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Chair

Mr. Daryl Kramp

Standing Committee on Public Safety and National Security

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• (1530)

[English]

The Chair (Mr. Daryl Kramp (Prince Edward—Hastings, CPC)): Colleagues, we will call to order the 34th meeting of the Standing Committee on Public Safety and National Security. Today we'll be dealing with Bill C-2, an act to amend the Controlled Drugs and Substances Act.

For the first hour of witnesses, we will have two of our ministers appearing. They are the Honourable Rona Ambrose, Minister of Health, and the Honourable Steven Blaney, Minister of Public Safety and Emergency Preparedness. They will be here for the first hour.

Accompanying them and staying for the duration will be a number of other officials: from the Department of Health, Hilary Geller, assistant deputy minister, healthy environments and consumer safety branch; from the Department of Justice, Diane Labelle, general counsel for legal services, Health Canada; from the Department of Public Safety and Emergency Preparedness, Kathy Thompson, assistant deputy minister, community safety and countering crime branch; and, closing it out, from the Royal Canadian Mounted Police, Chief Superintendent Eric Slinn, director general, support services, federal policing.

For the next hour, from 4:30 to 5:30 p.m., we will have an additional departmental official from the Department of Health appearing as a witness. That will be Suzy McDonald, associate director general, controlled substances and tobacco directorate, healthy environments and consumer safety branch.

That's the list of our witnesses today.

Colleagues, without further delay we will go to statements from our ministers. First up is Minister Ambrose.

Minister, you have the floor.

Hon. Rona Ambrose (Minister of Health): Thank you, Mr. Chair.

I'm very pleased to be here with all of you, with Minister Blaney and our officials, to discuss the government's respect for communities act, a bill that protects and ensures public health and public safety in our communities.

Before I begin in earnest, I want to say that our thoughts and prayers remain with the family and friends of Corporal Nathan Cirillo of the Argyll and Sutherland Highlanders of Canada. Likewise, of course, our thoughts and prayers remain with the family and friends of Warrant Officer Patrice Vincent, who was killed by an ISIL-inspired terrorist.

Last week's events, which unfolded in parts of these very halls, were a grim reminder that Canada is not immune to these types of attacks that we've seen elsewhere around the world. I've been very moved to see Canadians pulling together with the kind of firm solidarity that has seen our country through many challenges. Together, I know we will remain vigilant against those at home or abroad who would wish to harm us.

Mr. Chair, I'll turn to the business before us today, which is the respect for communities act. It strengthens Canada's drug control framework, codifying the factors laid out by the Supreme Court of Canada. Our government takes very seriously the harm caused by dangerous and addictive drugs. These drugs tear families apart, they promote criminal behaviour, and they destroy lives. They make our streets less safe, and have harmful impacts on our communities. Indeed, the level of drug use in Canada remains concerning. Amongst youth it is still far too common. The ripple effects of drug abuse are being felt throughout our society.

Our government is taking action to address these problems, through the respect for communities act, to protect the health and safety of Canadians and the communities in which they live. This legislation was not prepared overnight or on a whim. This bill was drafted to specifically codify a detailed ruling by the Supreme Court of Canada in September 2011 on a supervised injection site. In this ruling, the Supreme Court was crystal clear. They ordered that I, in my capacity as Minister of Health, must consider specific factors when reviewing applications that grant exemptions from Canada's drug laws allowing for such sites.

I do not have an option to ignore these factors. Those factors are included in this legislation, and are as follows:

...evidence, if any, on the impact of such a facility on crime rates, the local conditions indicating a need for such a...site, the regulatory structure in place to support the facility, the resources available to support its maintenance, and expressions of community support or opposition.

I feel, Mr. Chair, that the last point is particularly important. Our government sincerely believes, and the Supreme Court agrees, that communities deserve a say when there is a proposal to build a supervised injection site.

The court wrote that their ruling was:

...not a licence for injection drug users to possess drugs wherever and whenever they wish. Nor is it an invitation for anyone who so chooses to open a facility for drug use under the banner of a "safe [consumption] facility".

Our government respects this ruling by the highest court in the land. It with that in mind we are moving forward with the respect for communities act. This bill amends the Controlled Drugs and Substances Act, which is Canada's federal drug control statute. It has a dual purpose: the protection of public health and the protection of public safety.

While prohibitive in nature, it also provides for exemptions for the legitimate use of controlled substances and their precursors. Exemptions are currently prescribed as being for medical or scientific purposes or otherwise in the public interest. It's one of my roles to sign off on these exemptions as Minister of Health. Exemptions that I see most often are for use in clinical trials, research in universities involving controlled substances, or for delivering aid in other countries. In all of those examples, the activities being exempted from the provisions of the act involve controlled substances accessed through a legal source. Exemptions of this sort, involving activities where controlled substances are accessed through a legal source, account for almost all of the exemptions that are being granted.

This bill's provisions begin where we see requests for exemptions of a different sort—to allow for activities with controlled substances that have been obtained through illegal sources. The serious risks associated with these substances are amplified when they are obtained from an illicit source, as all of us agree that these substances are dangerous and produced in uncontrolled environments. Given the severity of these risks, any application to undertake activities with these illicit substances needs to be assessed using rigorous criteria that include the factors directed by the Supreme Court that I mentioned earlier.

It's for this reason that the respect for communities act proposes to add a new section to the Controlled Drugs and Substances Act. This new section will deal specifically with applications for activities involving illicit substances, and includes a portion that is specific to supervised injection sites.

● (1535)

This bill sets out the information that an applicant seeking an exemption for activities involving illicit substances at a supervised injection site would be required to submit in advance to be considered for their application. Until all of the information required is provided, their application for an exemption relating to a supervised injection site would not be considered. This requirement ensures that I, as Minister of Health, can effectively carry out my responsibilities in weighing the merits of an application to establish a supervised injection site as ordered by the Supreme Court. The criteria included in this bill are based upon those factors dictated by the court.

One of the more important elements included, and the one that has led to the most debate, has been the Supreme Court requirement that expressions of community support or opposition should be considered. With this new legislation, applicants will have to seek input and local perspectives from provincial ministers responsible for health and public safety, the heads of local police forces, and the lead public health professionals in the province or territory, in the form of a letter outlining their opinion on the proposed activity. They will also be required to hold consultations with relevant professional

licensing authorities in the province, and a broad range of community groups in the municipality. They will need to provide reports on these consultations, including summaries of the opinions that they heard, copies of any written submissions they received, and a description of any steps taken to address any relevant concerns that were raised during the consultation.

Our government recognizes the importance of consulting with relevant community groups about a proposed supervised injection site, and is pleased to follow through on a Supreme Court ruling in this regard. As I mentioned earlier, one of the main purposes of the Controlled Drugs and Substances Act is the maintenance of public safety. This is achieved largely through minimizing the risk of diversion of controlled substances to illicit markets for use. This is being further enhanced through the respect for communities act's proposal for pre-inspection authority to allow Health Canada to verify that the information provided in the application is accurate and that all required measures are in place. In the event that an exemption of this nature is granted, the site would have to comply with clearly established terms and conditions, and would be subject to compliance inspections.

Given the inherent dangers of these substances, it's paramount that Health Canada be given the tools it needs to ensure the safety of these sites for both its staff and the community at large. As with any other exemption granted under this act, if the terms and conditions of an exemption are not being met, or if there are issues of non-compliance, the exemption can be revoked. By the same token, when exemptions granted under the provisions of the bill are set to expire, applications for extensions are provided for and criteria are set out. For the renewal of any exemption, the applicant would have to provide further information dating from the time of the first exemption, when the first exemption was granted, to the time of the most recent application. This information would then include details of any change in crime rates in the vicinity where the site is located, and information on any impacts that the activities at the site have had on individual or public health.

Given what we know about the risks associated with possession, use, and production of illicit substances, it's just common sense that exemptions to undertake activities with dangerous drugs should only be granted in exceptional circumstances once rigorous criteria have been addressed. This makes for good public policy that provides for the maintenance of public health, ensures public safety, and most of all respects our communities.

The Supreme Court has directed that I must consider those five factors as set out in its decision. This bill sets out the way in which we will accomplish that. Our government is taking action to ensure that the proper tools are available to do just that. This new approach will bring greater clarity and transparency to the way in which I, and future ministers of health, assess applications to establish supervised injection sites. The proposed approach also provides the legislative structure needed to properly address public health and safety concerns, but most importantly it allows the public and the community to have a voice in the process.

Just to wrap up, Mr. Chair, the respect for communities act is an important and necessary element in our government's commitment to address dangerous and illicit drug use. It complements our government's national anti-drug strategy, and provides for an application process that respects our communities. I encourage members of this committee to consider carefully the provisions of the respect for communities act and its genesis in the Supreme Court's 2011 ruling.

• (1540)

The Supreme Court has been very clear in what my responsibilities as Minister of Health are. I believe that the respect for communities act provides the tools necessary so that our government can comply with these rulings.

Just on a final note, Mr. Chair, we believe the communities deserve to have their voices heard in these considerations and these consultations and that public health must remain a priority so that our streets are kept safe.

Thank you.

The Chair: Thank you, Minister Ambrose.

Now Minister Blaney.

[Translation]

Hon. Steven Blaney (Minister of Public Safety and Emergency Preparedness): Thank you very much, Mr. Chair.

Thank you for having me here this afternoon at the Standing Committee on Public Safety and National Security. I look forward to coming back here to discuss Bill C-44, The Protection of Canada from Terrorists Act, which was just tabled in the House and aims to protect Canada against terrorism.

[English]

As Minister of Public Safety I strongly believe that we must do everything in our power to keep our streets and communities safe for us and for our children. That is why I would like to thank my colleague Minister Ambrose for her leadership on this vital piece of legislation, and more specifically for involving communities in a decision that could so dramatically transform their neighbourhoods.

[Translation]

Bill C-2 proposes new requirements for organizations that seek an exemption under the Controlled Drugs and Substances Act in order to set up supervised consumption sites.

The bill you will be examining guarantees that those who could be affected by the creation of these centres will be consulted before such a centre is built in their community.

