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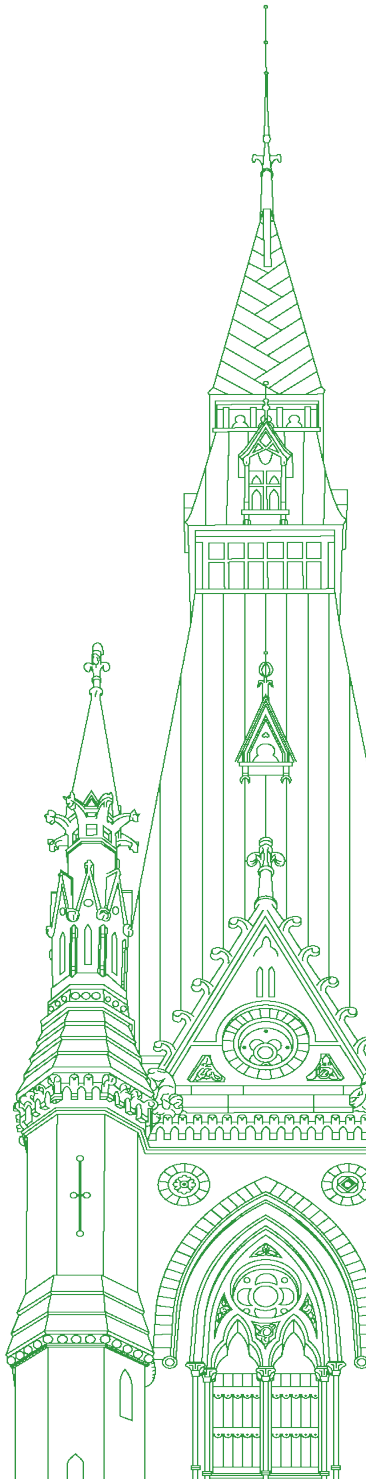

Chair: Mr. Sean Casey

Standing Committee on Health

Thursday, March 21, 2024

● (1100)

[*English*]

The Chair (Mr. Sean Casey (Charlottetown, Lib.)): Welcome to meeting no. 107 of the House of Commons Standing Committee on Health.

Today's meeting is taking place in a hybrid format, pursuant to the Standing Orders. In accordance with our routine motion, I'm informing the committee that all remote participants have completed the required connection tests in advance of the meeting.

Pursuant to Standing Order 108(2), the committee is studying the subject matter of supplementary estimates (C), 2023-24: vote 1c under Canadian Food Inspection Agency, vote 5c under Canadian Institutes of Health Research, votes 1c and 10c under Department of Health, and vote 10c under Public Health Agency of Canada.

I'd like to welcome our first panel of witnesses.

Joining us for the first hour is the Honourable Mark Holland, Minister of Health.

As well, we welcome the officials accompanying him today. From the Canadian Food Inspection Agency, we have Diane Allan, associate vice-president, policy and programs. From the Canadian Institutes of Health Research, we have Catherine MacLeod, acting president; and Jimmy Fecteau, chief financial officer. From the Department of Health, we have Dr. Stephen Lucas, deputy minister; Eric Costen, associate deputy minister; Michelle Boudreau, associate assistant deputy minister, strategic policy branch; and Karen Stewart, director general, resource management and advisory services directorate. From the Public Health Agency of Canada, we have Heather Jeffrey, president; and Martin Krumins, vice-president and chief financial officer.

There's such a vast number of officials here in support of the minister that not all are seated at the table, but if any are required to respond to one of the questions posed by members of Parliament, they'll simply approach the table.

With that by way of introduction, we welcome Minister Holland and invite him to make his opening remarks for up to five minutes.

Welcome, Minister. You have the floor.

Hon. Mark Holland (Minister of Health): Thank you so much, Mr. Chair. It's a pleasure to be back before the committee, in this instance to address supplementary estimates (C).

I would be remiss if I didn't start by thanking Dr. Stephen Lucas. Many of you have heard that Dr. Lucas is retiring. Dr. Lucas's incredible leadership is a massive part of why we had the incredible pandemic response that we had. He leads an extraordinary team of officials. It has been my extraordinary pleasure over these last eight months to work alongside him. He will be sorely missed, but on behalf of all Canadians, I want to thank him profoundly for his contributions to our country and to health.

Some hon. members: Hear, hear!

Hon. Mark Holland: Colleagues, I come at a time when we're seeing fantastic things happening in our health care system. Just this week, I started Monday with Everett Hindley in Saskatchewan, announcing our shared commitment to work together on health care with a health agreement that covered aging with dignity and our working together plan, tackling the challenges and crises we have in primary care by setting aside partisan differences, focusing on what we have in common and, frankly, getting things done for Canadians.

Ten bilateral agreements have already been announced across the country. There are actually many more because some of them are under aging with dignity and some of them are through working together, but in totality there will be 26 agreements.

Next week I'm going to have the opportunity—you've heard about the agreement in principle with Quebec—to finalize that. That's part of our $200-billion commitment to the Canadian health care system, to make sure that, while we already have one of the best health care systems—and we just saw something in fact a couple of weeks ago saying that we're the number two health care system in the world—we have the opportunity to be head and shoulders the best health care system in the world.

It's not enough to tackle the crisis of the now, however, whether it's aging with dignity or dealing with workforce issues. We're also looking at preventative care and going upstream. Over 1.5 million seniors have signed on for the Canadian dental care plan, so we're superexcited to see such an incredible rate of participation. I can say that, as I go across the country and meet with hygenists, dentists and denturists, it's phenomenal to see so many signing up, getting ready to serve people who, in many instances, have never seen an oral health professional. Of course, how can we have the best health care system in the world if 25% of our population doesn't have access to oral health? We continue to move forward on dental care.

I'm also exceptionally pleased—and I see Don Davies on the screen—to have worked very closely with Don. There were a lot of difficult negotiations.

I want to thank all parliamentary colleagues, Sonia particularly on the diabetes side.

We were able to announce the first steps towards a national pharmacare plan, and we're starting with universal contraception and diabetes drugs. I just want to talk for a minute about how significant that is.

On universal contraception, this means that no woman anywhere in the country will have to worry about whether or not she has access to the reproductive medicine she needs to have autonomy over her own body. It means that wherever somebody is, they are in control of their body, their sexuality and their reproductive future.

That's not only important as a matter of direct application. It's essential to broadcast as a message about sexual health in this country. Sexual health is health. We need to be able to have conversations about sexual health in the same way we have conversations about any other aspect of health. I hope it starts a conversation around sexual shame and what we need to do to ensure that people are able to freely be themselves in this country.

On diabetes medication, it's going to mean...and I could give you an example of an Ottawa clinic, going in and speaking to a nurse in a diabetes clinic who says they watch patients reuse syringes. They watch patients who can't afford their medicine, which means they wind up in a situation where they have an amputation. That shouldn't be happening in this country.

● (1105)

I am so deeply proud that we were able to work in a cross-partisan way to do something that will so significantly impact the lives of so many. It is in that cross-partisan spirit that I hope we meet here today to have important deliberations on how we can serve Canadians and their health.

Thank you, Mr. Chair.

The Chair: Thank you, Minister.

We're now going to proceed with rounds of questions starting with the Conservatives.

Dr. Ellis, go ahead for six minutes, please.

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

Dr. Lucas, thank you for your service to this country. We all appreciate it. We wish you well in your retirement as well—fabulous.

Minister, who is the minister in charge and responsible—I'll use that term; it's perhaps better—for the Public Health Agency of Canada?

Hon. Mark Holland: That would be me.

Mr. Stephen Ellis: That would be you. Excellent.

When was the first red flag raised about the two scientists at the national microbiology lab in Winnipeg?

Hon. Mark Holland: The first time it would have come to my attention would have been as a parliamentarian going back to the debates we had in the House. At the time, I would have been the whip. Of course, government House leaders—

Mr. Stephen Ellis: Just provide the date, Minister. I don't need a story.

● (1110)

Hon. Mark Holland: I wouldn't recall the exact date. It would have been around that period of time when it was 2018 or 2019. I was a parliamentarian. I was the whip at the time.

Mr. Stephen Ellis: Is what you're telling this committee that, before that time, there were no red flags raised about two scientists at the national microbiology lab who turned out most likely to be foreign agents?

