child.

We've taken on an approach, working with the Public Health Agency of Canada, to develop a national strategy of having good interventions that medical communities can use in guiding their patients through the perinatal process to ensure the best outcomes for both parents and their children.

Ms. Sonia Sidhu: I just want to know how we are working with them and whether there are culturally sensitive mental health services. How are we providing those? There's a stigma out there.

Can you elaborate on that, especially on the culturally sensitive mental health services we are providing?

Hon. Ya'ara Saks: I can absolutely.

As I mentioned in my opening remarks, we have to make sure that mental health services are accessible to people when they need them and where and how they need them.

We're so fortunate in Canada to be multicultural and diverse and also to recognize rural and remote communities, our indigenous communities, Black communities and LGBTQ2SI people. In order to be seen and to embark on the brave journey of getting mental health supports, you need to know that those who are serving you truly see you and understand you. That's why culturally appropriate supports are really important.

One of the programs we're actually quite proud of is the funding support we've provided to Black Canadians through the Black Canadians mental health program, through the Public Health Agency of Canada. We hosted a summit here just last week on indigenous wellness, with indigenous mental health care providers from throughout our first nations communities. Just this past weekend I was up in Markham for the South Asian Health Alliance forum to understand the important need for advocacy within our South Asian communities throughout this country when it comes to their mental health and health care.

That's something I think we can be proud of as Canadians—that we really make sure there's a diversity and equity lens on all the health services we provide, including mental health services.

Ms. Sonia Sidhu: I just want to ask about virtual care. It was an important tool to mitigate the additional strain during the pandemic.

Can you elaborate on virtual care and how it is important for mental health?

Hon. Ya'ara Saks: Absolutely. I want to thank the member for her question.

During the pandemic, the federal government made a bold move, understanding that Canadians were struggling with their own mental health, and opened the Wellness Together portal. This not only included online services with tools and resources for self-assessment, but also online services for counselling and other important evidence-based and comprehensive tools for mental health. We know it was a lifeline for many.

Just today, I was part of the Frayme forum, which is a youth mental health network that works specifically in the digital space. Going back to your question about youth, youth are accessing their information and their health care through digital platforms. We have to make sure that those spaces are safe and evidence-based and, again, meet our young people where they are.

I think virtual care is a key component in how we are forward-thinking in how we deliver health care services and mental health services. However, it also means that we can service rural and remote communities that wouldn't necessarily have the opportunity for in-person clinicians.

• (2055)

The Chair: Thank you, Minister.

Thank you, Ms. Sidhu.

[*Translation*]

Mr. Thériault, you have the floor for six minutes.

Mr. Luc Thériault: Thank you, Mr. Chair.

Good evening, Minister.

Let's try to have a six-minute conversation.

Do you know what jurisdiction was the first in the world to develop a mental health plan?

[*English*]

Hon. Ya'ara Saks: You're asking about the first authority to elaborate on a mental health plan. Is that your question?

[Translation]

Mr. Luc Thériault: Yes.

[English]

Hon. Ya'ara Saks: I'm afraid I don't know.

[Translation]

Mr. Luc Thériault: It was Quebec in 1989.

With all due respect, I would say that Quebec did not wait for the creation of a position of minister responsible for mental health to work on this issue.

Are you familiar with Quebec's interdepartmental mental health action plan 2022-26?

[English]

Hon. Ya'ara Saks: I recently met with my counterpart, Monsieur Carmant, on the Quebec plans. We discussed a comprehensive approach to mental health services that includes the social determinants of health in the consideration of helping those, particularly, with substance use.

[Translation]

Mr. Luc Thériault: It's a good plan, and it's going to last until 2026. I imagine you would describe it as very good, since, in addition, it is interdepartmental, which means that no one is working in a vacuum and that it is agreed that mental health is a cross-cutting issue.

Do you think that's a good plan? Is it an excellent plan?

[English]

Hon. Ya'ara Saks: I'll say two things.

One is that having previously been the parliamentary secretary for families, children and social development and having worked on the national child care system for Canada, we look to Quebec for our best lessons learned after its 25 years of ensuring that there was high-quality, affordable child care. I'm not surprised that Quebec is forward-thinking in the model and plan it has put forward.

As a matter of fact—

[Translation]

Mr. Luc Thériault: Do you think it's a good plan, or an excellent plan, or not?