[English]

In other words, ordinary Canadians, civic-minded community groups, and front-line law enforcement will be able to have their voice heard as to whether or not these drug consumption sites belong in their backyards.

Canadians expect that the decision to allow for a designated area where laws can be broken and illicit drugs can be consumed by addicts will not be taken lightly. But shockingly not a single Canadian would be consulted if one of these drug consumption sites

were to open today in any one of your constituencies. What I find shocking is the deputy leader of the NDP, Ms. Davies, announced that they oppose allowing members of their community to add their voices on this decision. For me consulting is a key principle of a democratic decision process, and that's why I am so grateful to stand by Minister Ambrose, Minister of Health, and also to bring my full support to this bill so people involved, people impacted, or consulted can have a say.

On a public safety issue we saw the New Democrats call for a plan to give needles to convicted criminals so that they could continue their drug habits while behind bars. I don't agree. I don't think this is part of rehabilitation where we want our inmates to go on with their lives when they are free. Instead we brought forward the drug-free prisons act. On the other side we have the Liberals' stand. Mr. Trudeau's signature policy is to legalize the sale of marijuana, which would make it easier for our children to access. He has made clear that his vision of legalization would make smoking marijuana a normal everyday activity. I don't agree. I think we can do more for our children. I think we can offer them more as a protective society.

That's why I totally reject this radical pro-narcotic ideology. Let's take a look at what the bill before us today actually does.

[Translation]

First and foremost, this bill guarantees that requests to allow the consumption of controlled substances in our communities will be carefully reviewed.

Proposals to set up such sites raise important public safety concerns on the part of the staff in those sites, families and local police services.

There is no doubt whatsoever that the viewpoint of local enforcement organizations should be taken into consideration.

Substances obtained from illegal sources have a nefarious and devastating effect on public safety and could favour organized crime.

• (1545)

[English]

This summer I saw first-hand some of the challenges police officers face while safeguarding our communities, including in areas where drug use is prevalent. I walked the streets of the downtown eastside with the Vancouver Police Department. These are certainly not the types of criminal activities I would want occurring near a school, or near any community. Front-line police officers tend to agree.

Tom Stamatakis, President of the Vancouver Police Union and the Canadian Police Association said:

...my experience in Vancouver is that these sites also lead to an increase in criminal behaviour and disorder in the surrounding community and have significant impact on police resources.

Is it the kind of Canada we want, Mr. Chair?

[Translation]

For these reasons, I support Minister Ambrose's bill. Not only does it give a voice to Canadians who are directly affected by the decision to build a supervised consumption site, but it adds to other rigorous measures taken by our government to counter drug consumption.

As I mentioned, the Drug-Free Prisons Act is another important bill being examined by Parliament. That bill will guarantee that the Parole Board of Canada has additional legal power when it makes decisions on the conditional release of offenders who have obtained parole, but whose tests have come back positive, or who refuse to submit to a drug test before being released from an institution into a community.

This bill will also guarantee that the Parole Board of Canada pays particular attention to whether or not the obligation to abstain from consuming drugs or alcohol should be made a condition of the offender's parole.

[English]

Our Conservative government is proud of our efforts to support communities and keep them safe, including through tackling the problem of illicit drug use.

Thank you for your time today to discuss this very important issue.

The Chair: Thank you, Mr. Blaney and Minister Ambrose.

We will now go to our rounds of questioning. We will start our first round off with Ms. James.

You have seven minutes, please.

Ms. Roxanne James (Scarborough Centre, CPC): Thank you, Mr. Chair.

Thank you to both Minister Ambrose and Minister Blaney and the officials for appearing in committee today.

I've heard both ministers talk about the need for community consultation on this bill. I think we're all hopeful that the measures that will be in this bill will provide communities with the opportunity to provide their own views on injection sites that seek to open up in their area.

It's important to note that, prior to this bill coming to committee, we as parliamentarians actually spent more than 18 hours in the House of Commons, during the first substantive legislative phase of this bill. I think we're all happy to see it finally coming to committee and going through this process.

I agree with both of you that we, as legislators, need to make sure communities are involved, and I think this is important to the success of any initiative as well.

Minister Ambrose, you mentioned in your opening remarks the importance of hearing from local authorities and the public about applications for proposed supervised consumption sites. Could you elaborate on how Bill C-2, this legislation that is before us, would allow consultation with a range of stakeholders, because we're not just talking about a level of government, one community group, or a single police force, but a range of stakeholders? Could you provide

your opinion on how this is important in the application for a supervised injection site?

Hon. Rona Ambrose: As I mentioned in my opening remarks, our government firmly believes that supervised injection sites should not be built without community consultation. We've embraced the need for consultation as one of the major ways that we are demonstrating respect for Canadians and for their communities on an issue like this.

The community opinions both for and against are one solid criterion that the Supreme Court has said that I, as Minister of Health, or any future minister of health must consider when looking at an application. My message to the committee is to allow me and future health ministers the ability to do just that. That's a big part of what this legislation does. These consultations will point to broad-based support, opposition, or perhaps even measured comments from either viewpoint. But the principle of having these discussions remains paramount. We obviously take very seriously the harm caused by dangerous and addictive drugs. We know serious concerns are raised by communities about what an injection site would bring to their neighbourhood.

It's for this reason and in support of the Supreme Court's requirement that Bill C-2 would require that rigorous criteria be addressed in advance of an application for a supervised injection site to be considered. It's also the reason why it's so important for all Canadians to have an opportunity to provide views before any site opens. As you've mentioned, the criteria that are set out in the bill would allow many different voices to be heard and inform the Minister of Health's consideration of an application. Applicants seeking to open a supervised injection site will have to seek input from local perspectives in the form of a letter outlining their opinion on the proposed activities from numerous groups.

For example, a letter would be required from the provincial health minister who is responsible for where the site would be located. The letter would outline his or her opinion on the proposed activities at the site, describe how these activities are integrated within the provincial health care system, and provide information about access to available drug treatment services for persons who would also use the site. Not only would this allow for the relevant provincial authority to have a say in the process, but it would also serve to further inform a federal health minister during the approval process.

The support of a provincial health minister in the application of a supervised injection site is certainly something worth considering.

In a similar vein we would expect letters from the municipal government as well and the head of the police force in the community to state their opinion on the record whether or not the proposed activities at the site are safe, including any concerns around public health, so of course public safety.

Lastly, we would hope to see letters from the head or the lead health professional such as the chief public health officer for the province and the provincial minister responsible for public safety to make sure their opinions are on the record. Applicants will also be required to hold consultations with relevant professional licensing authorities in the province and a broad range of community groups in the municipality. They'll need to provide reports of these consultations, including summaries of the opinions heard, copies of any written submissions received, and a description of any steps taken to address any relevant concerns that were raised during consultations.

The bottom line here is that the voices of the local community need to be represented clearly. They need to be provided with the opportunity to make their views known. This is an issue that affects people in their community. Whether or not someone is applying to put a site in a residential neighbourhood I think it's just common sense that we would involve all stakeholders in the process and that their views would be sought before we move to an application.

When we go through consultation processes, whether it's other controversial projects proceeding, we see time and again relevant stakeholders and stakeholders directly impacted by that project wanting to have a voice in the process. That's what this does.

I think it's absolutely necessary that it happen.

• (1550)

Ms. Roxanne James: Thank you, Minister, for that answer.

In your opening remarks, I think it was near the end of your speech, you talked about the fact that this legislation is going to provide greater clarity and transparency for you and future ministers of health. Can you explain why that's so?

Hon. Rona Ambrose: To the point where the health minister is the one who would allow for an exemption under the current act but without any input, without having heard from the provincial health minister or the chief public health officer or people in the community or not seeing that a rigorous and adequate consultation had been held with the community on putting in a site. Again, the Supreme Court has dictated the policy. This legislation then helps us implement that so the health minister can see transparently that all these steps have been taken before taking a decision.

• (1555)

The Chair: Thank you very much.

We will now go to Ms. Davies, for seven minutes, please.

Ms. Libby Davies (Vancouver East, NDP): Thank you very much, Mr. Chairperson.

Thank you to the ministers for being here today, and the officials.

I'd like to begin by just noting that it has been very obvious, over the last year and a half that the bill has been introduced, that there is very deep concern that the bill is flawed. First of all, the fact that it's coming to the public safety committee, not health, is a very clear signal about the government's biases on this issue. I notice that the Toronto Region Board of Trade expressed concerns that no other health service has to go through such an extensive process to approve a service.

We also know, of course, that the government opposed InSite, the safe injection site in the downtown eastside, all the way to the Supreme Court of Canada. And I presume the only reason we're even dealing with legislation is that the Supreme Court of Canada compelled the government to bring forward a legislative initiative. But what I find very interesting is that there is nothing in this bill that actually compels the Minister of Health to consider an application or to approve an application. Even when an applicant has met all the criteria, literally *a to z*, all of the principles, there is nothing in here that compels the minister to approve an application.

My questions are really more focused on the political biases that are at work here in this bill, and we certainly heard this from Minister Blaney just this afternoon. I'd like to know what you actually know about safe consumption sites, and specifically, have either of you visited InSite in the downtown eastside?

Minister Blaney, you said you were on the street with cops. That's good. You certainly got a perspective, but have you actually visited InSite and spoken with the very professional people who run that service and interact with people?

Could either minister tell us that?

Hon. Rona Ambrose: First of all, to your point about the balance between public health and public safety, in the parameters and the criteria we would be looking at to assess any application for a site, there is quite a balance between the criteria on the public health and public safety—

Ms. Libby Davies: My question is whether you have actually visited InSite. Could you tell us that?

Hon. Rona Ambrose: No, I have not. I've attempted to visit it, but let's get back to the facts here, which is that the Supreme Court ruled—

Ms. Libby Davies: Could Minister Blaney also respond to that? Has Minister Blaney ever visited InSite?

[*Translation*]

Hon. Steven Blaney: Ms. Davies, I met users of the Vancouver injection site.

I would like to go back to the comment on safety. As I mentioned in my statement...