Hon. Mark Holland: No, I was saying that, at the time it came to my attention, I was the whip. If you'll indulge me, I can turn to Heather Jeffrey who can tell it from a PHAC perspective.

Mr. Stephen Ellis: Just the date, please, Ms. Jeffrey.

Ms. Heather Jeffrey (President, Public Health Agency of Canada): The first concerns were raised in September or October of 2018.

Mr. Stephen Ellis: Was it the discovery by the DSO of a patent registered in China that raised that red flag?

What was the cause of that, Minister?

Hon. Mark Holland: I'll turn it over to—

Mr. Stephen Ellis: You really have no clue.

Hon. Mark Holland: No, no. First of all—

Mr. Stephen Ellis: Thank you very much.

Ms. Jeffrey, what's the answer to that? Was it the discovery of the patent?

Ms. Heather Jeffrey: Yes, Mr. Chair, that was the first evidence.

Mr. Stephen Ellis: Very good.

When we look at that, it's interesting though—isn't it—that China requested samples to the Wuhan Institute of Virology. Then, the day after that, is it not true that Dr. Qiu travelled to China?

Hon. Mark Holland: I think that at the time the—

Mr. Stephen Ellis: I didn't ask you about what time it was, I asked you if it's true that the—

Hon. Mark Holland: It depends on whether you want an answer.

Mr. Stephen Ellis: Excuse me, Minister, please.

The Wuhan—

Hon. Mark Holland: I appreciate that you have a line of questioning that you want to...but if I'm not able to answer—

Mr. Stephen Ellis: Chair, is this the type of answer that we're going to get from the minister, as we did before, with this continuous interrupting from him—

Hon. Mark Holland: I'm not able to answer his question in the time that's been provided.

Mr. Stephen Ellis: —knowing full well that it's my time to ask questions and not his?

Is that what we're going to have here today, Chair?

The Chair: Go ahead with your question, Dr. Ellis.

Please let him finish his question, Minister.

Mr. Stephen Ellis: Thank you, Chair.

Was it the day after the Wuhan Institute of Virology asked for samples that this agency, run by you—you clearly admit that—then allowed a scientist go to that actual institute of virology?

Hon. Mark Holland: I disagree with your characterization. If given the opportunity—and clearly, I'm not—I would be able to provide context and be able to answer your question.

Mr. Stephen Ellis: It's a fairly simple question.

Hon. Mark Holland: I disagree with the way you're characterizing the information. I don't think it's a fair either reflection of the circumstances or—

Mr. Stephen Ellis: Okay.

How about this then, Minister? Think about this. Red flags were raised. The Wuhan Institute of Virology asked for samples of perhaps two of the most dangerous pathogens in the world: Ebola and Henipah virus. Then a scientist from a lab under your direction went to China.

Is that true or not?

Hon. Mark Holland: What is true—

Mr. Stephen Ellis: Are the facts there or not?

Hon. Mark Holland: What is true is that, at that moment in time, we were collaborating with China on, yes, viruses like Ebola. It was part of an international effort to try to ensure human safety.

The two Canadians that you're referring to—

Mr. Stephen Ellis: Minister, do you think it's okay for a scientist who has red flags raised in their activities to then travel to a place that has requested dangerous pathogens from our lab? Do you think that's okay?

Hon. Mark Holland: I don't think it's okay that the two Canadians citizens—

Mr. Stephen Ellis: You're justifying it.

Is it okay or not?

Hon. Mark Holland: I am saying that the two Canadians that you're referring to, who are eminent scientists, who are well published in North America—

Mr. Stephen Ellis: Minister, they're eminent scientists? Where are they now?

Hon. Mark Holland: I'm sorry, Mr. Chair. I don't understand—

Mr. Stephen Ellis: Where are they now?

Hon. Mark Holland: —how this works.

Am I afforded the opportunity to speak, or is this—

Mr. Stephen Ellis: This is absolutely ridiculous.

Where are those two scientists now, Minister? Where are they?

Hon. Mark Holland: So—

Mr. Stephen Ellis: Where are they?

Hon. Mark Holland: I have no idea where the two scientists are.

Mr. Stephen Ellis: You have no idea. Do you not read the news?

Hon. Mark Holland: Of course.

I don't track them. I don't suspect that you know. It's the job of the RCMP. I'm not law enforcement.

If you would afford me the opportunity to speak—

Mr. Stephen Ellis: Very well, you don't know the answer to my question.

Are they living under assumed names at the current time?

Hon. Mark Holland: Look, there's a mirror over there if you want to talk to it. If you're interested in talking to me, afford me the opportunity to speak.

Mr. Stephen Ellis: I don't need your smart mouth answers. What I need is for you to answer the questions I'm asking you—not your smart aleck answers.

Are we to see the bombast that we had from you last time and your petulant behaviour?

Hon. Mark Holland: So far, with all due respect, Mr. Chair, I've been afforded no more than—

Mr. Stephen Ellis: Is that what we're going to see?

Hon. Mark Holland: I have not been able to get a sentence out without interruption.

Mr. Stephen Ellis: You refuse to answer the questions, Minister. That's your problem.

Hon. Mark Holland: That's your interpretation and you're welcome to it—

Mr. Stephen Ellis: No, that's the truth.

Hon. Mark Holland: —but not allowing me to speak, I don't understand.

Mr. Stephen Ellis: Minister, where are those two scientists now? Where are they? Do you know or not? It's simple.

Hon. Mark Holland: Rightfully, matters as to where they are and an investigation are a matter for law enforcement—

Mr. Stephen Ellis: Do you know or not? What's the answer to the question?

Hon. Mark Holland: —not for a minister of health. A minister of health is not responsible for law enforcement.

Mr. Stephen Ellis: Do you know, or do you not?

Hon. Mark Holland: Why would I know where they are?

Mr. Stephen Ellis: The answer then is no. You have no clue.

Hon. Mark Holland: Why would I have any clue where they are?

Mr. Stephen Ellis: Right, you have no clue. That's very clear.

Do you know that they're living under assumed names in China?

Hon. Mark Holland: Look, I—

Mr. Stephen Ellis: Yes or no...?

These are simple questions. Do you know, or do you not?

Hon. Mark Holland: I'm not involved with law enforcement.

Mr. Stephen Ellis: I didn't ask you if you were involved with law enforcement.

Hon. Mark Holland: I don't know what you're getting at. I don't have any involvement with law enforcement.

Mr. Stephen Ellis: I never asked you if you knew what I was getting at. What I asked you is whether you know that these two scientists are living under assumed names in China? Do you know or not?

● (1115)

Hon. Mark Holland: I have heard media reports that it might be the case, but I am not involved in law enforcement—

Mr. Stephen Ellis: You really have no idea. Very well.

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

Hon. Mark Holland: —and it is not up to me to assert the veracity of whether or not the statement is true. I think it's a fundamental misunderstanding—

Mr. Stephen Ellis: If it's my time, then it's his time as well. If someone can turn his microphone off, that would be excellent.

Hon. Mark Holland: —of the role of a minister of the crown.

The Chair: Next is Ms. Sidhu, please, for six minutes.

Ms. Sonia Sidhu (Brampton South, Lib.): Thank you, Minister and officials, for being here.

Thank you, Dr. Lucas, for your great service.

Minister, my first question is about diabetes. As you know, it's one of the most common chronic diseases affecting Canadians. Millions of people in Canada are living with this disease, and our government has already taken steps forward with the introduction of a national framework for diabetes in Canada. Can you lay out how the new pharmacare legislation continues this work and impacts Canadians living with diabetes?

Hon. Mark Holland: Thank you very much, MP Sidhu.

I want to start by saying that we wouldn't be here without your advocacy. Your incredible work in the space of diabetes is deeply appreciated.

I have been having really exceptional conversations with all provincial and territorial health ministers around how we can work together and set aside the differences we have. This is about patients. This is about making sure patients get the medicine they need and the devices and apparatuses they need. This is universal in nature, meaning it will be blind to somebody's age, and it will mean in every instance that folks have the medicine they require.

It's important to acknowledge that this is going to save an absolutely huge amount of money. I mean, forget about the fact of the illness it's going to save, the instances of other illnesses. I was up with Heart and Stroke. How tragic it was to see improperly managed diabetes manifest in cardiovascular events, or for it to manifest in so many other maladies. To prevent that loss of limb is phenomenally powerful.