[English]

Hon. Ya'ara Saks: I think an integrated approach to health care in government plans is important.

[Translation]

Mr. Luc Thériault: Okay.

Quebec will invest approximately \$1,152,950,000 to update its plan. There are 43 measures in seven areas of development. We will agree that it is a good plan.

In a unanimous motion passed across party lines in the National Assembly, Quebec told the federal Government of Canada that it would be entitled to unconditional compensation for any new federal program.

First, why isn't there already an agreement? Why is there still no money coming to Quebec out of the \$25 billion set aside for bilateral agreements with the provinces?

Second, since Quebec is a world leader in mental health and is far ahead of the federal government, why should it not be allowed to have its own money and manage its own affairs?

Money is lacking for mental health. That has been the case for years.

[English]

Hon. Ya'ara Saks: As the member well knows, there are ongoing discussions with each province and territory, as health is under their jurisdictions. I agree that an integrated approach to health is an important lens to have. Each province and territory determines how they want to see that integrated approach.

I know Minister Holland continues his conversations with the Minister of Health in Quebec to ensure that the proposal and agreement Quebec will have are the ones they want and that work with the federal government's commitments.

[Translation]

Mr. Luc Thériault: What is your real intention when it comes to mental health care? What expertise do you have in this area to tell Quebec that you know better than it does what it has to do, when we've just agreed that the plan extends until 2026? A lot of money has already been invested in that, and more is needed.

So why not simply send the money to Quebec and let it manage its services?

[English]

Hon. Ya'ara Saks: As the member would know, in the previous rounds of funding, SUAP, for example, in Quebec, was given its per capita sums to determine how best to utilize the funds within its province.

We admire the work Quebec is doing. Like every other province, it is their jurisdictional purview to ensure they are prioritizing the health of their residents. We work collectively and positively, and with the shared principles that were mapped out. They include mental health as a priority. It is also embedded in the other four priorities of the principles set out in February. Quebec was a part of that.

● (2100)

[Translation]

Mr. Luc Thériault: I don't think you're really answering my question.

Would you agree that Quebec, as a forerunner with an excellent mental health plan, as you said, but needing more resources and money, should receive the money it is owed right away so that it can manage its programs as quickly as possible? I won't list all of that, but what do you think?

Why isn't there already an agreement and why isn't the money already on the ground? I get the impression that a double structure is being created. When it comes to mental health, the money has to be on the ground, don't you agree? In fact, that is what the action plan provides for. So why create a double structure? Soon, at the federal level, we're going to get bogged down in national strategies and it's going to take a national strategy to manage the national strategies.

[English]

Hon. Ya'ara Saks: What was committed to in February, as the member well knows, was \$131.8 billion.

What I will say to the member is that each province and territory has an allocated amount as part of the bilateral agreements. It is not for the federal government to impose its position on how the Province of Quebec would like to utilize its mental health funding. We applaud the efforts and work the Quebec government is doing to ensure Quebecers have high-quality mental health. As with many things, Quebec is a wonderful model for other parts of the country.

The Chair: Thank you, Minister.

Thank you, Mr. Thériault.

Next, we have Mr. Johns for six minutes.

Mr. Gord Johns (Courtenay—Alberni, NDP): First, I want to thank all of your staff and team for being here and for the hard work they do.

I congratulate you, again, Minister, on your new appointment.

Minister, do you have a new mandate, or do you have the old mandate? I haven't seen a mandate letter come up for you. Are you basing your mandate on the 2021 mandate letter?

Hon. Ya'ara Saks: At this time, I'm continuing with the mandate letter that was provided to my predecessor.

Mr. Gord Johns: Okay.

In the mandate letter, there is a commitment of \$4.5 billion over five years—straight up—for a mental health transfer. We are post-COVID and a lot of people are still suffering. In fact, more people are suffering now than pre-COVID. I'd say we did an okay job helping people get through COVID, but right now COVID recovery needs to come in the form of mental health and a response to that.

Are you going to push for the \$4.5-billion promise, since \$1.5 billion was supposed to be spent by now? Are you committed to that, or is it a broken promise? This is on top of the 2017 commitment and bilaterals.

Hon. Ya'ara Saks: I thank the member for his question. I appreciate his strong advocacy in this area.

As you mentioned, the 2017 commitment is still ongoing, and those funds are still being distributed. We've made that commitment. That funding will be there.