[*English*]

Ms. Libby Davies: Actually, that wasn't my question. I haven't asked you about that.

[Translation]

Hon. Steven Blaney: I simply want to say that it seems extremely important to me that this bill be debated at the Standing Committee on Public Safety and National Security, because we are talking about an extremely important safety issue. Indeed, these things destabilize and disrupt an environment. There is an increase in criminal activity and a deterioration in quality of life.

I did not get into politics to further human misery and contribute to the total disfigurement of neighbourhoods. That is why it is important, in my opinion, that this bill also be viewed as a matter of public safety.

[English]

Ms. Libby Davies: Mr. Chair, if I could just continue with my questions, I really wonder whether the minister has considered any of the evidence that has now been produced over 10 years in probably more than two dozen reports. And I wonder if both ministers could tell us whether or not they actually believe that drug users have a right to access safe consumption sites in a health care setting. Do they believe that should be done, if the right conditions exist?

Hon. Rona Ambrose: Well, what I will say is that my obligation when considering an exemption for proposed section 56 is now clearly laid out by the Supreme Court of Canada. When an applicant makes an application to Health Canada, the criteria are set out very transparently, very clearly, and remembering that voices of support and opposition are able to be heard—

Ms. Libby Davies: My question is this. Do drug users have a right to have safe consumption in a health care setting, if your conditions have been satisfied?

Hon. Rona Ambrose: As I said, my obligation when looking at an exemption for proposed section 56 is very clear. Those are the criteria on which I will be looking at many of those. Much of that falls outside of my purview. It falls to the communities and, in fact, the applicant to do what the Supreme Court has set out. The community has an opportunity to voice its support or its opposition, but it's absolutely clear in the Supreme Court's decision that the criteria be laid out transparently and these should not move forward until these criteria are met, and then an application would be considered, but I'm going to let—

• (1600)

Ms. Libby Davies: If the criteria had been met, would an application then be approved? I think that's the question.

[Translation]

Hon. Steven Blaney: The minister discharges her legal responsibilities very well. That is why this bill was tabled.

For each request, the following questions should be asked: Would you like to have an injection site in your riding? Would you like to live across from an injection site? Do you think this will contribute to the growth and development of the residents of your community? Will this contribute to building a stronger Quebec and a stronger Canada? Will it help support these individuals and help them get out of this vicious cycle when they cannot necessarily find a way out?

I believe these are important questions that have to be asked.

[English]

Ms. Libby Davies: Minister Blaney, I would point you to the minister's own expert advisory committee. I can tell you from my own experience that having a safe injection site has improved the situation. For you to say that's not ever possible is just absolutely rhetoric. It's not based on any evidence.

I wonder if you're aware and have read any of the material from the minister's own expert advisory committee from December 2006, where they looked at a number of factors and they did come to a conclusion that the safe injection sites did increase access to health and addiction care.

There are so many studies backing that up. Has the minister ever read any of those studies or looked at any of the evidence, or is it just really a political conclusion that he's come to?

The Chair: Thank you, Ms. Davies. You're over your time now. I'm sorry.

We will now go to Mr. Richards, please.

Mr. Blake Richards (Wild Rose, CPC): Thanks, Mr. Chair. I appreciate both the ministers being here today.

Minister Ambrose, I certainly appreciated in your opening remarks that you referred to our government's investments in the national anti-drug strategy. It was something that I was very pleased to see. I know many of my constituents were very pleased to see our government's investments in the expansion of that strategy when we introduced the economic action plan 2014.

I was hoping you might be able to provide the committee with some more detail on the activities that are included in our national anti-drug strategy, including how they are designed to work to reduce or eliminate the adverse social and health consequences of illicit drug use.

Of course, we recognize the importance of every health-related application that comes across your desk as health minister, but I do believe that supports for drug treatment need to remain priority investments, no question, especially with reports that we've heard recently of 16 people overdosing in a single day at Vancouver's injection site.

I'm wondering if you'd be able to provide the committee with a bit more detail on our government's current support for drug treatment.

Hon. Rona Ambrose: Sure. I think your point underscores the fact that people have to recognize that what the health minister is being asked for is to make an exemption under the act to allow for the use of illicit drugs at an establishment. There is an impact on the community, and there is an impact on the health system, so by all means we should and we will consult with all relevant stakeholders, including the provincial health ministers, as well as the chief public health officers, and the communities for very common-sense, good reasons.

But of course your comment is more about illicit drug use and treatment, writ large. That is a very concerning issue because we see more and more young people's lives destroyed by drugs. I hear from more and more parents who talk to me about needing more national campaigns to communicate with kids about the concern around drugs. We know that drugs don't just affect the one family member who is using them. They affect the entire family and sometimes even the extended family and friends at school. Drugs have really torn the families of a lot of people apart, and communities apart.

We have been focused on investing heavily in the area of drug treatment and prevention. We have the national anti-drug strategy, which Minister Blaney is very much involved with and responsible for, and we do a little bit of that with him. But that is around prevention, treatment, and enforcement to make sure that especially kids are warned about the risk of using drugs, and trying to prevent them from using them, but if they do, getting them the treatment they need and getting them out.

Let's be frank, I'm sure that everyone here—including Ms. Davies—would hope that no one would have to use a harmful drug, and hope there is treatment available for those who find themselves addicted to an illicit drug or any drug, including a prescription drug.

We recently announced an expansion of our anti-drug strategy to do exactly that and not just deal with illicit drug use, but prescription drug use, which is really on the rise recreationally by young people. We now have nearly \$45 million in new funding over the next five years that we're using to work with community groups and provinces and territories to put forward programs that will deal not just with prevention, but with treatment as well. There are a number of different things we're doing.

In terms of the treatment and support for first nations and Inuit people, which is something our department is integrally involved in, it involves supporting treatment programs for young offenders with drug-related problems. It enables the RCMP to refer youth with drug-related problems to treatment programs, and supports research on new treatment tools.

We have also been working the provincial and territorial governments and other stakeholders to make strategic system investments in key areas, including evidence-informed practice, strengthening the evaluation and performance measurement of activities, and really trying to take some of the programs that work and implement them in different parts of the country. Through this program alone we've now provided over \$100 million in funding to the provinces and territories. That's resulted now in over 8,000 people being trained in delivering treatment initiatives, and over 27,000 people being reached via knowledge exchange, and over 20,000 youth being provided with programs or services.

So we are trying very hard to tackle the issue with our youth, and I think that's exactly where we need to be.

The results of these kinds of projects have really been very positive, and they resonate with communities. Of course, this kind of success really resonates with parents who, when faced with a child who has a drug addiction, sometimes really don't know where to go. We're providing them with phone numbers, support, information, how to have a conversation with their kid about this, and how to

approach them. We're doing everything we can to support those who are working on the front lines dealing with drug abuse.

Minister Blaney might like to add to this, but at the end of the day I think this is one of the most horrible things that can happen to any family, to see someone descend into a drug addiction. We see more and more kids overdosing, not just from illicit drugs, but from prescription drug abuse. As health minister I feel very strongly about our being out front, communicating with young people, communicating with their parents, and offering prevention programs and treatment programs.

● (1605)

Hon. Steven Blaney: If I may add, Mr. Chair, over the course of the last year I had the opportunity to talk to many police officers, and some of our own colleagues are former police officers. They've told me that to deal with drug issues and related mental health issues is very difficult. So this is putting a lot of burden and asking a lot of resources of our police officers to tackle those issues. I think we should be looking at the prevention measures the minister is putting forward instead of having to tackle these individuals, sometimes in a criminal matter.

The Chair: Thank you. Time is up.

Ms. Fry, you have seven minutes, please.

Hon. Hedy Fry (Vancouver Centre, Lib.): Thank you very much, Mr. Chair, and I want to thank the ministers for coming here with the officials.

I find it very interesting that in both ministers' presentations, not a single word was mentioned about the addict, the patient, and what harms are being done to the patient. If you read the Supreme Court ruling, and I have it here in front of me, on page 147 it says that in six years, overdose deaths increased from 16 to 200 in the downtown eastside. Anybody would agree that this is a huge increase. The chief public health officer of the City of Vancouver also called "epidemic" the rise in HIV/AIDS, the rise in Hepatitis C, and the rise in endocarditis that went on in that neighbourhood for those users. It was because of this and because all of the other attempts to deal with drug addiction had failed that the three...and I quote from the Supreme Court ruling, "Insite was the product of cooperative federalism. Local, provincial and federal authorities combined their efforts to create it". The Vancouver police supported InSite. In fact, the Supreme Court said, "Parliament has attempted to balance the two competing interests of public safety and public health."

It surprised me that neither minister tried in their statements, nor in this bill, to balance those two competing interests.

The minister talks about the horrible life of drug addicts, and how we know no one wants to see their children.... I practised medicine for 21 years. Many of my patients came from the downtown eastside, and I know that so far we have not been able to do anything. InSite brought down deaths completely, and helped these people to be able to go to areas where they could get the care, the treatments, and the rehabilitation they needed.

So I would like to hear the Minister of Health tell me what she plans to do in keeping with good public health practices that have been proven, not only from InSite, but from the six European communities and Australia that now have between them about 70 safe injection sites because of evidence that it works. What does the minister plan to do to help all the addicted people who are currently facing huge public health issues and death?

• (1610)

Hon. Rona Ambrose: First of all, my last seven-minute answer was about what we're doing to support those who are—

Hon. Hedy Fry: That's the old stuff you've been doing. It hasn't worked, Minister.

Hon. Rona Ambrose: It does work. Prevention—

Hon. Hedy Fry: No, it hasn't worked.

The Chair: Let the Minister respond, please.

Hon. Rona Ambrose: Drug prevention programs and drug treatment programs and rehabilitation programs do work, and that's why we continue to do them. That's why any stakeholders involved in this debate ask us to continue to fund. That's why the provinces and territories are thankful for the many hundreds of millions of dollars we've invested in these kinds of prevention, treatment, and rehabilitation programs, and we'll continue to do that because we want to help people get off drugs.