On the apparatus side, people shouldn't be forced to make a decision about whether or not they reuse a syringe, or whether or not they're going to be able manage their illness or pay for their groceries.

I want to thank you for your advocacy. I think this is an extraordinarily important initiative.

Ms. Sonia Sidhu: Thank you, Minister.

As you know, long-term care homes were hit incredibly hard by the pandemic and it highlighted systemic challenges that must be addressed. I know you're working on that and have been working to sign aging with dignity bilateral agreements with all provinces and territories, with six already announced. Can you please share what work has been done on this so far?

Hon. Mark Holland: Thank you so much, MP Sidhu.

There is with these aging with dignity agreements an opportunity to collaborate with provinces, to work with the provinces within their own jurisdictions to look at the unique challenges and problems that exist there. In the first order, we want folks to be able to age at home and be able to get access to the services and care they need at home, and in the second order, we want them to be able to stay within their own community.

One of the things that's exceptionally difficult to hear about is folks who have to leave their home community to go somewhere completely foreign after a life of making contributions to their community, because care isn't available locally.

By working with provinces, we're increasing services in the first order to help people age at home and in the second order to make sure we have the facilities like long-term care facilities to have people age in their communities. That's also in addition to the work we're doing on a health workforce to make sure that we have the doctors, nurses, nurse practitioners, personal support care workers and—now with our dental care—the oral health professionals, to make sure people have the full suite of care they need as seniors who've made a lifetime of contributions.

Ms. Sonia Sidhu: Thank you.

Next, you said that no woman should be left behind when they're thinking about their sexual health. Sexual and reproductive health is health. Access to contraceptives and sexual health services is imperative. However, we know that too many Canadians cannot access the medication and services they need.

Can you please speak to the pharmacare legislation you tabled and why you started universal access to contraceptives for Canadians?

● (1120)

Hon. Mark Holland: There's a lot of talk about freedom, but freedom over your own body, freedom over your own sexual health and freedom over somebody else telling you what you should or should not do with your body is perhaps one of the most fundamental freedoms we could talk about. Making sure that every women everywhere in this country has the access, under their own recognizance, to be able to get the reproductive medicines they need in order to take charge of their futures and make decisions over their own bodies is not only an essential matter of medicine; it's also an essential matter of social justice.

I think in this country it is terrible that there is still so much stigma and shame around sex. The fact that we can't talk about our penises and vaginas the same way we talk about our elbows and knees is terrible. What does that lead to? When you don't have appropriate health information, just like when you don't have enough financial information, you're going to get taken advantage of. It means that you're more likely to face sexual violence. It means that you're more likely to be sexually manipulated.

Sexual shame is at the core of so many mental health maladies. How many young people have we lost because they're confused or worried about whether they are normal or okay? You are normal. You are okay. You should have autonomy and freedom over your own body. We have to end the shame and stigma that is imposed upon people with disastrous effects on their health.

The Chair: Thank you, Minister. Thank you, Ms. Sidhu.

[*Translation*]

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

Mr. Luc Thériault (Montcalm, BQ): Thank you very much, Mr. Chair.

Mr. Lucas, I wish you much happiness in your future pursuits.

Minister, on November 30, the committee recommended to the House that a national breast implant registry be established. Are you going to create it?

Hon. Mark Holland: You're talking about a new registry for what? I missed the last words of the sentence.

Mr. Luc Thériault: Mr. Chair, please be flexible with my speaking time.

Thank you.

Minister, I was asking you if you're going to set up the national breast implant registry.

Hon. Mark Holland: Okay, sorry.

We'll be taking action in the near future. I very much appreciate the committee's work on this topic, and we'll be taking action soon.

Mr. Luc Thériault: Taking action does not mean sending a letter that says it's too complicated. Taking action means setting up the registry. I want to know if you're going to do that or not. The report on this subject was unanimous.

Hon. Mark Holland: We intend to make sure we get it done. We have buy-in from all the partners involved.

There is absolutely no doubt that we will take concrete measures.

Mr. Luc Thériault: Will you do it, yes or no?

Hon. Mark Holland: Yes.

Mr. Luc Thériault: Okay.

In February 2021, the scientific advisory committee indicated that consideration should be given to a fund to compensate women for damages. Will you implement that recommendation?

It's your own advisory committee.

Hon. Mark Holland: I don't have an answer to that question right now. I will continue to study this issue. Thank you for your comment.

Mr. Luc Thériault: Okay.

Also in February 2021, the scientific advisory committee recommended that there be basic research and funding for research on breast implants to gather more evidence. Where are you at with that? Have you allocated money for research? That research would have contributed to creating the national registry.

Is any money being allocated to that at this time?

Hon. Mark Holland: Generally speaking, we're partners in research.

Ms. MacLeod can speak specifically to our commitment in this area.

Mr. Luc Thériault: In November 2023, Ms. Greaves told us there wasn't yet any funding for research on breast implants.

Is there funding now?

● (1125)

Ms. Catherine MacLeod (Acting President, Canadian Institutes of Health Research): Mr. Chair, I thank the member for his question.

I'm going to do another analysis of our research program funding to see whether we've received grants for that. I will be happy to send the information to the committee.

Mr. Luc Thériault: Okay, so you don't have the answer to that today. I may have a chance to ask again at some point.

Minister, earlier you mentioned a fundamental principle several times, namely the right to autonomy, to freedom of choice with respect to one's body. We talked about that last time, and you seemed to be considering advance requests for people with degenerative cognitive diseases. Has the conversation about that progressed? Will you introduce a bill to ensure that these people have freedom of choice to make advance requests?

Hon. Mark Holland: I have had discussions with Quebec's Minister of Health, as well as with many people across the country, about advance requests.

As I've already explained, this is an issue. I appreciate that you have a bit of a different perspective on this. I think it's a really complex dynamic. I want us to be able to work with my Quebec counterpart, as well as my other provincial and territorial counterparts, to find a solution. We need to find a solution for the specific aspect you raised, but we also need to ensure that, when a person is in a state— That's a difficult question to answer, because people in that situation may have different opinions. Their experience is different from that of people who expect a particular situation to occur.

Mr. Luc Thériault: Minister, I don't see any change in your thinking, in your perspective. You're telling me the same things as last time.

Have you read Quebec's advance request legislation, yes or no? What do you think is complicated about that legislation?

Hon. Mark Holland: I had—

Mr. Luc Thériault: Quebec's act could be a model for the federal act.

Hon. Mark Holland: I understand your point of view, but, in my opinion, it is important not to move forward with a single province. It is essential to work with every—

Mr. Luc Thériault: That's not what I'm talking about.

Hon. Mark Holland: I understand. However, I had a chance to—

Mr. Luc Thériault: Have you read Quebec's advance request legislation?

What do you think of Quebec's legislation? Do you think it's complicated? You could draft a bill based on that and introduce it before the next election.

Hon. Mark Holland: I think this issue brings up what tend to be very complex conversations and situations.

I have looked at Quebec's bill. I myself will keep having conversations with each province and territory so that we can find a solution together.

I fully realize this is a very sensitive issue that's deeply emotional for people who have a disease that will make their lives difficult.

However, for the time being, the conversations on this issue will continue.

The Chair: Thank you, Minister.

Thank you, Mr. Thériault.

[*English*]

Next, we'll go to Mr. Davies, please, for six minutes.

You're muted, Mr. Davies. We can't hear you. Could you try unplugging and plugging in again?

Otherwise, we have a request from Mr. Ellis to take over your time. We really hope it works.

Some hon. members: Oh, oh!

Mr. Don Davies (Vancouver Kingsway, NDP): Can you hear me now?

The Chair: We sure can, and we're very happy.

Go ahead, Mr. Davies.

Mr. Don Davies: We avoided a fate worse than death.

Thank you, Mr. Chair.

Thank you, Minister and officials, for being with us.

Dr. Lucas, I want to start by adding New Democrats' appreciation for your leadership. At a time when many people in Canada are saying everything is broken, you and your department helped build and create a solution by presiding over the biggest expansion of public health care in half a century by bringing dental care to nine million Canadians, public drugs and devices to diabetics, and contraception to people who need it. I want to thank you, on behalf of our party, for the fine work that you and your department did on that.