In our work with provinces and territories.... The conclusion we came to in February during our collective discussions with our counterparts was that the best way to provide mental health care for our communities is through an integrated care approach. That is what we are doing.

Mr. Gord Johns: The transfer is cryptic. It's going into four priority areas, but we don't know how much is going in. The \$4.5 billion was promised on top of the 2017 amount. I'm calling on you, urgently, to roll out a \$4.5-billion mental health transfer as a COVID recovery response measure.

In terms of the toxic drug crisis, you have a renewed Canadian drugs and substances strategy. I'm glad to see that it's an integrated, coordinated and compassionate model. Compassion means action. Where are the timeline and the plan to respond to this crisis with resources and targets?

Hon. Ya'ara Saks: I thank the member for the question.

The launch of the CDSS was on Monday. A key thing that we anchored in this renewal of the CDSS was to look at this from a very integrated approach. That means 15 departments will be involved in rolling out the strategy going forward.

We are in the process of putting the consultations together to ensure that we have cross-pollination of policies and successful outcomes in the rollout. At this point in time, we don't have a specific timeline, but work is ongoing. We also announced on Monday 52 projects under SUAP that will be continuing that work.

● (2105)

Mr. Gord Johns: Minister, almost 40,000 people have died.

Since your government came to power in 2016, you've spent less than 1% in terms of responding to the toxic drug crisis versus what you've spent on COVID-19. That is purely from the stigma that's attached to what's going on. I want to know when your government's going to prioritize this issue and give it an urgent response.

Why hasn't the Prime Minister held a first ministers meeting with all of the premiers, given that in my home province it's the leading cause of death for people aged 59 and under?

Hon. Ya'ara Saks: I thank the member for the question.

You're right. We've spent about a billion dollars to date on the overdose crisis. We continue to make commitments towards it.

On the number of deaths that you are referring to, I would also say that we've overturned nearly 50,000 overdoses during that time. We've had 4.1 million individuals visit safe consumption sites. We've distributed over 1.5 million naloxone kits, which also go to saving lives.

To insinuate that the government has done nothing.... I don't really see that.

Mr. Gord Johns: I didn't say nothing. I'm saying this: In a health crisis, incrementalism costs lives. We demonstrated the urgent way we can respond and overcome barriers. We broke down barriers in all levels of government to respond to COVID-19. We need to do that here.

You know I went to Portugal this summer. I learned from the Portuguese about what an integrated, compassionate and coordinated model looks like. I also learned what a health-based emergency looks like. They rolled that out. They had 250 people on methadone. They scaled that up to 35,000. The army came in, built labs and produced it at cost. They built 96 therapeutic treatment centres to create just-in-time treatment.

When is your government going to respond to it like the health emergency that it is?

Portugal had 100,000 chronic, problematic drug users. We have 100,000 in B.C. alone, and we're half of the population. When are you and your government going to react like other countries around the world?

Hon. Ya'ara Saks: I thank the member for the question.

I would say that we are responding. We have ongoing programs in place.

I would also say that we recently met with our counterparts in Charlottetown. Province by province, we wouldn't necessarily always agree on the treatment programs, prevention and harm reduction plans, as each province has its lens in health care on what it would do, but there was a strong commitment with my counterparts around the table to ensure that we are working together. We have actually agreed to meet quarterly now because we understand the urgency.

This will take an all-level-of-government approach. It is not for the federal government to solely dictate how we intervene in this. There's no one silver bullet. We won't be able to overcome the toxic drug supply or the overdose crisis in a split second. It will take time, planning and commitment from all levels of government to do it together.

Mr. Gord Johns: What's impressive for me is that we found a way to break down barriers within hours during COVID-19. Here we are eight years in. I'm looking to you, Minister, to break down those barriers and demonstrate a real sense of urgency. There are things that we all agree on around this table. Let's advance them.

Are you willing to do that? Are you willing to bring the premiers together, work with the Prime Minister and come up with an urgent—actually urgent—response to this crisis?

Hon. Ya'ara Saks: As I said, the first step towards that—

The Chair: That's the last question. Answer briefly, please, and then we'll go to who's next.

Hon. Ya'ara Saks: As I said, I have asked my counterparts and they've responded to have us meet on a quarterly basis to begin to address that urgency.

The Chair: Thank you, Minister.

Thank you, Mr. Johns.

Next is Mr. Majumdar, please, for five minutes.