When it comes to the balance, when it comes specifically to an application for an exemption for a supervised injection site, the onus is on the applicant to make their case. The Supreme Court has set out that criteria, one of which is to offer evidence about the public health benefits and how resources and treatment would be available, there will be support for the applicant and the site, there will be appropriate funding to maintain the site. It's not for me to do. It's for the applicant to provide through the criteria of the application.

Hon. Hedy Fry: Minister, I'd like to differ very much with your saying that this works. Any—any—person who is a public health authority, any physician, any researcher, anyone who understands public health and addiction, will tell you that what you have mentioned are three elements of treatment, and you have missed the biggest one, and that is harm reduction. This is precisely what InSite did.

It is about treatment, yes, and it is about prevention, yes. But it is also about harm reduction and prevention of deaths and disease, which is really what harm reduction is. This is what InSite does. There's been evidence based in six European countries, 70 InSites, and in Australia, and been peer-reviewed by 24 international researchers on the whole InSite issue. The Supreme Court...and I could read it, but I don't have the time, Mr. Chair, all the areas where they agreed that this was working. I must say, Minister, the Supreme Court also said that when the minister has discretionary powers to grant this exemption or not, this discretion must conform to the charter. It is not absolute, and it must conform to the principles of fundamental justice for the person who is the patient in this instance, and I have not heard anything that helps the patient.

The Chair: Mr. Blaney, Ms. Ambrose, whoever. You have a minute.

[*Translation*]

Hon. Steven Blaney: Madam Minister, I'll let you answer.

[*English*]

Hon. Rona Ambrose: I'll just say again that the programs that Health Canada funds are evidence-based. They're widely supported by stakeholders to not only prevent addiction but treat and rehabilitate people who have suffered from drug addiction. It's not an easy area, and we'll continue to work with our stakeholders to fund these kinds of programs.

In terms of the evidence, that is for the applicant to make clear. When an application comes forward, the criteria are clearly set out by the Supreme Court. Evidence around the public health benefits of that application has to be made. That's in the criteria, so I assume it will be there.

• (1615)

Hon. Hedy Fry: Minister, you can't have evidence if you don't have a safe injection site to give evidence from in that particular region. There is a safe injection site in Canada and there are 70 around the world that have clear evidence of the facts that they prevent death, they prevent disease, and they help people to go to rehabilitation and treatment. So, Minister, the evidence is there about how it works.

I want to talk about the public health effects of this, not only about the policing and the "safer communities" part of this. I think the things people need to do, Minister, are too enormous for anyone to ever be able to meet the criteria you have given to set up a safe injection site in this country.

The Chair: The time is up.

We will go now to Mr. Garrison, please, for five minutes.

Mr. Randall Garrison (Esquimalt—Juan de Fuca, NDP): Thank you, Mr. Chair.

Thank you to the ministers for being here today.

Minister Blaney, you threw out this kind of rhetorical question: would we want these in our neighbourhoods; would we want these in our riding? You have sitting at the table today one person who has a safe injection site and two members of Parliament who have applications coming up in our ridings because there is a severe need for harm reduction activities. In greater Victoria in a single year we had 16 deaths from overdose, yet at InSite in a single year they had 273 overdoses and zero deaths. So in my community there's a huge need for the harm reduction. I guess I have to say that, when you look at conditions from *a* to *z*, the most charitable comment is that you lack a sense of irony, when you have 26 conditions. It looks more like trying to frustrate the need to meet harm reduction than to facilitate and implement the Supreme Court decision.

Hon. Steven Blaney: Let me tell you of something I'm really proud to find in my riding. It is an institution that is offering a helping hand to young individuals who are vulnerable, who are sometimes drug addicts. What are they offered? They are offered a therapy. They are offered a therapy through the funding of Health Canada and the provincial government. It's called Portage, and those young individuals are going into a therapy that is giving them the tools that are needed to get out of their drug addiction.

Mr. Randall Garrison: That's exactly what a safe injection site does.

Hon. Steven Blaney: This is what Portage is all about. At the end of Portage, we have young people who are going back to school. We have young people who are going back to work. What we see—and this is of public safety concern—and what is at stake for people today is this. What do you want in your community? Do you want a centre where you're helping the young to get out of this drug addiction and move on with their life and contribute to this society?

Mr. Randall Garrison: That's exactly what a safe injection site is.

Hon. Steven Blaney: Or do you want to have a centre that is creating a public safety issue? What do you do when you want to buy drugs and you don't work? You do crimes, and this is what is happening around those vicinities. This what Tom Stamatakis has said.

The Chair: Thank you, Minister Blaney.

Do you have another question, Mr. Garrison?

Mr. Randall Garrison: I'm a former city councillor and we had a very severe problem with needles in our children's park. So what could we do as city councillors? We asked the police to move the people on because it was a children's park. The problem then reappeared in another park. If we had had a safe injection site, we would have had an alternative for public safety in our own community. I guess I really wonder whether either of you accepts the scientific evidence that there's a medical benefit from safe injection sites. If you do, why do you require every applicant to prove it again in their applications?

Hon. Steven Blaney: Why I'm here today is to fully support Minister Ambrose, who is abiding by the law and the court decision and also making sure that a community that could potentially be impacted by such a facility would be consulted. I think as a democrat you would certainly agree that it is more than obvious that, if I were to have the prospect of such a facility facing my neighbourhood, I would be involved in the process and it would not be left to others to decide what my neighbourhood would look like in five or ten years.

Mr. Randall Garrison: Every municipality does zoning, so they would conduct hearings.

Hon. Steven Blaney: You know very well what the impact of that is, so this what this bill is all about, and that's why I support it.

The Chair: You still have more time.

Mr. Randall Garrison: With respect, I think it also interferes with municipal powers. You're taking the decision yourselves about the site, when the scientific evidence is there and the Supreme Court has accepted it.

In the municipality when I was on council, we had a zoning and a procedure for all kinds of treatment facilities, including needle

exchanges and safe injection sites, that allowed neighbourhoods to have input.

You're either duplicating that, or else you're taking the power for yourself, I would say, Minister Ambrose. Why don't you let municipalities deal with this siting question?

• (1620)

Hon. Rona Ambrose: I accept the ruling of the Supreme Court, and it's very clear. The Supreme Court, first, requires me to consider evidence, if any, on the impact of such a facility on crime rates. It also ruled that I must consider local conditions indicating the need for any such supervised injection site. It ordered that I consider the regulatory structure in place to support the facility. It also directs me to consider the resources available to support such a site, but perhaps most important, the Supreme Court was firm that expressions of community support or opposition need to be considered.

And the criteria, we hope, have fleshed out the direction from the Supreme Court.

I would just add that the court wrote this in its ruling, and that's why there's a cautious approach:

...[this] is not a licence for injection drug users to possess drugs wherever and whenever they wish. Nor is it an invitation for anyone who so chooses to open a facility for drug use under the banner of a "safe...[consumption] facility".

So, yes, there are criteria both on the public health side and on the public safety side. We've taken seriously what the Supreme Court has directed. We're trying to flesh out the criteria with which we think we'll meet that, including consultations with municipalities.

The Chair: Thank you, Mr. Garrison. The time is up now.

Thank you, Minister Ambrose. We're a little over the time.

Mr. Falk, please, you have five minutes.

Mr. Ted Falk (Provencher, CPC): Thank you, Mr. Chairman.

Thank you, Minister Blaney and also Minister Ambrose, for coming to committee this afternoon.

I represent a riding where just recently there was a facility opened up called Four Winds. I was able to give an SO31 earlier in the year on the benefits of this organization and its mandate.

Part of what it states is that it goes about helping people get free from their addictions, from the use of illegal drugs, and from the misuse of prescription drugs.

My community came out very strongly in support of that. Some of the local businesses participated in fundraising efforts, there was a lot of community support through volunteerism, and the organization is doing very well. It's helping people who have destroyed their lives and destroyed their families through the use of illegal drugs.

Also in the riding I represent, I know parents would want to have a say, would want to have a voice when there is a proposal for a supervised injection site that would be opened in their community or down their street. It's just common sense.

This bill before us here today is termed the respect for communities act, in which we're respecting the wishes of the communities, the wishes of our constituents. I understand there are actually a number of criteria in the bill that would assist the health ministers in making informed decisions on supervised injection sites.

This makes sense, as a completely informed decision should be based on more than just public opinion or the opinions of those who operate such a site. There should also be criteria.

I'm wondering if the Minister of Health could provide this committee with some of the details on those criteria and give us just a little bit more information on the criteria that are required to give permits.

Hon. Rona Ambrose: Thank you very much, Mr. Falk.

Again, I go back to the very basics of what this is. This is the Minister of Health considering an exemption to allow an illicit drug to be used in a legal way within a particular establishment. It's very serious and I take the Supreme Court's direction very seriously. I think they dealt with the issue in a way that balances the public health impacts and, as well, the public safety impacts.

As I mentioned before, there are a number of ways in which stakeholders are going to be consulted. It is not just people in the community, which is most important, but law enforcement, municipal leaders, provincial leaders, and most importantly, like Minister Blaney said and as you said, Ted, local residents. But there's much more to this bill than simply consulting with the local community. I mentioned previously the criteria and I don't have an option in ignoring any of these factors. This idea that we would just put consumption sites across the country without following the Supreme Court ruling is obviously just a non-starter. The direction that was laid out by the court is what all health ministers must consider when they're looking at these applications. That is to assess whether or not such a site will have an impact on changes to the crime rate. Minister Blaney spoke to that. Also, it is to assess whether there are actual local conditions indicating that such a site is necessary, whether there's a regulatory structure in place to support the site, and whether there are resources available to actually support the maintenance of a site. And again—and you spoke to this—it means to assess the expressions within the community of support or opposition to a site.