Minister, perhaps I can start with you. Can you confirm approximately how many people have signed up for the Canadian dental care plan to date?

● (1130)

Hon. Mark Holland: Yes. It's approximately a little over 1.5 million—all seniors.

Mr. Don Davies: Thank you.

On pharmacare, can you confirm approximately how much an average person, let's say, living with diabetes will save as a result of being able to access free diabetes medication and the devices they may need?

Hon. Mark Holland: It depends a little bit upon the province or territory they're in and what the existing coverage is, so it's a bit hard to answer. However, I think it's fair to say that it will be very substantial. For the folks I'm talking to and I'm sure members of committee have had the opportunity to speak to, these costs can be extremely prohibitive. They can be a major factor in their not being able to afford the essentials of life. Oftentimes, they are making decisions to forgo medication or, as I mentioned, reuse syringes or not properly monitor their condition, which leads to very bad health outcomes.

Mr. Don Davies: Thank you, Minister.

Just by way of anecdote, I talked to someone recently who estimated that they've spent, to date, over $100,000 out of pocket having to pay for syringes, needles, test strips and the medication they need.

Minister, turning to school nutrition, in the last election both the NDP and Liberal parties pledged $1 billion to create a national school food program, but according to recent media reports, the federal government has decided to drop its 2024 deadline to introduce this urgently needed initiative.

Given that food insecurity has risen sharply across the country and food bank use is at record levels, and given that, as I'm sure you're aware, nutrition plays a crucial role in children's health, can you confirm whether your government plans to follow through on its promise to create a national school nutrition program, and if so, when?

Hon. Mark Holland: By the nature of our process, I'm as blind to what will be in the budget as anybody else. I will have to defer to the budget document to know what's there.

I just want to validate how important school nutrition programs are. When I was at Heart and Stroke, being able to see the difference a single healthy meal a day has to children's health is incredibly powerful. It's not just powerful in that moment for that kid. It also allows them to develop a connection with healthy food and a palate for healthy food. It can be transformative for their entire lives.

We were talking diabetes earlier. Another conversation we really need to have as a country is nutrition and the disastrous effects of highly processed food and sugars on our health. If we're going to really deal with health, we have to be upstream. Certainly, we have to be dealing with nutrition and the ill effects of sugar.

Mr. Don Davies: Absolutely. Thank you, Minister. Yes, we heard some very profound testimony to that effect at committee when we were studying children's health.

Turning to nicotine products, experts across Canada have expressed serious concern about Zonnic, flavoured nicotine pouches from Imperial Tobacco that recently hit Canadian shelves. Disturbingly, this product was approved by Health Canada without any age barriers or restrictions on how it can be advertised or sold. We're seeing it pop up in convenience stores across the country, supported by marketing and flavours that appear to target youth. We've seen B.C. and Quebec take action.

Minister, you've said publicly that you felt “duped” by the tobacco industry, and you pledged a major crackdown. Can you confirm what action your government is planning to take, and precisely when that may begin?

Hon. Mark Holland: Thank you so much.

Look, we want innovation in the space of cessation. We want innovative ideas to get people off of tobacco. It's still the number one cause of preventable death in this country. It is a horrible scourge. Tobacco companies internationally have utilized techniques that are reprehensible. What happened here is that they used that portal, where we want to see innovation for cessation, to pretend that they were doing something about cessation. What you then see come out is something that doesn't match it.

I'm seeking a couple of different authorities. One is to restrict flavours to what is only necessary and logical for the purposes of cessation. In the second order, I'm seeking authority to have marketing plans shown for products that are for cessation to ensure that they comport with the approved intended use of the product before it goes out, so that we don't see the circumstances you're talking about. Then the third order with respect to nicotine pouches, because they have already, unfortunately, in their treacherous behaviour, addicted a whole cohort of people who had no exposure to nicotine before—they've addicted a whole cohort of young people to this product—is that it's my belief that it needs to be moved behind the counter. That's already happened in B.C. That's already happened in Quebec. I think we have to be part of the solution to see that happen writ large across the country.

It's not just about these tobacco pouches. It's about what they did in vaping. It's about making sure that the legitimate space for innovation in cessation is never abused again in this kind of perverted way.

● (1135)

The Chair: Thank you, Minister.

Thank you, Mr. Davies.

Next we have Mr. Cooper, please, for five minutes.

Mr. Michael Cooper (St. Albert—Edmonton, CPC): Thank you, Mr. Chair.

Minister, I presume you've read the Winnipeg lab documents.

Hon. Mark Holland: That's correct.

Mr. Michael Cooper: I have as well, so perhaps you can help me with something. Can you point to exactly where in the documents it states, “no sensitive information left the lab”?

Hon. Mark Holland: If you're talking about, at any time, what went into or out of the Winnipeg lab, it's clear that nothing left or entered the lab.

Mr. Michael Cooper: Minister, I'm asking you to point to where it states in the documents that “no sensitive information left the lab”. You stated at your February 28 press conference, immediately following the release of the documents, that you were “absolutely certain—and you will see it in the documents—that no sensitive information left the lab”. That is contradicted and completely at odds with the conclusion in the PHAC report with respect to Dr. Qiu, which stated that sensitive information and assets were shared outside PHAC.

Why did you state the opposite of what you had to have known was the truth?

Hon. Mark Holland: In terms of what I was stating, I think it's important that we not be hyperbolic about this and that we be rooted in truth. The circumstance with these two Canadian citizens, who very disappointingly in a way that one couldn't have expected—

Mr. Michael Cooper: Minister, you said you were “absolutely certain”—

The Chair: Mr. Cooper, you took almost a minute to pose the question and you interrupted him after about 12 seconds.

Finish your answer, Minister.

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

In the first order, we were in a very different time at that moment in time. We were collaborating specifically on virology and thought we had a better partner. We weren't aware of the extent to which the Chinese government would have been involved in trying to influence domestic affairs. Two Canadian citizens—

Mr. Michael Cooper: Minister, you said—

Hon. Mark Holland: I think I got in about 12 seconds there.

Mr. Michael Cooper: —that you were “absolutely certain—and you will see it in the documents—that no sensitive information left the lab”. Where in the documents does it state that? Where? I just quoted from the documents, and it states the opposite of what you've said.

Hon. Mark Holland: Okay. I guess I get about half or a portion of the time they get to ask the question.

Mr. Michael Cooper: You're wasting time.

Hon. Mark Holland: That's your characterization.

I understand the effort. I—

Mr. Michael Cooper: Minister, maybe you can help me with something else. Can you point to where in the documents it states that the scientists didn't work with the Beijing military? On what page is that?

Hon. Mark Holland: Okay. What I'm concerned about.... You've read the documents and I've read the documents. There were concerning things that happened there—no question—that were unacceptable. These eminent scientists who were Canadian citizens lied to us about their engagements. That's deeply disturbing, but I think in a hyperbolic way—

Mr. Michael Cooper: Minister, you made that statement unequivocally in your press conference.

Again, if you've read the documents, which you claim you have, it states very clearly that the scientists collaborated with the Beijing military, including the highest medical research institution in the People's Liberation Army, and that Dr. Qiu collaborated with Beijing's chief biological weapons defence expert in areas of biodefence and bioterrorism. However, you said they didn't work with, they didn't collaborate with, the Beijing military.

How is it possible that you could have said that when you had to have known the opposite was true? Why were you spreading disinformation?

Hon. Mark Holland: I don't know; maybe I'll get five seconds here. We'll see how much I'm allowed to say before I'm not given the opportunity.

First of all, I think it is incredibly dangerous—incredibly dangerous—to play games with national security and to mis-characterize what were very unfortunate events. I don't believe your characterization is at all accurate or representative of what's in the documents. I believe it's hyperbolic. I believe its intention is—

● (1140)

Mr. Michael Cooper: Minister, I quoted you and I quoted the documents.

The Chair: No, I'm sorry, Mr. Cooper. He's about halfway through.

Go ahead.

Hon. Mark Holland: I believe your characterization is hyperbolic and not representative of facts. I think you are seeking to extract partisan advantage from a matter of national security.

These were Canadian citizens who were eminent scientists, who lied to PHAC and who worked in the area of virology. You would know as well as I do that in China, every aspect—

The Chair: Thank you, Minister.