Mr. Shuvaloy Majumdar (Calgary Heritage, CPC): Thank you.

Minister, it's good to see you.

I'm curious. Are you aware of which year drug policy was moved from justice to health?

Hon. Ya'ara Saks: I don't have that history, but I'm happy to ask officials.

Mr. Shuvaloy Majumdar: It was in 2016.

Are you going to allow medical assistance in dying for addictions?

Hon. Ya'ara Saks: Medical assistance in dying in terms of mental illness as the sole... Could he clarify what he means by that, please?

Mr. Shuvaloy Majumdar: Are you going to permit MAID for addictions as a prescription—as an option?

Hon. Ya'ara Saks: As the member well knows, the guardrails around MAID are for individuals who have a condition that is irremediable and terminal and has not been answerable to any other forms of treatment.

Mr. Shuvaloy Majumdar: Do you believe that addictions qualify in that realm?

Hon. Ya'ara Saks: I believe that each individual who has a substance-use health issue has a different path and a different series of complex needs that need to be assessed, and there are experts who are far more qualified to determine what the—

• (2110)

Mr. Shuvaloy Majumdar: You're the minister responsible for setting policy for this.

How many deaths happened because of the opioid crisis in the first quarter of last year?

Hon. Ya'ara Saks: I'll ask my officials to answer that question in terms of statistics.

Mr. Shuvaloy Majumdar: That's okay.

When this entire file was moved to health in 2016, what was the total number of deaths from the opioid crisis?

Hon. Ya'ara Saks: Could you answer, Stephen?

Stephen Lucas (Deputy Minister, Department of Health): The total number since 2016 to March 2023 is approximately 36,000.

Mr. Shuvaloy Majumdar: That's not the question I asked. I appreciate your response. I'm asking the minister if she knows how many deaths have happened. I think the answer is no.

How about how many deaths have occurred in the last year?

Hon. Ya'ara Saks: The number of total apparent opioid toxicity deaths in 2022, which is what we have the last total numbers for on an annual basis, was 7,483, with an average of 21 a day.

Mr. Shuvaloy Majumdar: We started at 2,800 in 2016 when this government, the NDP-Liberals, moved policy from justice to health, and now we have nearly 8,000—over 8,000—in the last year.

Are you aware what impact the safe supply policy has had on the informal market for opioids?

Hon. Ya'ara Saks: I know that there are articles of anecdotal discussions on what is out there in terms of safer supply, but safer supply as it is currently distributed is under a prescription model.

Mr. Shuvaloy Majumdar: There's a 95% reduction in prices because of how government drugs have flooded the black markets. In Leslieville, your taxpayer-funded safe injection sites are offering up chocolate bars to kids for used needles, and your government announced \$4.6 million—

Mr. Darren Fisher: Mr. Chair, I have a point of order.

Thank you. I'm very well aware that the Conservatives don't let facts get in the way of a good social media clip, but I would ask that the member please show respect to the minister.

The Chair: Go ahead, Mr. Majumdar.

Mr. Shuvaloy Majumdar: I'll respond to that another time, because I have nothing but the highest respect for the minister. I'm just trying to get a sense of whether she knows her files.

Your government has earmarked another \$4.6 million for streamlining authorizations for supervised consumption sites. How many more Leslievilles do you plan on building across Canada?

Hon. Ya'ara Saks: It's based on an application basis to Health Canada for safe consumption sites to be implemented. They have to meet a stringent set of guidelines and evaluations before opening. They also have to be able to show, in addition to federal funding, that they are able to continue—

Mr. Shuvaloy Majumdar: There's an ambition to open up more of these safe injection sites.

Hon. Ya'ara Saks: We believe that harm reduction is a key component in our policy strategy to address substance use and the opioid crisis.

Mr. Shuvaloy Majumdar: Minister, if harm to Canadians has gone up to such an exponential, out-of-control crisis, where the government is providing safe supply to a black market that is reducing the price and making these drugs more accessible to children, there are going to be more of these sites near schools across Canada.

Not knowing all the facts, how can you even sit at the table and support this unsafe supply legislation, this culture of death with MAID, if you don't know the scale of the crisis?

Hon. Ya'ara Saks: I would first say to the member that he is throwing a lot of different pieces into the pot rather than looking at the drug strategy and policy that we put forward. The four key principles that we have in attacking and addressing the toxic drug supply in this country, as well as the overdose crisis incorporates prevention, harm reduction, treatment and enforcement, which means that we have both a public safety lens and a public health lens.