All of these points are well represented in the bill. We think that we balance the criteria from the public safety side in terms of expressions of support from people like law enforcement. We also will obviously have an opportunity to hear directly from residents in the neighbourhood and municipalities in which this would be. This kind of information really needs to be provided. Along with the details of whether there are enough resources and there's evidence that this is the right place for this to be, it's also about whether the community will accept it and whether the community is opposed or in favour that this is the right place for this to be. That knowledge of the level of community opposition or support is important. It's important to me. It's important to Minister Blaney. And I guarantee you it's important to the local members of municipal council wherever this might be, the minister of health for that province, the chief public health officer, and more than likely the premier. There is a reason why the Supreme Court said that we should examine

expressions of interest in opposition and support because everyone will have an interest in knowing what the local community thinks about putting something like this there. Obviously, in the event of an exemption, if an exemption like this is granted the site would also have to comply with clearly established terms and conditions and would be subject to compliance inspections. This is because, and again we go back to the basic issue, there is inherent danger in illegal substances. There are things that happen around illegal substances, and the fact that these are dangerous substances.

• (1625)

The Chair: Thank you, Minister.

Thank you, Mr. Falk.

We will now go to Ms. Boutin-Sweet.

[*Translation*]

Ms. Marjolaine Boutin-Sweet (Hochelaga, NDP): Thank you, Mr. Chair.

Thank you as well, madam, sir.

Mr. Blaney, earlier you asked whether we would like to have a supervised injection site across the street from us. I too want to answer that question.

Both of you talked a lot about legal considerations, but now, let's talk about real things. I will tell you how things really happen on the ground.

I am the member for Hochelaga. There is a low-cost housing complex in my area. Every spring my team goes there to help clean up the park facing the low-cost housing complex, because syringes can sometimes be found there. There is a lot of drug addiction and drug-related prostitution in my riding, that is a fact. Even children help us clean up the park. We are told to be very careful because syringes are regularly found in that park.

Just across the way, the Dopamine organization distributes clean syringes to help prevent certain infections. Representatives of that organization go through the parks to help pick up syringes. We want to make sure that children won't prick themselves with these syringes and get an infection such as HIV or hepatitis C. That is what goes on in real life.

We want to see a supervised injection site in my riding because it would be helpful. Police services are favourable to this, as are community groups and the mayor of Montreal.

What would be the effects of such a supervised injection site? We know that people will continue to inject drugs and continue to take drugs; it is a disease. A bill like this one will not prevent people from consuming drugs, but if they do so in a supervised injection centre, the syringes will in large measure stay inside and won't wind up littering the parks where children can injure themselves with them.

You want to protect families. In my opinion, the bill does exactly the opposite, because the syringes would stay outside. Keeping the syringes inside these sites would help to better protect our children.

[*English*]

Hon. Rona Ambrose: I commend your team for cleaning needles out of parks. That is a very community-minded thing to do.

I want to be clear that now the Supreme Court has ruled that there is an approval path that's necessary for injection sites to be put in place. We cannot move forward until we have this framework, so it is important that this legislation be passed. There is no such process currently in place that meets what the Supreme Court has laid out, so the only legitimate method right now is for activities such as medical research or police training outside the Supreme Court's ruling. There's no law or framework that allows for injection sites or provides a process for them to operate.

• (1630)

[Translation]

Ms. Marjolaine Boutin-Sweet: Madam, earlier you talked about consultations. Were these people consulted?

The former director of public health in Montreal spoke out two years ago in favour of supervised injection sites. The mayor of Montreal and the community groups in my riding have come out in favour of these sites.

If this bill is passed, it will be much harder to open supervised injection sites because of all the criteria. It seems to me that the real purpose of the bill is to try to limit the number of supervised injection sites as much as possible.

[English]

Hon. Rona Ambrose: With all due respect, that doesn't make sense because before they wouldn't have had an opportunity to voice their support or opposition, and now they will, within this framework.

[Translation]

Ms. Marjolaine Boutin-Sweet: There are already supervised injection sites in many locations.

Did you know that in Montreal, 68% of drug users have hepatitis C, and 18% of them are HIV carriers? Those are the facts.

[English]

The Chair: You have 30 seconds left, if you have a question.

[Translation]

Ms. Marjolaine Boutin-Sweet: The fact of not having to treat even one single infection—hepatitis C or HIV—would pay for the budget of a supervised injection site for one year. Don't you think that makes sense?

[English]

Hon. Rona Ambrose: That's a very good point, but it doesn't take away from the fact we need to have a legal framework to meet the criteria the Supreme Court has laid out. That's what this committee is doing, so when we pass this bill we will have that criteria set out.

The Chair: Fine, thank you.

Briefly, Minister.

[Translation]

Hon. Steven Blaney: Basically, opening a supervised injection site leads to an increase in criminality, an increase in police resources and an increase in social disorder. That has been proven and that is reality.

[English]

The Chair: Fine, thank you very much, and thank you, Minister Blaney and Minister Ambrose, for appearing here today.

While you leave, we will suspend briefly.

• _____ (Pause) _____

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• (1635)

The Chair: We will resume now.

We again welcome our witnesses here. Obviously there will now be a different round of questioning coming through. We will go right back to the initial seven minutes per round, just as if we were starting all over again, just so you know where we are.

We will start off first with, from the government side, Mr. Norlock, please.

Mr. Rick Norlock (Northumberland—Quinte West, CPC): Thank you very much, Mr. Chair. Through you to the witnesses, thank you for being here. I know it's your duty to be here, somewhat, but you are the most knowledgeable people, next to the ministers. It's on that knowledge that my questions will be based.

During the previous hour we heard questions and answers. Part of the questions or most of the ministers' responses carried with them the incredible importance of having the views of the people of any area contributed and counted, and that the minister is obliged by the Supreme Court to have these consultative processes.

One question that comes to my mind—and I think it was somewhat alluded to—was the timeframe that might be incorporated into this consultative process. Is there a timeframe you are contemplating? Is it at the discretion of the minister? Can the applicant or the people who are being consulted agree to a timeframe?

Would you discuss that? I'll leave that to anyone. Perhaps the folks from Health should answer that question because it is directly related.

Ms. Hilary Geller (Assistant Deputy Minister, Healthy Environments and Consumer Safety Branch, Department of Health): In terms of answering the question, it may be helpful to separate the two different kinds of consultation.

The first kind the minister referred to are the criteria in the act that require letters from various organizations: police chief, provincial ministers, records of community consultations. There's absolutely no timeframe on that; they just have to be made available in order for the application to be considered complete and for the minister to be able to begin the review of the application.

The other kind of consultation is the minister having the authority—it's a discretionary authority—to notify the public that an application has been received and to seek the views of the public. For that type of consultation, it would be a 90-day period. That's set out in the legislation.

Mr. Rick Norlock: If I can continue on with time elements, if a community really wanted one of the supervised injection sites, and if that community were rather unified in that desire, and the minister executed his or her duty and wanted to have the public consultations that you have just said are required to take place in 90 days, there could be a very expedited process. In other words, the consultative part of the minister's responsibility could be rather expeditiously executed, if what I've just said occurred.

Ms. Hilary Geller: Yes. If the minister chose to consult, upon receiving an application, it could not be longer than 90 days. It's a 90-day process. That's correct.

Mr. Rick Norlock: I think in your preliminary questions, you said that for municipalities, etc.—in other words, all those bodies you mentioned—it's 90 days.

Ms. Hilary Geller: No. There are 27 criteria that go with an application. Among those criteria is a requirement that the applicant submit evidence of community consultations that have been held, a report from the consultations, the views of people they consulted, any measures they plan to put in place to address some of what they heard. There are also requirements of letters of opinion from provincial health ministers, public safety minister, police chief, etc. That would all come with a complete application package.

How long it takes to get all that material is in the control of the applicant.

Mr. Rick Norlock: Thank you very much for that because that was going to be my next question: who pays for all this to occur? Because if you have a true community consultative process and if you want to say that we held meetings with the community, etc., there is often a cost to it. I think the average Canadian would want to know that the applicant funds it appropriately.

If we can talk about the supervised injection sites, for those of us who have more rural ridings—not that we don't have problems with addiction and drug addiction being one of them, and in some of the smaller communities there may even be such sites—the minister mentioned some other criteria. There is a consultative criteria. What else would the minister look at, because you mentioned 27 things. You were present when the minister mentioned some of those obligations she has. Would you be so kind as to mention some of the other obligations on the minister or on the applicant, which the minister must consider?

• (1640)

Ms. Hilary Geller: I can run through some of the 27 criteria, if that would be helpful.

Mr. Rick Norlock: Yes, if you could give us the *Coles Notes* version, that would be good.

Ms. Hilary Geller: I will do my best to give you the *Coles Notes* version.

The Chair: You have about a minute to do that.

Ms. Hilary Geller: All right, just cut me off. I'll see where I get.

On the public health side there is scientific evidence demonstrating that there is a medical benefit; a letter from the provincial minister responsible for health outlining his or her opinion, and also describing how the activities will be integrated into the provincial health care system; and further information about access to drug

treatment services, if any, that are available; a letter from the lead health professional in relation to public health of the government in that province with that person's opinion on the proposed activities at the site; information including trends, if any, on the number of persons who consume illicit substances in the vicinity of the proposed site; relevant information, including trends, if any, on the number of persons with infectious diseases that may be in relation to the consumption of illicit substances in the vicinity of the proposed site; relevant information, including trends, if any, on the number of deaths due to overdose in relation to activities that would take place at the proposed site; official reports, if any, relevant to the establishment of a supervised consumption site, including coroners' reports, if any; a report on the consultations held with professional licensing bodies for physicians and for nurses in the province; a financing plan that demonstrates the feasibility and sustainability of operating the site—

The Chair: Thank you. We're out of time now but I'm sure that over the course of the next hour you'll perhaps have an opportunity to finish that list.

We will now go to Ms. Davies, for seven minutes, please.

Ms. Libby Davies: Thank you very much, Chairperson.

I have some questions to try to clarify the bill to make sure I understand exactly what the bill is saying.

In terms of a renewal, if a site were approved—and certainly we have two in Vancouver; we have InSite and we also have the Dr. Peter Centre—I'm wondering if you can tell us exactly what the rules are for renewal. Because the bill is not very clear on that, as to whether or not they have to go through the same process all over again, or would the fact that they've already been in existence—for example, InSite has been there 10 years and they've already met a very stiff test in terms of municipal requirements and so on. What is the requirement, and would it be different if it were a new licence?