This is your last question, Mr. Cooper.

Mr. Michael Cooper: Minister, did you really think you were going to get away with spreading disinformation? Either you didn't read the documents and you're not on top of your brief, or you were spreading disinformation in a pathetic attempt to further the cover-up of this massive national security breach that happened under your government's watch. Which is it?

The Chair: Minister, you have 30 seconds. You won't be interrupted. We're past time. Go ahead.

Hon. Mark Holland: I think the truth, and frankly, it's evident in the way you posed your question, is that your interest is a partisan interest. Your interest is to play games with a matter of national security and not to give me the opportunity to contextualize the circumstance. I think that's unfortunate. I think it's unfortunate that we've moved to a place where matters of national security are used as partisan footballs.

Yes, it is deeply disturbing that these Canadian citizens, who were eminent scientists, behaved the way they did. PHAC acted appropriately, and they were fired.

The Chair: Thank you—

Hon. Mark Holland: There's an investigation that's ongoing. An attempt to characterize it as some grand conspiracy is inappropriate.

The Chair: Thank you, Minister.

Mr. Jowhari, you have five minutes, please.

Mr. Majid Jowhari (Richmond Hill, Lib.): Thank you, Mr. Chair.

Let me start by thanking you, Mr. Lucas, for the great work you've done. Often as politicians we roll out policies, stand in front of cameras and microphones and blow our horns, but it's really amazing individuals like you and your team who make sure these policies are actually translated into benefits for Canadians. Whoever happens to be filling the shoes you'll be leaving has a great infrastructure under him but also big shoes to fill. We thank you.

Mr. Holland, since you didn't get a chance to really respond, I'll give you as much time as I have in order to be able to respond to the what I believe is misinformation in the narrative that's being built here. I think you deserve to have the time to be able to set the record clear.

You can take as much time as I am allowed to have, sir. The time is yours.

Hon. Mark Holland: Thank you so much.

First of all, I think it's important to see how unfortunate it is, the way this is being played with. To go back in time, when I was in the public safety committee, we received reports from Justice O'Connor and Justice Iacobucci that said that parliamentary oversight of our national security apparatus in all matters of national security was essential. We begged the government of the day to act, to create parliamentary oversight and to create civilian oversight of the security and intelligence apparatus. The Conservative government of the day refused. There's some great irony in the fact that I'm being attacked when the documents they're talking about would never have come to light—we would never have seen the documents, and neither would we be having the debate—if the Conservative government had gotten to continue. They completely ignored creating those oversight mechanisms.

When I was House leader, members of Parliament at the time said they wanted to see...and you'll remember that there were ridiculous conspiracies being spun about what was in those redacted documents. At the time, I said that all parliamentarians should have an opportunity to see into them. Somebody made the comment—I can't remember which opposition party House leader it was—that NSICOP wasn't enough, because they wouldn't have the ability to challenge the redactions.

It was this government, and I was House leader at the time, that said, that's fair; let's create a process where those redactions can be challenged by an independent arbiter. We had a committee of parliamentarians who looked at all the documents. The arbiter made the decision to waive the normal considerations of privacy that involved employee data so that we could have that information. I think that was entirely appropriate.

Everything that's being discussed, the entire report, which I think is positive.... It's unfortunate for the Conservatives. They can now try to spin conspiracies, but there are no more shadows for them to hide in or pretend things are there. You can now read the document yourself. What you will see in those documents is two eminent scientists who were Canadian citizens who lied to the Public Health Agency about the interactions they had. Those interactions were in the area of virology.

In terms of the attempts to characterize it in some darker or more sinister way and that somehow the government was trying to hide it, in fact, the government is the reason that they have the documents. It was their government that would have shut the door from those documents ever being seen. It is the height of hypocrisy, because you know what would have happened. The same events would have occurred with a Liberal or a Conservative government. These are happening inside of our Public Health Agency. If you believe differently, then you would be believing that the Conservatives in government would reach their hands into the Public Health Agency and decide whether or not they would hire a Canadian citizen who's an eminent scientist and override public health officials on who's there. Of course that's ridiculous. It wouldn't happen.

The same events would have occurred. The only difference is that, if the Conservative government were present, these documents would never have come to light. Canadians would never have seen the information, and certainly parliamentarians wouldn't have, because at every step of the way, they blocked efforts to have the process that's here today. In its full light and character, it is absurd.

● (1145)

Mr. Majid Jowhari: Thank you.

That leaves me 15 seconds, which I will yield back to the chair.

Hon. Mark Holland: Thank you very much, Mr. Jowhari. I appreciated the opportunity to say that.

The Chair: Thank you, Mr. Jowhari.

[*Translation*]

Mr. Thériault, you have the floor for two and a half minutes.

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

Minister, a person's free choice, their autonomy, is an imaginary or abstract concept. It is manifest in the bodies of people who are suffering.

What do you have to say to Sandra Demontigny, who has early-onset dementia? She's in her early forties, and she came here to tell us that she will have to take her own life if the federal government doesn't proceed with this. You're telling me you're still thinking. Talk to her. Tell her why she has to take her own life now. Have the courage to tell her why you still haven't introduced a bill on this.

[*English*]

Hon. Mark Holland: First of all, I want to speak in English for a second, just for the sake of clarity. I want to express the appropriate compassion for the person in that circumstance. I can't imagine it. My grandmother was lost to Alzheimer's. I had to go visit her in a long-term care facility. For 15 years she suffered, and it was horrible. I can't imagine that circumstance.

What I would say to her is that we have to work through these issues very carefully. I'm so sorry for her suffering. The ability for people, as you say, to have determination over their own fate is essential, but one of the challenges with advance requests is that you are talking about a future date in which you are not living. I can tell you that I had no idea what it would it be like to be 50 years old. When I was a kid, I had many ideas of what it would be like. When you live an experience, it's totally different.

When you make a decision for a future self that you do not know, and for circumstances that you do not understand, there is a complexity to that. That's what I'm trying to convey. For anybody to imagine the situation that they would be in in the future, to consign themselves to a fate of death when they don't know what they will be feeling and thinking in that moment, is complex. We need to work through it carefully.

When you get into families and how families will feel about those things—

[*Translation*]

Mr. Luc Thériault: Excuse me, Minister. This lady has early dementia. She will have no choice but to take her own life, which goes against the Carter decision and the Baudouin decision. You know that, but even though you know that, you're deliberately doing nothing to alleviate her anguish and suffering. You haven't done anything since the last time we talked.

How can you ignore the Carter decision and the Baudouin decision and not respond to this woman's suffering? That's my question.

The Chair: Give a short answer, please, Minister.

[*English*]

Hon. Mark Holland: In the first order, I of course have the same compassion that you have. I watched my grandmother in that exact state. As her grandchild, I watched her slip into dementia as that disease took her, so I couldn't have more compassion for her. I understand all too intimately, as do too many Canadians as well, those circumstances.

However, when we make a decision, it isn't just for now. It's forever. It's not just for one person. It's for millions, if not tens of millions of people in the totality of history. One of the hardest things, frankly, as health minister—

● (1150)

[*Translation*]

Mr. Luc Thériault: Quebec has made that decision, Minister. Follow Quebec's lead. Go and read Quebec's legislation. There's nothing complicated about it.

The Chair: Thank you.

[*English*]

Mr. Davies, you have two and a half minutes.

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

Minister, to pick up where we left off, has any vaping product or nicotine pouch received any approval by Health Canada as a smoking cessation device?

Hon. Mark Holland: For sure. There are applications for vaping—

Mr. Don Davies: Have any been approved, Minister? It's my understanding that no vaping device has been approved by Health Canada as a smoking cessation device. It's often marketed as such. Has there been any official approval by Health Canada as the result of an application made that establishes these products as effective smoking cessation devices?

Hon. Mark Holland: You're correct in the instance of vaping that there has been no product approved for the purposes of cessation.

You're right that it has been marketed and held out as a cessation tool. Of course, I'm deeply concerned, and I expressed this when I was at Heart and Stroke. As I watched the beginning of it, I talked about how the disastrous the potential health impacts of it were. It was a mismanaged situation. I think there was hope that it would be a cessation tool and that it would be used for the purposes of cessation.