Diversion is illegal and continues to be illegal, whether it is for prescription drugs—

Mr. Shuvaloy Majumdar: Minister, the principle is—

Hon. Ya'ara Saks: Chair, I'd like to be able to finish my answer.

The Chair: Please finish it quickly. We're out of time.

Hon. Ya'ara Saks: Diversion is illegal and continues to be illegal and enforced.

Thank you.

The Chair: Thank you, Minister.

Next we're going to go to Mr. Jowhari, please, for five minutes.

Mr. Majid Jowhari (Richmond Hill, Lib.): Thank you, Mr. Chair. I'll be sharing my time with MP Morrice.

Minister, welcome to our committee. It's good to see you in this profile and portfolio.

Minister, you talked about the launch of 988 in your opening remarks. As you know, we are almost a month away from the launch. First of all, congratulations. Can you talk about some of the work that's been done to ensure that we are ready for this launch?

• (2115)

Hon. Ya'ara Saks: I want to thank the member for his question, and I'd also like to thank Member Doherty for his work on getting us to the 988 number because these are the things that we can work on. Like I said in my opening remarks, there's a collective desire at this table to help those who are struggling with mental health. This is when good work gets done across the floor, and I'm very proud of that.

As you well know, 988 was embarked upon with the motion two years ago. It takes time to build out a national network. We had the United States to look at. It took four years, actually, for them to roll out their national three-digit number. Also, we had a lot of lessons that we learned from them in going forward. We are now working with CAMH to make sure that sufficient organizations are hooked up into the system across the country. It won't be only by calling. It will be both call and text in both official languages. So far, the provinces and territories are gearing up, and the funding has also gone out to make sure that organizations are well supported with the launch.

Mr. Majid Jowhari: Thank you.

I'll ask a very short follow-up on that.

In your assessment—aside from the technology side, the network side and the strong partnership that's been with the organization—do you feel that we are ready to be able to support those who need help, especially the youth, as of November 30?

Hon. Ya'ara Saks: I would say that, first, the work of PHAC on this has been tremendous. We have Nancy Hamzawi and Heather Jeffrey here, who have been in close contact with my office on the progress that's been made. Not only are we ready but we have to be ready because our youth need us to be ready.

The Chair: Mr. Morrice, this is the moment you've been waiting for. You have two and a half minutes.

Mr. Mike Morrice (Kitchener Centre, GP): Thank you, Mr. Chair.

Thank you, Mr. Jowhari.

Minister, I really appreciate your framing the poisoned drug crisis as one of public health. In my community alone this year to date, we've lost 74 community members to poisoned drugs. Each one is a preventable death, as you know.

My concern is that recommendations from Health Canada's expert task force on substance use from 2021—like ending criminal penalties related to simple possession and expunging criminal records from previous offences related to simple possession—haven't been acted on. In fact, they were in Mr. Johns' Bill C-216, so they were actively voted down by our Parliament.

Deaths go up, and it allows others to then demonize programs that do work—like safe supply, for example.

I wonder if this has you at all reconsidering the governing party's position on what was already recommended by the expert task force from 2021.

Hon. Ya'ara Saks: What I will say is that stigma continues to be one of the biggest barriers for individuals who are struggling with substance use in getting help. When, because of stigma, they feel they can't go for help or support, whether it's safe consumption sites, which save lives.... As a matter of fact, 50,000 overdoses were overturned, and 4.1 million individuals who were able to use safe consumption sites are here with us today and able to manage their substance use or to seek treatment.

I will say this: We have to take this step by step. This is an all-of-government approach, which means that we need both provinces and municipalities to be on board in the steps that we take.

B.C. made a bold move in its decriminalization. It asked the federal government for its pilot. We are continuing to evaluate and monitor that to understand what works and what makes sense. I understand you in terms of the urgency, but we also want to make sure that we're moving with an evidence-based approach that really looks at a comprehensive set of tools.

The Chair: Thank you, Minister.

Thank you, Mr. Morrice.

[*Translation*]

Mr. Thériault, go ahead for two and a half minutes.

Mr. Luc Thériault: Thank you, Mr. Chair.

You know that I have a special interest in this issue. I sit on the Special Joint Committee on Medical Assistance in Dying, which was recently reconstituted.