Ms. Hilary Geller: The expectation is that once the bill receives royal assent, the process would apply to any applicant, including InSite.

In terms of renewal, there are two additional criteria: evidence, if any, of any variation in crime rates in the vicinity of the site during the period that the site was operating; and evidence of any impacts of the activities at the site on individual or public health during that period.

Ms. Libby Davies: They'd have to fulfill all those other requirements *a* to *z*. The minister would consider those principles in the bill, and then they'd have to provide those two additional things.

• (1645)

Ms. Hilary Geller: That's correct.

Ms. Libby Davies: Okay.

I notice that throughout the bill, in terms of the criteria, the word “opinion” appears a lot. For example, “the opinion of the provincial minister of health”, “the opinion of the chief of police”, etc. I’m just wondering why the opinion would matter as opposed to evidence in terms of factual information. Why was that word chosen? It seems to me that it allows an enormous amount of discretion from the person or organization that’s providing an opinion. An opinion based on what: their own feeling, how they think about this stuff, as opposed to evidence that’s based on health principles or other studies or reports that might have been done?

Ms. Hilary Geller: Some of the hard evidence that you talk about comes through in some of the other criteria that are required. The word “opinion” was chosen because the people from whom it’s requested are in positions to well understand the local conditions that would either require or not require, in their opinion, a supervised injection site and the impacts on the community and the crime rates, etc., in the current situation. It was really to learn from people in positions of authority who would have the knowledge whether they accepted the idea, rejected the idea, or neither.

Ms. Libby Davies: I could see that you might have both but to only have opinions seems to me to just leave it so fuzzy. I don’t really care about somebody’s opinion. I want to know what their professional assessment is. Certainly, for the public, opinion is important and that leads me to another question.

In terms of the public consultation and the 90-day period that the minister can enact, how far can the public consultation go? For example, in an application from Victoria or from Montreal, how far afield is the public opinion considered to be legitimate? Is it the immediate, local, area where the site is being considered? Is there a radius? We see this with municipalities where there’s a development taking place and there’s a notification within x number of feet or blocks in terms of public impact and notification.

How far does this bill take public consultation for any specific application?

Ms. Hilary Geller: I would simply say that it’s at the discretion of the minister. Based on the application that’s put in front of him or her at the time and based on the need for such a consultation beyond what would have been received in the application, it would totally be at the minister’s discretion.

Ms. Libby Davies: Am I correct in saying then that if an application came in in Montreal the minister could consider input and public consultation that she might get from her own riding in Alberta, or anywhere in Canada for that matter, as public input and consultation on which she can base a decision?

Ms. Hilary Geller: In terms of what a minister would base the decision on, relevance is obviously a key factor.

Ms. Libby Davies: But where does it say that relevance—

Ms. Hilary Geller: It’s just a legal principle in terms of decision-making in a discretionary scenario so relevance would be important. How one would define relevance would depend on the circumstances of a particular site at a particular time.

Ms. Libby Davies: One of things that really concerns me about the bill is that it seems that the whole bill is tipped in the exact opposite direction to relevance. It’s actually not about relevance or evidence. It seems to be more about opinion and discretion. Even if

you heroically meet all of the criteria am I correct in saying that for the minister, even when she considers her principles laid out in the act, there’s nothing to say that the application should be approved?

Is that correct?

Ms. Hilary Geller: That’s correct.

There’s nothing that says that it must be approved or it must be rejected. There’s nothing that fetters the discretion.

Ms. Libby Davies: Okay.

Do I have a little more time?

The Chair: You have about half a minute for a question and a response.

Ms. Libby Davies: Okay.

Could you name any other health facility or health service that has this kind of detailed criteria for potential approval?

Ms. Hilary Geller: I’m afraid I can’t speak to health facilities or health services because it’s more a provincial jurisdiction. I’m not involved in those sorts of decisions.

Mr. Chair, I’m just wondering, with your permission, if my colleague could comment. She feels she needs to add a point to something that I said.

The Chair: Yes, very briefly on this point.

Ms. Diane Labelle (General Counsel, Legal Services (Health Canada), Department of Justice): Briefly, it’s to bring about the very purpose of Bill C-2, which is to provide the legislative framework for the minister to exercise her exempting powers in keeping with the direction given by the Supreme Court of Canada. The Supreme Court of Canada didn’t take issue with the discretion exercised by the minister but, rather, the manner in which the discretion is exercised. Therefore, under the proposed bill the information would be provided in support of a request for, or information obtained in relation to, an exemption to conduct activities with illicit substances at a supervised consumption site. This would inform the minister’s assessment. The minister understood that she must make an assessment of the public health considerations as well as the public safety considerations that arise in a particular case. This would assist her in balancing these considerations in accordance with the section 7 rights to life, liberty, and security of the person guaranteed by the charter and in the manner described by the Supreme Court of Canada.

• (1650)

The Chair: Thank you very much for the additional clarification.

We will now go to Ms. Ablonczy, please.

Hon. Diane Ablonczy (Calgary—Nose Hill, CPC): Thank you.

Thank you, witnesses, for being here.

These discussions about process are certainly to be expected, but I'd like to go back to the principles of the bill. As you know, my friend Ms. Davies points out that there are certain emphases that perhaps different parties put on this kind of exercise, and I don't think that's to be wondered at. There are always balances in how we deal with these issues and, as you know, the Controlled Drugs and Substances Act, which would be amended by this legislation, really has a dual purpose, as the minister stated: the protection of public health and the protection of public safety. Some questions put more emphasis on the public health aspect, and some questions put more emphasis on the protection of public safety, but we have to assume that the two are not mutually exclusive, that you can have an "and" to that.

I'm really interested in how the regime that's being put forward would assist the minister in doing an "and" in ensuring the protection of public health and the protection of public safety. The community consultations, of course, are really the public input into this whole process.

How do you see a proper balance being achieved by the process that's being recommended by the bill?

Ms. Hilary Geller: As the member mentioned, the purpose of the act is public health and public safety and balancing of those two, as acknowledged and supported by the Supreme Court. When you look at the 27 criteria and actually try to divide them between public health and public safety—and a few are clearly both—you'll find that the balance between them is fairly even. Asking for that range of information will allow the decision-maker to balance those two in a very clear fashion.

Hon. Diane Ablonczy: That's a good observation. You started to go through the criteria and ran out of time, and although I'm very fond of my colleague, I'm not going to reopen that. But it is important that we get the balance right. That's always up for debate, and I think it's a healthy debate, but at the end of the day, that's what we're trying to achieve.

When we look at the community input aspect of this, how important do you feel that is to achieving the kind of balance that the minister, through objective and subjective criteria, will have to use to make her or his determination?

Ms. Hilary Geller: As the minister said, views of community support or opposition are one of the five factors that the minister must consider. I don't think it's possible for us to say that any one factor is more important than another or any one criterion is more important than another. It's about the whole, and then balancing the whole. Clearly, it is critically important. It must be considered, but it's impossible for us to say what its relative weight would be.

• (1655)

Hon. Diane Ablonczy: We talk about public safety and we know that injection sites have certain impacts on health of people using them. There have been some studies that show that there have been health outcomes for some of the users. What are the kinds of security and public safety concerns that members of the community may speak to when they're asked to bring forward their input?

Ms. Kathy Thompson (Assistant Deputy Minister, Community Safety and Countering Crime Branch, Department of Public Safety and Emergency Preparedness): As was described in the

criteria that are being put forward, the local chief of police, whoever that may be—whether local police or RCMP who are contracted as the local police—would be asked to submit a letter with any views with regard to how this would impact public safety, in his or her view. In addition, whether it's the local chief of police or the applicants, they will be asked to provide statistics and literature in relation to their own community in terms of the current crime rate, use of illicit drugs in their community, number of arrests, and so on. That information has to be provided with the application.

C/Supt Eric Slinn (Director General, Support Services, Federal Policing, Royal Canadian Mounted Police): I'll just add that, from the RCMP's perspective, wherever you have illicit drugs you have an abundance of other criminality that could take place. A lot of drug users, particularly the addicts, rely on a steady supply of drugs and, hence, require money to purchase those drugs. They may not be employed and so they have to rely on criminality to obtain the money they need to purchase those drugs. That's disturbing.

You get other criminal offences that can be linked to drugs, of course. There is the downstream impact of the addicts, and the RCMP is concerned about the organized crime groups behind it, which continue to proliferate, and many of the social problems that come with drug use. So there's an abundance of criminality that can be associated with illicit drugs.

Hon. Diane Ablonczy: On the public health side, we have the national drug prevention strategy. Just quickly, in addition to what's being proposed with the safe injection sites, there are other ways that these issues are being addressed through the strategy. Is that not correct?

Ms. Hilary Geller: Yes, that is correct. It is a three-pronged strategy: prevention, treatment, and enforcement. Certainly through any of those pillars you can see that they would have an impact in the ultimate objective of preventing drug abuse and treating those who fall victim to it.

The Chair: Thank you, Ms. Ablonczy.

Thank you to our witnesses.

Now we will go to Ms. Fry for seven minutes, please.

Hon. Hedy Fry: Thank you very much, Mr. Chair.

I was a little concerned to hear your answer to Ms. Davies' question about whether this exemption would include InSite. If you look at all the criteria that are set up here for the minister to be able to approve a safe injection site or a safe consumption site, InSite has fulfilled every single one of them over and over. I think it's really interesting to find that it will have to then do this all over again.

I just wanted to read the Supreme Court's page 187, that said:

Insite saves lives. Its benefits have been proven. There has been no discernable negative impact on the public safety and health objectives of Canada during its eight years of operation. The effect of denying the services of Insite to the population it serves is grossly disproportionate to any benefit that Canada might derive from presenting a uniform stance on the possession of narcotics.