At that time, I worried very publicly about the future that we're now in. It ended up becoming something that was a new delivery mechanism for people who weren't otherwise—

Mr. Don Davies: As health minister, that's the issue. Many think that big tobacco is using devices, under the guise of marketing them as smoking cessation devices, as frankly just another vehicle to hook a new generation of Canadians on nicotine.

At any rate, Minister, I'll move on to a different subject, if I can. Many health practitioners, small business owners and consumers across Canada have expressed serious concerns to this committee and others that the government's proposed regulations, including labelling requirements and new fees for natural health products, will result in increased costs and reduced choice for Canadians.

Minister, would you be willing to pause those regulatory measures to ensure adequate consultation with those groups and others on the potential impact on Canadians?

Hon. Mark Holland: We have been having excellent consultations. Those consultations have resulted in our making sure that we're adapting the information that we're hearing from industry and from users of natural health products.

I think it's important to note that it is an exploding industry and that it has great utility, but making sure that folks are getting what they are actually buying, making sure there is appropriate quality control and making sure there are on-site inspections and folks are aware of adverse impacts if they use the product or if they're on another drug or they have the susceptibility to winding up in a circumstance where they would have an adverse reaction to using it, that's really essential information. That's "saving lives" kind of information.

We can't set that aside. We need to continue to work on that while we work through the concerns of industry. That's precisely what we've been doing.

The Chair: Thank you, Minister.

Dr. Ellis, go ahead for five minutes, please.

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

You know, Minister, you've been very careless with your use of the truth here today. That's very sad on behalf of Canadians. We know very clearly that the president of PHAC was called to the bar of the House of Commons. We know that your government, your Liberal government, took the Speaker to court to prevent these documents from coming to light. We also know that your government called a COVID election to prevent these documents from coming to light.

Your application is reckless. It's careless on behalf of Canadians. Sadly, that is what we've come to expect from you—not to mention that you've been exceedingly careless with the truths you have expounded on in a multitude of other topics today.

That being said, who is accountable for this egregious breach of security? Who is it?

Hon. Mark Holland: In the first order, I will completely reject and disagree with what you said at the beginning. The dispute that occurred within the House of Commons was that the government of the day, which was our government, said that, on this matter, all the documents could be seen at NSICOP. The position of Parliament was that they wanted to table-drop national security documents.

We can't let that happen. Treating national security documents carelessly would have profound implications for our Five Eyes partners. We de-escalated that, as you will recall, by my suggesting that we have an ad hoc process with a group of analysts and arbiters who could independently review those documents and make them available.

Everything that I said, to the letter, is true. You saying something isn't true, while an interesting rhetorical device, doesn't make it true.

● (1155)

Mr. Stephen Ellis: Thank you very much, Minister. Obviously, the same is true for you. The facts speak for themselves, considering the fact that you don't even know what's in the documents.

Who is accountable for this mess? Who is it?

Hon. Mark Holland: Who's accountable? I am accountable.

Mr. Stephen Ellis: You are. Excellent.

Who will you hold to account at PHAC?

Hon. Mark Holland: I believe PHAC acted in a way, always, in the highest order—

Mr. Stephen Ellis: I didn't ask you that, Minister. I asked you who you will hold to account.

Hon. Mark Holland: I have looked at the situation—

Mr. Stephen Ellis: I didn't ask you that.

Hon. Mark Holland: —and I believe PHAC handled the situation—

Mr. Stephen Ellis: I asked you who you will hold to account. Who is it?

Hon. Mark Holland: Me.

Mr. Stephen Ellis: Who at PHAC? Who's going to lose their job over this?

Hon. Mark Holland: Nobody.

Mr. Stephen Ellis: Nobody. There was an act of treason.

Of course, treason is defined in the Criminal Code of Canada—

Hon. Mark Holland: Who are you accusing of treason?

Mr. Stephen Ellis: —as the sharing of "military or scientific information"—

Hon. Mark Holland: Who are you accusing of treason?

Mr. Stephen Ellis: —with an agent of a foreign state.

Hon. Mark Holland: Who are you accusing of treason?

Mr. Stephen Ellis: Listen, I'm not here for you to ask questions.

Hon. Mark Holland: If you're going to accuse somebody of treason, you're absolutely going to answer for it.

Mr. Stephen Ellis: You are here to answer my questions, Minister.

Hon. Mark Holland: Who are you accusing of treason, sir?

The Chair: Minister and—

Mr. Stephen Ellis: Your crazy bombast and your foolish, petulant behaviour—

Hon. Mark Holland: Who are you accusing of treason?

Mr. Stephen Ellis: —will not make this committee bow down.

Hon. Mark Holland: You can't accuse somebody of treason and not name them. I think that's totally irresponsible.

Mr. Stephen Ellis: I'm here to ask the questions and you're here to answer them, which you continue to refuse to do.

This is actually a point of privilege, if you don't want to answer the questions. Is that how you want to do this?

Hon. Mark Holland: What I want to be able to do is understand who you just accused of treason, sir. That's an incredibly awful accusation.

Mr. Stephen Ellis: It is. Do you know what the definition of treason is?

Hon. Mark Holland: Who are you accusing of treason?

Mr. Stephen Ellis: No, I'm asking the questions. Do you know what the definition of treason is?

Hon. Mark Holland: I get to ask questions. You don't get to dictate that.

Who are you accusing of treason, sir?

Mr. Stephen Ellis: Do you know what the definition of treason is—yes or no?

Hon. Mark Holland: Who are you accusing of treason?

Mr. Stephen Ellis: You really have no idea. That's exactly what Canadians want to hear.

Hon. Mark Holland: Who are you accusing of treason?

Mr. Stephen Ellis: What's the definition of treason, Minister?

Hon. Mark Holland: If you are going to accuse somebody of treason in this country, that is a reprehensible thing to do. I would ask that you name who you are accusing of treason.

Mr. Stephen Ellis: Do you know what? I do not need to answer your questions, but you need to answer mine.

What is the definition of treason? Do you have any idea?

Hon. Mark Holland: I'd be curious. You named somebody as being treasonous, so who are they and what's your definition?

Mr. Stephen Ellis: I asked you what the definition of treason is. Do you know what it is?

Hon. Mark Holland: It's betraying your country.

Mr. Stephen Ellis: No. That's not it. It is actually, very simply, knowingly communicating “military or scientific information” or documents “to an agent of a state other than Canada” with the intention of jeopardizing the safety or defence of Canada.

Did that happen at this lab?

Hon. Mark Holland: Neither of us is a lawyer, but you and I would both know that calling somebody something like a—

Mr. Stephen Ellis: Do you know what, Minister? You're not a doctor, but you made a whole bunch of claims today that are non-scientific as well.

Hon. Mark Holland: Saying that somebody is a traitor—

Mr. Stephen Ellis: I'm simply asking you the question.

Hon. Mark Holland: —is a very serious accusation. I would say that it's normally a matter that would be determined by the courts.

Mr. Stephen Ellis: Yes, but you don't even know what the definition is, Minister. You have no idea. You're clueless.

Hon. Mark Holland: That's your characterization.

Mr. Stephen Ellis: You have no idea what the definition is. You're reckless, you're permissive and you're loose with the facts.

Hon. Mark Holland: Sir, you felt that way before you met me. You're so blinded by your partisanship, you would have thought that about me before you even spoke to me.

Mr. Stephen Ellis: No, you've actually proven today that you don't know the facts of your file.

Mr. Yasir Naqvi (Ottawa Centre, Lib.): I have a point of order, Chair.

The Chair: Excuse me. Retreat to your corners for a second.

There's a point of order from Mr. Naqvi.

Go ahead, Mr. Naqvi.

Mr. Yasir Naqvi: I just really fail to see the line of questioning from the member opposite. I find even more disappointing the constant name-calling that he has undertaken. I've let it go a few times. It does not advance thoughtful, rational questioning. He has legitimate questions that he wants to ask, but he can ask them in a manner that is to the point and factual without calling names.

Thank you.

The Chair: Thank you, Mr. Naqvi.

I'm inclined to agree, Dr. Ellis. You're absolutely entitled to ask aggressive questions, but there's no place for insults.

Please go ahead.

Mr. Stephen Ellis: Thank you, Chair.