In its first phase of consideration of mental disorders as the sole underlying medical condition, the committee did not see fit to make a recommendation to the House right away.

We studied the report of the experts on mental disorders, who put in place a number of guidelines, some of which are not present in other cases involving medical assistance in dying. I imagine that you have also studied that report.

Briefly and perhaps as a preamble to a future appearance before the committee, what do you have to tell us this evening about the state of readiness in this regard?

• (2120)

[*English*]

Hon. Ya'ara Saks: Thank you.

I'd like to clarify first.

[*Translation*]

It may be an interpretation issue.

[*English*]

What I'm hearing is “mental health” and not “mental illness”. We are talking about mental illness as the sole determinant in terms of MAID—first and foremost.

A significant—

[*Translation*]

Mr. Luc Thériault: I am indeed talking about mental disorders. I didn't say “mental health”. It was probably the interpretation services that got it wrong. I did say “mental disorders”. I know very well what I'm talking about.

[*English*]

Hon. Ya'ara Saks: I'm just checking.

[*Translation*]

I just wanted it to be clear. Thank you.

[*English*]

At this point in time what we know is that extensive work was done from the recommendations previously to provide regulatory bodies across the country with strong assessment tools, with the preparation of over 300 medical practitioners so far and a set of guardrails that will ensure that, when evaluations are being done with mental illness as the sole request for MAID, practitioners feel that they are well equipped to understand what is going on.

What we did hear, though, which was why the committee has been struck, was that there needs to be a deeper understanding of those preparatory measures that were put into place to ensure there is a comfort level in moving forward. I would also add that I think this is a very personal issue. For many individuals around the country, for many Canadians, it is difficult to understand and comprehend that it is one's right, with their health practitioner, to have these very important discussions about the choices they make.

The Chair: Thank you, Minister.

Thank you, Mr. Thériault.

Next we have Mr. Johns, please, for two and a half minutes.

Mr. Gord Johns: Minister, the substance use and addictions program has continually been oversubscribed. In 2021 there were applications and proposals of up to \$350 million, and the amount funded was \$59 million. There is still no funding allocated in the budget for SUAP beyond 2024-25.

Can you provide a breakdown on how many proposals the government received in 2022 and 2023 for SUAP as well as the total funding versus the total amount funded?

Hon. Ya'ara Saks: I can tell you the number of projects that we are funding by province and territory, but if—

Mr. Gord Johns: Would it be something that you could table for this committee?

Hon. Ya'ara Saks: I believe the officials can table that information.

Mr. Gord Johns: Minister, you can hear the urgency in my voice.

I went to Portugal. There were six deaths per million based on drug-related deaths. Canada is at 180 from the poisoned drug supply. B.C. is at 430. My Island Health is at 503. In my community, for those under the age of 59, it is 2,100 deaths per million. This is from fentanyl and benzos. This is not from a safer supply. This is from a street supply—“tranq”—of mixed drugs.

This government had an expert task force made up of police chiefs, social workers, experts in drug policy, expert people with lived experience and indigenous leaders. They made clear recommendations that you needed to stop criminalizing people who use substances, provide a safer supply to replace the street drugs and ensure that you invest heavily so that we have “just in time” treatment, recovery, prevention and education. You haven't done that. It hasn't been done at the scale that's needed.

I want us to get to six. We can have hope that we can get to six deaths per million. Every death is too many. When are you going to come up with a plan, and will you reinstate the expert task force so that they can guide your government on recommendations and hold you to account in making sure you have a plan and timelines to implement it?

Will you reinstate that task force to do that?

Hon. Ya'ara Saks: What I will say is that at this time we have done a renewed launch of the CDSS to enable us to look not just at what the experts have to offer specifically on the toxic drug supply and those who use substances, but also the other social determinants that feed somewhat into individuals who are struggling.

I've seen some positive news. The Yukon has declared a state of emergency and has provided a comprehensive plan of how they wish to go forward in addressing their toxic drug supply and overdose crisis. B.C. also has a plan that we've been working on with them.

As I said before, the urgency is there. We know the urgency is there, but we also need the provinces working with us on going forward with that. I'm committed to working with every province and territory that comes to us and says, “We need help in getting a plan forward that makes sense for our province and our jurisdiction.”

• (2125)

The Chair: Thank you, Minister.

Thank you, Mr. Johns.