InSite has proven its outcomes. Over that period of time it has saved 366 overdoses that used to end, many of them, a large of percentage of them, in death. Its objectives are pretty clear. Its outcomes are clear. Its risks had brought down crime in the area, and that is again well documented, and in the Supreme Court ruling they spoke to that. My concern is simply this: I understand your wanting or a need to apply criteria for exemptions in the rest of Canada, but for eight years InSite has proven itself to fulfill every criteria. The provinces said it was okay. It was the provinces that took the government to court. Their health authorities have been supporting this with professionals who know what they're doing and who are doctors and nurses who are duly qualified under the licensing body of British Columbia. You have seen the police locally. There were huge community consultations before InSite was put down. I was the minister in charge of Vancouver East at the time, and so I know this. All the public were consulted. So every criteria except one: the RCMP are the only police force that said no. The Vancouver police and the police in the surrounding municipalities supported it.

I can understand your wanting to apply your criteria to other groups. InSite has fulfilled this criteria in spades, and the Supreme Court has said so. Why would you require that InSite go over it? The time it takes to do this, you do something that the Supreme Court asked the minister not to do, which is not to go against the Constitution, section 7, "the right to life, liberty and security of the person". During the wait time many of these people who currently use InSite will be subjected to overdose deaths, to illnesses, etc., because there'll be no way for them to do...

How does this balance what the Supreme Court asks? The Supreme Court said that the minister's discretion is not absolute. Ms. Geller, I heard you say that the minister has no limits on what she can make a decision on. It is my understanding that the limits are there. There's section 7 of the charter on the issue of fundamental justice, so those are your limits.

As Ms. Davies asked, opinions don't cut it. An opinion is somebody's thought. With no disrespect a minister of health in most provinces, with the exception of Ontario, is not a physician. Their opinions are purely subjective. You are looking for objective evidence when it comes to people's lives and to health and to spread of disease. Excluding InSite, and making them go over this all over again, with the years it'll take to do so, how will this save lives?

• (1700)

Ms. Hilary Geller: To start, no, it's absolutely clear that the minister's discretion is not absolute, and it must be exercised within the constraints imposed by the law and the charter. But it may also be worth noting that the Supreme Court did say, at paragraph 151, that their decision "...does not fetter the Minister's discretion with respect to future applications for exemptions, whether for other premises, or for Insite". I think, at a very basic level, this process will at least allow the minister to be informed of whether circumstances have changed, which is possible and conceivable. If circumstances have changed, the factors are different, the minister, in his or her discretion, may decide that a different response is appropriate—the reason for not grandfathering anybody, if you like, and requiring an application each time.

Hon. Hedy Fry: The criteria are pretty clear here, but I might tell you that I want to know the weight of these criteria.

What if the police force, the municipality, the provincial government, etc., and all of the health care authorities decide this is a good thing to do, given the status of safe injections and disease at that time in that particular area and place, and the community says no? How would that weigh? I need to know that this is not going to be weighted in a manner.... The name of this bill is community safety. It shouldn't be, I would like to suggest, because it isn't about community safety only. It is about the safety of persons, and that includes addicts and patients. I don't hear that anywhere here. It's just the safety of a community alone.

The community does not understand, in many ways, what the objective issues are. Will you weigh it only...? If the community were to say no, would that preclude putting down an InSite? None of this is very clear. The weight falls on the minister's shoulders. I did not hear either minister say a single word about the rights of the persons addicted and their right to life, liberty, and security of their person. It was about all of the other things. I need to know how that weighting is going to go.

Ms. Hilary Geller: As the Supreme Court said:

Where the Minister is considering an application for exemption for a supervised injection facility, he or she will aim to strike the appropriate balance between achieving the public health and public safety goals.

What this means is it's not possible to assign a specific weight to any one of the 27 factors in and of themselves. The totality will be there before the minister, and he or she, at the time, will decide, based on that totality of information, what the appropriate decision is. Of course, a decision is always subject to judicial review.

• (1705)

The Chair: Thank you very much. Your time is now up.

Ms. Boutin-Sweet, *s'il vous plaît*.

[Translation]

Ms. Marjolaine Boutin-Sweet: Thank you very much, Mr. Chair.

I thank you as well, ladies and gentleman.

Does the act really contain 27 criteria? Is that what you said? I see.

Ladies, I expect that you have a lot of experience. I wonder if such a large number of criteria might lead to discouraging people from making a request to open such a supervised injection site. People may feel there are just too many criteria. Often, community groups do not have the necessary financial resources to submit requests. I see that regularly.

Do you not think that this will discourage those groups?

[English]

Ms. Hilary Geller: I don't think we can say if it will or it won't have a dissuasive effect. I think what we can say with confidence, though, is that we can map every single one of these criteria to one of the five factors the Supreme Court laid out as being important to consider in making a decision around a supervised injection site.

[Translation]

Ms. Marjolaine Boutin-Sweet: Thank you.

I understand certain factors very well. Knowing about the local situation is important, certainly. However, we are talking about providing scientific proof showing a medical advantage, and we already have that proof. Earlier, I mentioned certain facts. For instance, I said to the minister that in Montreal, 68% of drug users are infected with hepatitis C, and 18% are HIV carriers. We already have this evidence, and we know that preventing one case of hepatitis C or HIV can be equivalent to the whole budget of a supervised injection site.

We also have general information on infectious diseases and overdoses related to the use of illegal substances. In my opinion, certain criteria are not necessary, since we already have that information.

Why, in this case, did you include those requirements in the bill? Why slow down the process and impede it by asking people to meet criteria, knowing what we already know?

[English]

Ms. Hilary Geller: Information that's already available would presumably be relatively easy to put into a report and submit.

I'd note that almost half of the criteria say "information, if any". So it is recognized that in certain circumstances the information may not be available. Then all the applicants would need to do is show they had addressed that and that the information is not available and why it's not available.

I'd also mention that a number of these criteria are very typically ones that we ask for in various circumstances, including with InSite in the past, around criminal record checks, security of a facility, plans for disposing of controlled substances, etc. Many of these are I think widely understood, at least with InSite.

[Translation]

Ms. Marjolaine Boutin-Sweet: Your reply involves one aspect that scares me a bit. It concerns the discretionary powers of the minister.

If several of these criteria have not been met, can this mean that the minister will for that reason not approve the request?

Ms. Diane Labelle: As we already mentioned, the minister has to use the criteria with public health and safety in mind. Everything will be assessed on a case-by-case basis. We will determine if the health and public safety criteria are being met.

Finally, the minister understands very well that her decisions have to align with those of the Supreme Court of Canada, as well as with the Canadian Charter of Rights and Freedoms.

• (1710)

Ms. Marjolaine Boutin-Sweet: Could you summarize the discretionary powers of the minister and tell us at what level they apply?

Ms. Diane Labelle: There is a certain assessment of evidence and information at all levels. In some cases, if evidence or information is not available, it is difficult to see how the minister can arrive at a conclusion. In this case there is a certain amount of information, and I think that this one is quite reasonable.

The Supreme Court does not require that the minister arrive at a certain conclusion, or not. The court demands that the minister take into account public health and safety considerations, and that everything be in accordance with the charter. Whether the information is there or not, she is going to have to make a decision in light of those factors.

[English]

The Chair: Fine, thank you very much. The time is up now.

We will move to Mr. Richards, please, for five minutes.

Mr. Blake Richards: Near the conclusion of your exchange with Ms. Ablonczy, she asked about the national anti-drug strategy, and you talked about the three pillars of that: enforcement, treatment, and prevention. I would like to just give you a bit of a chance to elaborate more on the national anti-drug strategy, particularly in terms of the treatment action plan and the prevention action plan. Could you give me and the committee more detail on some of the activities that the department is undertaking to help people with drug dependency and to help prevent drug abuse? Could you give me some details on some of the programs that are being undertaken there and some of the initiatives the department is currently working on?

Ms. Suzy McDonald (Associate Director General, Controlled Substances and Tobacco Directorate, Healthy Environments and Consumer Safety Branch, Department of Health): As Hilary mentioned earlier, the national anti-drug strategy is really built on three pillars. Those pillars are all designed to reduce or eliminate the negative impacts of illicit drug use and contribute to healthier and safer communities.

The health portfolio invests approximately \$126 million a year to address addictions and illicit drug use in Canada. Since 2007 Health Canada has funded 139 projects to discourage illicit drug use among youth through the drug strategy community initiatives fund. Health Canada also provides \$13.2 million annually to provincial and territorial governments and other key stakeholders to strengthen substance abuse treatment across Canada through the drug treatment funding program. As our minister noted, prescription drug abuse is now also being addressed through these funding programs.

Specifically with regard to prevention, the program provides approximately \$9.6 million in contribution funding, and this supports a variety of recipients in delivering health promotion and prevention projects that facilitate the development of national, provincial, territorial, and local community-based solutions to drug use among youth aged 10 to 24, and promote public awareness of substance abuse issues.

More than 139,000 youth, 11,000 parents, and 2,000 work or schools have been reached through these programs. Projects have focused on capacity building: they've resulted in more than 13,000 youth and almost 5,000 teachers being trained on various topics, including peer leadership, facilitation, and life skills.

I'd note that an evaluation of that prevention program did note that the program increased awareness of healthy choices, increased perceived overall awareness of illicit drugs, increased awareness of potential problems that can affect people who use illicit drugs, decreased the likelihood of trying or regularly using marijuana, decreased the likelihood of trying or regularly using other illicit substances, and improved overall community engagement and capacity.

With regard to treatment, the program provided funding to 29 projects across Canada. I'd say that, for example, the introduction and increased reporting against national treatment indicators has provided consistent measures for treatment systems across the country for the first time. The production of evidence-based standards and guidelines has led to consistency and quality of treatment of care. Prior to the program, many PTs reported working in silos where collaboration with other sectors or regions was not a priority. Evidence shows that the program has helped to establish conditions necessary to support collaboration, including the development of a national knowledge exchange platform for all of these projects.