I would say that I have about 30 seconds left. I think pointing out to Canadians that this minister doesn't know his file and that he's reckless, permissive and lax with security is absolutely accurate and adequate.

What you're telling Canadians is that no one will be held accountable for an egregious breach of security sending talent, information and abilities to a foreign hostile power. Is that true, sir?

Hon. Mark Holland: The Canadian citizens in question were fired. The Canadian citizens in question are under investigation, as is appropriate. They are eminent scientists who lied to PHAC and misrepresented their actions—

Mr. Stephen Ellis: These are eminent scientists—wow.

Hon. Mark Holland: —and there were consequences. These individuals were fired and are under investigation. The fact that you are not achieving your partisan ends is not my concern.

Mr. Stephen Ellis: If I may say so, Mr. Chair, I would suggest that the minister needs to hold his questions as well.

The Chair: Thank you, Minister.

Thank you, Dr. Ellis.

The final round of questions will come from Mrs. Brière for five minutes.

● (1200)

Mrs. Élisabeth Brière (Sherbrooke, Lib.): Thank you, Mr. Chair.

I thank the minister and all the officials for being with us today.

Dr. Lucas, thank you for your service, leadership and vision.

Minister, we know our response to mental health is stronger when provided as part of integrated care. Can you expand on how we are integrating mental health care as part of the greater health care system?

Hon. Mark Holland: Thank you so much, and thank you for your work, Madame Brière, in this area. You've been such a leader in the space of mental health and working towards that very outcome.

In the first instance, there are the working together agreements that have, at their core, an integration of action on mental health and better integration into the overall health system to make sure that folks get the help and support they need. That means making sure the agreements are culturally appropriate and that we're attacking systemic racism, that people are entering environments that are sensitive to who they are, and that people are comfortable and safe in navigating the incredible challenges they face with mental health issues. Many of these are very intransigent and, of course, have trauma at their core.

There's a direct proportionality between the trauma and incredible pain people have experienced and the outcome of poor mental health. It is not surprising, then, that our most vulnerable and marginalized people, who've been subject to racism and the effects of colonialism, are the ones who disproportionately suffer. We have to take a whole-of-government approach, not just inside of our health system, which I know you advocate for. It's also about making sure we have housing. It's about making sure we have food security for folks and that people have access to the full range of 360° supports they need when they're in that kind of state.

It's so important to do that, because when you don't deal appropriately with somebody who is in a state of mental health crisis, that situation will deteriorate and manifest itself in all kinds of other terrible health outcomes. Of course a person can't be productive if they don't have strong mental health.

Mrs. Élisabeth Brière: Thank you so much.

[*Translation*]

The environment is one of the factors that affects people's mental health. This week, we received a report that said Canada's air has been contaminated. Last summer's forest fires are one cause of that.

What are you doing to protect people's health in the face of that?

Hon. Mark Holland: There's no bigger challenge than that. It's our environment. It's our future. Taking action on climate change is absolutely essential.

However, we also have to respond to environmental crises in the moment. We need to take action to improve these situations and make sure people get the services they need then and there.

That's why our agency responds to environmental crises like the one caused by forest fires, and that's what we'll continue to do.

That's also why it's absolutely essential that we continue to take action for the planet with a suite of environmental measures that include the price on pollution.

Our health is at stake. The connection to the environment is very important. The cost of neglecting this is absolutely extraordinary and utterly unacceptable.

[*English*]

Mrs. Élisabeth Brière: Thank you. I have no further questions.

The Chair: Thank you, Madame Brière.

Thank you very much, Minister.

Dr. Lucas, there were all kinds of tributes to you today. Let me simply wish you a long, happy and healthy retirement. Thank you again for your service to the country but also for the numerous times you've come before this committee. You've been extremely patient and professional with us. That has always been appreciated.

That concludes the first panel. We're going to suspend now to allow for our next panel of witnesses. Thanks again.

Thank you, Minister.

We're suspended.

● (1200)

_____(Pause)_____

● (1210)

The Chair: I call the meeting back to order.

I'd like to welcome our second panel of witnesses. With us is the Honourable Ya'ara Saks, Minister of Mental Health and Addictions.

Welcome to the officials who are joining us for the second hour of this meeting. From the Canadian Institutes of Health Research, we have Samuel Weiss, scientific director, institute of neurosciences, mental health and addiction. From the Department of Health, we have Jennifer Saxe, associate assistant deputy minister, controlled substances and cannabis branch. From the Public Health Agency of Canada, we have Nancy Hamzawi, executive vice-president, and Michael Collins, vice-president, health promotion and chronic disease prevention branch.

Welcome back to the committee, Minister.

You have five minutes for your opening statement. Please go ahead.

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

Honourable members, it's a pleasure to be joining you here today. Thank you for the invitation. I'm looking forward to having meaningful and important conversations that I know matter to Canadians.

I'm pleased to provide you with updates on some of the work we are doing to address the issues of mental health and substance use, but before I begin, I will add to the many tributes to Dr. Stephen Lucas, which are well deserved. Since our coming into this position, Dr. Lucas and his team have really guided me and Minister Holland with such a steady hand and a calm vision of what is important in the health of Canadians.

Dr. Lucas, you leave a legacy that is impressive by all standards and accounts, and you have served Canadians so well. For that, we are truly grateful.

Colleagues, this past fall, our team and I launched the 988 suicide crisis helpline, providing access to bilingual, trauma-informed and culturally appropriate suicide support to all Canadians. It is available 24 hours a day, seven days a week, and I know that we've worked across party lines on this initiative, because helping Canadians should never be a partisan issue. In its first two months of service, 988 responded to over 72,000 calls and texts from across Canada. This helpline represents an important step forward in providing timely and accessible access to crisis mental health supports.

We continue to work to build the overall capacity of the health care system through our historic investment of $200 billion over 10 years. This includes $25 billion in bilateral agreements that outline specific actions, including those to improve access to mental health and substance use services. Through these agreements, some of the actions supported by federal funding include supporting more integrated youth service hubs, reducing wait times for community mental health and substance use services, expanding access to provincial programs that provide counselling and support, and prioritizing culturally appropriate services where needed.

On top of these specific actions, mental health and substance use care is being integrated throughout the whole health care system, from family health services and the health workforce to data and digital tools. This will improve the system's capacity to respond to patients' needs for mental health and substance use support because, as we know and we say often in this place, mental health is health.

Tragically, the toxic drug supply and overdose crisis continues to cause immeasurable pain, suffering and heartbreak across our country. I want to acknowledge the important work this committee has been doing to study this critical issue. I know that we all share the same determination to end the overdose crisis and to save lives. This echoes what I'm hearing from my counterparts across the country, which is that we have the same objective: helping Canadians.

To do that, we need to learn from experts, in particular those working on the front lines of this crisis. They are truly the heroes of the health care system. We need to listen to those with lived and living experience, including family members, and as leaders, we need to work co-operatively to ensure a comprehensive and compassionate approach that is patient-centred.

Our government's actions are guided by Canada's model. Our goal is to ensure that all Canadians have access to services and supports across the spectrum of prevention, harm reduction, treatment and recovery, while also leveraging enforcement tools to keep our communities safe. As part of our approach, we are investing in programs like the substance use and addictions program, which allows us to support community organizations that are working directly to reduce harms and to support people in need.

As you have heard or may know, the illegal drug supply is deadlier than ever before, with potent substances like xylazine and nitazenes entering the already lethal illegal drug supply. This reality puts all those who consume substances at high risk. It also compels us to act to ensure that live-saving interventions are as widely available as possible, including in rural and remote areas of the country.

Colleagues, we have much more work to do in this space. However, I look forward to having meaningful discussions today on the work that is already in play and how we can better serve Canadians. I look forward to your questions.

● (1215)

The Chair: Thank you, Minister.

We will begin with rounds of questions, starting with Mr. Doherty, please, for six minutes.

Mr. Todd Doherty (Cariboo—Prince George, CPC): Minister, thanks for being here today. I have a lot of questions.

First, I know you probably saw Minister Duclos and Minister Anand's press conference on fraud yesterday.

Has Mark talked to you about fraud at Health Canada?

Hon. Ya'ara Saks: I am aware that they are looking into those allegations.

Mr. Todd Doherty: You're aware of some investigations mentioned yesterday pertaining to Health Canada.