Colleagues, we find ourselves in about the exact position that we did on the last panel. We have about four to five minutes left.

I'm going to suggest two minutes for the Conservatives and two minutes for the Liberals, and call on Dr. Ellis for two minutes, please.

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

Thank you to the minister for answering questions and being very well prepared this evening. I appreciate that.

I have a very quick question around medical assistance in dying. We talked a bit about mental disorders as the sole underlying medical condition. Many folks out there believe that is simply around depression. Am I to be clear that you would support the frameworks that are now out there, that those who suffer from substance abuse and choose MAID...that you would support that, Minister?

Hon. Ya'ara Saks: Just to clarify, anyone who is in a state of crisis, whether it's suicidal ideation or struggling with any kind of disorder in a crisis environment, would not be eligible for MAID.

Mr. Stephen Ellis: I understand that, Minister, and certainly that becomes one of the problems: distinguishing between suicidality and someone who wishes to end their life.

My question is very specific, though. Under that provision—MAID for those with a mental disorder as the sole underlying medical condition—would you support the framework that is out there now for those with addictions?

Hon. Ya'ara Saks: I think it will be the will of the committee to determine whether the measure that we put in place to assess with regulatory bodies is working and whether we need to do further evaluation on it at this time. It will be the will of the committee.

Mr. Stephen Ellis: Through you, Chair, maybe I could word it differently one more way: Would you oppose MAID for those with addictions?

Hon. Ya'ara Saks: I don't believe that someone with addictions has an irremediable health condition. I believe that someone with addictions can be helped through harm reduction, treatment and health care supports.

Mr. Stephen Ellis: Thank you very much for that, Minister, but would those with mental health issues also not have a condition that could be helped? That would not be irremediable either—would it not?

Hon. Ya'ara Saks: The sole underlying condition is not a mental health condition. It's a mental illness condition as determined by the DSM-5.

Mr. Stephen Ellis: I'm sorry, Minister. Your answers are really not making any sense because.... Do you know what? I was a family doctor for 26 years, and those with mental illnesses, they can be treated for their mental illness.

As you mentioned, with substance abuse you can as well, so which is it? Is it only diseases that the Liberal government chooses, or is it diseases that have potential treatments?

The Chair: We're out of time, but take 15 seconds to answer that. Then we'll move to the last questioner.

Go ahead, Minister.

Hon. Ya'ara Saks: I'm sure Dr. Ellis, as a clinician, is very well versed in DSM-5 and can answer that question himself.

The Chair: Thank you, Minister.

Mr. Stephen Ellis: Am I going to answer my own questions at committee? I wait for the day. That will be great, Minister—terrific.

The Chair: Next is Dr. Powlowski, please, with the last round.

You have two minutes.

Mr. Marcus Powlowski: Thanks to the minister and everybody else for appearing.

We've heard accusations from the Conservatives, but I would say it has been supported by at least some health care professionals concerned about the possible diversion of safe supply, such that some of those safe supply doses of Dilaudid are getting onto the

streets and ending up being sold there, therefore augmenting the supply of narcotics on the street.

Are you willing to consider the possibility that this occurs and, if so, take appropriate actions to try to curb that from happening in the future?

Hon. Ya'ara Saks: Thank you for the question.

As mentioned earlier by another member, there are anecdotal reports on Reddit and elsewhere with regard to that, but what I would say, when we look at a prescriber model of medications for those who are struggling with substance use, they've made the choice to go to a health care provider for a plan. That, to me, shows signs of someone who is on a journey to recovery. Nevertheless, we are taking any allegations of diversion seriously, which is why I've asked the department to begin to look into this in a deep-dive way.

Mr. Marcus Powlowski: I would suggest they could also be seeking narcotics to sell on the streets. That would be a possibility for why they would go for safe supply as well.

Hon. Ya'ara Saks: As I said, I would ask the department to take a deeper dive into this to ensure that we have a safer supply program and that we are addressing the enforcement piece of diversion.

● (2130)

The Chair: Thank you, Dr. Powlowski. That concludes the time we have with you.

This is your first appearance before the committee, Minister, and it's greatly appreciated. You have obviously come prepared, and you've answered all of our questions in a very challenging environment in a very patient manner. That is greatly appreciated.

To all of your supporting cast, thank you for being here so late.

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

Some hon. members: Agreed.

The Chair: We're adjourned.

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