I can go on a little bit further in terms of first nations and Inuit health. We've invested \$12.1 million to improve quality access to addiction services for first nations and Inuit. This funding has contributed to the reorienting of 36 treatment centres to more effectively meet community needs: services for women, youth, people with co-occurring mental health issues, and prescription drug abuse. It has contributed toward an increase in the number of treatment centres receiving accreditation: 82% of treatment centres were accredited in 2013, which was up from 68% in 2010. It has contributed toward an increase in addiction workers receiving training and becoming certified: 434 community-based addictions workers and treatment centre counsellors were certified in 2013, and this was up from 358 in 2010. Now 78% of all treatment centre counsellors are certified, up from 66% in 2011.

You can see the enormous impact these are having on prevention and treatment, both in first nations and other vulnerable communities, and particularly among our youth, parents of youth, schools, and teachers.

• (1715)

Mr. Blake Richards: That is great. Thank you. You provided a very good overview in that regard.

Actually, the next question I wanted to ask you was about first nations communities, so it's almost as if you anticipated that. I appreciate that.

How much time do I have? I have about a minute.

Maybe what I would do then is just ask, on the prevention side and on the treatment side, if you could give me one example, very briefly, of a specific program, if you have that available to you.

Ms. Suzy McDonald: The Centre for Addiction and Mental Health received over \$930,000 from 2010 to 2014 for the national youth screening project. This has led to piloting of standard screening and assessment tools in 10 communities across Canada, which quickly and reliably identify youth who may have one or more mental health or addiction problems. It improved pathways to care for youth, with screening tools implemented by front-line workers, working with youth in other sectors including mental health, youth justice, child welfare, education, and housing. It increased early identification and intervention, with more than 500 front-line workers trained and more than 1,300 youth screened using the common screening and assessment tool created under this funding. That's with regard to treatment.

Then with the drug strategy community initiative fund, one example under there would be that the Council on Drug Abuse is presently receiving close to \$1.4 million for a three-year drug abuse prevention program for aboriginal and vulnerable youth in northern and prairie school communities. This project is training local educators on the youth drug prevention initiative, engaging youth in the youth advisory councils, and delivering in-class education programs that increase the awareness of harmful effects of drug use and provide youth with life-coping skills to help build resiliency and ultimately avoid substance abuse.

Thank you.

The Chair: Now we will go to Ms. Davies, for five minutes.

Ms. Libby Davies: Thank you very much.

I want to follow up on a couple of my earlier questions. First of all, we only have two such facilities in Canada. There's InSite and then the Dr. Peter Centre, as I mentioned, in Vancouver. Does Health Canada consider them to be health services, health facilities?

Ms. Diane Labelle: We did find that these types of services were health services.

Ms. Libby Davies: When I asked earlier about what other health services would have to go through such extensive criteria, Ms. Geller I think replied that because the federal government doesn't deal with health services, it's provincial, you don't know about what other criteria, and I accept that.

It leads me to think the Supreme Court of Canada decision didn't dictate that the minister had to have all of these criteria. The minister's role is for an exemption under the Controlled Drugs and Substances Act, which is federal of course, so that's entirely appropriate. That's why InSite and the Dr. Peter Centre presumably had to come to the federal government.

It's very possible, and in fact it might have been more logical and rational, that the federal legislation could have said if there's provincial approval or support, if there's municipal approval or support, the minister will give the exemption. So with all of this nonsense of *a* to *z*, and principles, and this and that, in actual fact the minister's requirement for the exemption could have rested on this is a health service, it's a provincial requirement, and that's where it ends up being.

Am I correct that this would have been an acceptable course of action from the court ruling?

Ms. Hilary Geller: We've been guided in crafting this legislation by the Supreme Court decision where the Supreme Court said there were five factors that must be considered in making a decision on an exemption. What this bill does is it elaborates on those.... It doesn't elaborate on those factors, it details very specifically what an applicant needs to provide in order to give the decision-maker an indication of how those factors are being met.

• (1720)

Ms. Libby Davies: It's an interesting use of the word "elaborate". I would say it more than elaborates. It takes us to the ultimate position of criteria, almost into absurdity in terms of what is required because what the Supreme Court decision said.... And I know we're all reading it and quoting different bits and pieces, and you're right it did talk about the appropriate balance between public health and safety goals, but then it said the minister should generally grant an exemption where the evidence—not opinion—indicates a supervised injection site will decrease the risk of death and disease. That seems pretty straightforward.

So how did we end up with this elaborate concoction of criteria that seem to go far beyond what is reasonably to be expected from the Minister of Health to give an exemption only on one element, which is the Controlled Drugs and Substances Act? Is it really not a provincial jurisdiction because it is a health service?

Ms. Diane Labelle: It remains that the exemptions are exemptions to the Controlled Drugs and Substances Act, and the Controlled Drugs and Substances Act is at the federal level. The exemption powers are with respect to exemptions from a federal law.

The Supreme Court did not put that into question whatsoever.

Ms. Libby Davies: And I'm not disputing that either.

Ms. Diane Labelle: The action by provincial authorities is neither contemplated nor authorized by the CDSA. The minister is not inserting herself into provincial services. She is not asking that these be set up or not set up. The provinces and the local authorities can work towards that goal.

Ultimately the minister must decide if the exemption to the criminal law power is in accordance with public health and public safety goals that underlie the reasons for the CDSA and whether granting that exemption or not is also in keeping with section 7 of the charter.

Ms. Libby Davies: I would say on the contrary though that the minister is setting himself or herself up to be the ultimate authority on whether or not something is approved, and even then it's not clear because it's so discretionary.

It could have been—

The Chair: You're out of time, Ms. Davies. Thank you very much.

We'll now go to Mr. Falk, please. You have five minutes.

Mr. Ted Falk: Thank you, Mr. Chairman.

I'm going to get back to some of my earlier comments and questions about the community involvement that's articulated in this proposed legislation.

Could you tell the committee how this proposed legislation would allow for a broad range of stakeholders? Could you describe the range to provide their opinion on an exemption application for an injection site?

Ms. Suzy McDonald: As we've already noted, there are three levels of consultation. One is the letters of opinion that would be required from the PT ministers responsible for health and public safety, local government, local public health officials in the province, and the head of the local police force. This is obviously relevant to the establishment and operation of the site and assessing how public health and public safety concerns would be addressed.

Two, consultations would also be required with professional licensing authorities for physicians and nurses and community stakeholders. These consultations allow those who are involved in the community, who might have insight into how these communities are being impacted, to bring forward their ideas and their opinions through the consultative process. Applicants would also be required to address any concerns or provide a description of how they would address the concerns that are raised by these community members.

Three, and we've talked about it a bit before, is the 90-day public comment period that the minister could choose. This would really impact the community in the broadest sense. It considers the views of those working and living in the communities, and those who would be impacted that the applicant might not have reached out to through either the letters or their consultations with the community stakeholders.

• (1725)

Mr. Ted Falk: Could a really broad range of participants and stakeholders provide comment, data, or research?

Ms. Suzy McDonald: Some of those are laid out in the criteria, and we're quite clear on the ones that are needed there. Indeed, with regard to that 90-day public consultation period, a broad range of stakeholders, particularly those working and living in those communities, would be consulted.

Mr. Ted Falk: Okay. I think that's important.

We also heard from the minister in the first hour about this legislation, which aims to address the issues raised by the Supreme Court. It's meant to ensure communities are adequately consulted to allow the Minister of Health the tools needed to make a proper decision.

Most of the criteria are in fairly plain language and understandable but a few have technical aspects. I'll give you an example. One of them is scientific evidence of medical benefits.

Could you give me some examples of what that evidence would be?

Ms. Suzy McDonald: I think we spoke about this earlier.

The scientific evidence that we're looking for here is a medical benefit, and again, a reduction in the risk of disease or death. This would be one example.

Mr. Ted Falk: What kind of data would you be looking for?

Ms. Suzy McDonald: I think a colleague mentioned that a tremendous amount of international data is available around safe consumption sites. A significant amount of data is available on InSite. That's the type of medical information that would be acceptable under this.

Mr. Ted Falk: Okay.

Part of the criteria is also contacting local law enforcement officials.

What kind of data and information would they be providing to an applicant?

C/Supt Eric Slinn: Are you asking what law enforcement would be looking for specifically?

Mr. Ted Falk: Yes.

C/Supt Eric Slinn: I would dare say that we'd be looking at crime trends for a particular area in relation to that specific site, criminality around drug use. We'd be looking at the availability of crack cocaine or heroin in that market or in that city, that type of data.

Mr. Ted Falk: Okay.

C/Supt Eric Slinn: We'd be looking for general crime stats as well as robbery, break and enter, and all the different types of crime that are intrinsically linked to drug use or drug trafficking.

Mr. Ted Falk: Very good.

I have one more minute.

Proposed subsection 56(3) has two proposed subparagraphs regarding consumption of illicit drugs in public in the area and the discarding of needles or other litter in the area. I think this is a critical aspect as these are the sorts of things that will impact the community and its safety.

Could you comment on why this information is important to be included in the application and in the package sent to the minister? Could you discuss in more detail the sort of information that would be entailed and how it would be acquired?

The Chair: Could you repeat the question just briefly, Mr. Falk?

Mr. Ted Falk: Some of the information that is to be included in the application is on the discarding of needles or other litter in the area. I think that's important. I think that's been talked about by some of the other members as well, that there have been reports of needles found in playgrounds. How does a person acquire that kind of data?

Ms. Suzy McDonald: Again, I think your honourable colleague noted earlier that there is information available in their communities through various information mechanisms. There is information on publicly discarded drug-related litter. You'll note that this says, "information, if any, on the presence of inappropriately discarded drug-related litter...". So on this one we would be looking for examples of where that litter might be and any data that you might have if you're collecting data on public parks where this litter is found, for example, or schoolyards where this litter is found. That would all be acceptable information. I will note again, though, that this is one of the ones where we indicate "if any information is available", recognizing....

The Chair: That is our round of questioning.

At this time, the chair certainly would like to express our appreciation to the witnesses for coming in here today. We do thank you very, very much for taking the time, and obviously offering your expertise in response to the questions from the committee. We certainly thank the committee members for their courtesies today, as we're trying to deal with an issue that obviously has a number of challenges, but also some tremendous opportunities.

The meeting is adjourned.

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