Hon. Ya'ara Saks: I know that there are investigations that are ongoing.

Mr. Todd Doherty: Okay.

Are any of the new five to 10 cases being examined by your department?

Hon. Ya'ara Saks: At this point in time, I am not aware that they are.

Mr. Todd Doherty: Okay. Thank you.

There are investigations under way that involve PHAC.

Hon. Ya'ara Saks: PHAC also crosses not just my department but also Minister Holland's.

Mr. Todd Doherty: Okay. Thank you.

Hon. Ya'ara Saks: You're welcome.

Mr. Todd Doherty: Thank you.

Minister, is diversion illegal?

Hon. Ya'ara Saks: Yes, it is.

Mr. Todd Doherty: Okay. Thank you.

Minister, is the London InterCommunity Health Centre receiving funding through SUAP this fiscal year?

Hon. Ya'ara Saks: Yes, it is.

Mr. Todd Doherty: Thank you.

Minister, have you read the new letter from 72 B.C.-based addictions doctors blasting so-called safe supply?

Hon. Ya'ara Saks: I have read the letter, and I have met with many of the experts and physicians with regard to safe supply.

Mr. Todd Doherty: Thank you.

Minister, when Dr. Sereda was here last time, she admitted knowing that some of her prescriptions get diverted. I have a question. Why is her clinic still receiving taxpayer funds?

Hon. Ya'ara Saks: As I've said in this committee before, I take diversion very seriously, as does all of our department. At that time, we asked officials to thoroughly review the protocols of all of our 21 safe supply projects.

Mr. Todd Doherty: Has the funding been cut off? Your testimony just prior to that was that her clinic is still receiving funds. Taxpayer funds are going to—what you said—a clinic that is prescribing safe supply where the prescribers know that some of it is being diverted.

● (1220)

Hon. Ya'ara Saks: Overall, across Canada, diversion is not something new. We know that there are low levels of diversion that do happen.

Mr. Todd Doherty: Do you have the evidence?

Hon. Ya'ara Saks: The RCMP has provided thorough information on its position on diversion.

Are you referring to a nationwide lens or specifically to that project?

Mr. Todd Doherty: Is there a nationwide lens? Is there evidence nationwide with respect to safe supply and diversion?

Hon. Ya'ara Saks: The RCMP has said that there's no evidence of widespread diversion of drugs from prescribed—

Mr. Todd Doherty: That's interesting because just last week—you're probably aware of it as well—there was a large bust in my home community of Prince George. The local officers and RCMP leaders on the ground there said that there is widespread evidence and that it is taking place in our small rural communities. Are you aware of that?

Hon. Ya'ara Saks: I am aware of that. I'm also aware that Assistant Commissioner John Brewer, the top Mountie in B.C., said that "notable quantities" of prescription drugs were seized, but "there is currently no evidence to support a widespread diversion of safer supply drugs in the illicit market in BC or Canada."

Mr. Todd Doherty: Are you saying that the frontline officers that are actually on the ground making these arrests are lying?

Hon. Ya'ara Saks: I'm saying that the data is showing us from drug analysis seizures over the past 10 years, including when the Conservative government was in power, that there has been no increase in the diversion of hydromorphone. That's over the last 10 years, based on the samples. From your previous government's administration until now, there's been no change.

Mr. Todd Doherty: How long has the SUAP been in place?

Hon. Ya'ara Saks: The SUAP is ongoing. The next round of funding will be for the next two years.

Mr. Todd Doherty: Okay.

Your government launched the prescribed safe supply program and spent about $700 million on that—almost a billion dollars. What work did PHAC or your department do prior to launching that to study the evidence that safe supply was indeed safe?

Hon. Ya'ara Saks: I've just returned from Vienna, where I was at the UN drug commission meeting with counterparts such as Switzerland, Portugal and many other countries that have long-standing evidence of the importance and value of prescribed alternatives. There is ample—

Mr. Todd Doherty: I didn't ask that. I asked what work was done prior to—

Hon. Ya'ara Saks: I'm answering your question. You asked what evidence—

Mr. Todd Doherty: No, you're saying you attended....

What work was done by your department prior to launching that? That was my question.

Hon. Ya'ara Saks: We are relying on the evidence of other jurisdictions to begin our evaluation of what would work here.

Mr. Todd Doherty: Is it scientific evidence, or is it anecdotal evidence?

Hon. Ya'ara Saks: No, it is not anecdotal evidence. Switzerland has a long-standing prescriber model.

Mr. Todd Doherty: That's interesting. Are the 72 doctors and indeed the other 42 leading addictions specialists lying when they say there's no scientific data beyond seven weeks with regard to the rate of mortality within one week with safe supply?

Hon. Ya'ara Saks: I reject the premise that anyone is lying. As I said in my opening remarks, we value the opinions of experts, of those with lived experience and of clinicians, and we include all of that in our contemplations and deliberations.

Mr. Todd Doherty: I have one question, Minister. Can you table with this committee the work that was done prior to the long-term evaluation the department did prior to launching the prescribed safe supply, the taxpayer-funded safe supply?

Hon. Ya'ara Saks: I'll pass it to ADM Costen, who is a key policy person in the program.

Mr. Eric Costen (Associate Deputy Minister, Department of Health): Thanks for the question.

There was an expert advisory group that tabled a report prior to launching the projects. I'm happy to provide that to the committee.

Mr. Todd Doherty: That would be great. Thank you.

The Chair: Thank you, Mr. Doherty.

Next is Mr. Naqvi.

Go ahead, please, for six minutes.

Mr. Yasir Naqvi: Thank you very much, Chair.

Welcome, Minister. Thank you for your presentation.

You said in your presentation that Canada is going through an opioid crisis that has taken countless lives and that your job, your mission, is to save lives and help Canadians. I think every one of us, every Canadian, will agree with you that this is precisely what we need to do.

My question to you is on the steps we need to take to prevent these deaths. In your view and from your meetings with experts, both nationally and internally, in dealing with the crisis, what steps would you say are necessary to saving the lives of Canadians?

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

It's what I refer to as the Canada model, which is rooted in four key principles that provide a full continuum of care for those who use substances and who need supports through our health system.

I would say first and foremost that we have to understand that this is a health crisis. It must have a patient-centred lens and also a human rights lens. When we take those things as our starting point in saving lives, we need to understand that the upstream actions we take are preventative. For those who use substances, we want to create forums for harm reduction, whether those are safe consumption sites or outreach centres and so on, so that we bring those who use substances into a place of safety and we are able to open the door to the health care system for them. From there, we can contemplate treatment.

Those who come through the harm reduction services provided by provincial jurisdictions are then able to access the treatment options available to them. All of this works with the understanding that both community safety and community engagement are also important, which is where law enforcement plays an important role by ensuring that drug traffickers, organized crime, money launderers and those who are manufacturing the deadly, illegal and toxic supply that we are seeing on our streets are tackled first-hand by frontline enforcement.

● (1225)

Mr. Yasir Naqvi: Thank you.

You mentioned in your answer the importance of safe consumption sites. There's a lot of misinformation about safe consumption sites. There's one in my community here in Ottawa Centre, and I've seen first-hand the manner in which it saves lives. They get SUAP funding and appreciate that.

Can you explain how these interventions provide critical support to people who use drugs? Give Canadians a bit of a glimpse into a safe consumption site. What would they see? You and I have visited sites in our respective communities. Many Canadians have not.

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

I'll start by saying that harm reduction is health care. It is a health care service, and we know that supervised consumption sites play a key role in that. We have the data to back that up. Since 2017, safe consumption sites in Canada have seen over 4.4 million visits. They've reversed 52,000 overdoses, and close to 400,000 people have been referred to treatment through those processes.

We know that when safe consumption sites are available, we are reducing the risk of death, disease and infections among those who use drugs, and we are ensuring that they have access to a wide range of health and social services to help them on the pathway to treatment and recovery. In jurisdictions where supervised consumption sites have been shut down, we have seen an increase in overdose deaths, but those are also attributed to the very toxic, poisoned street supply.

That means that safe consumption sites also need to be well resourced, well staffed and well engaged with local communities. When we look at programs such as those in Switzerland, Portugal and other jurisdictions, we see that good resources and well-staffed harm reduction initiatives do yield good results and save lives.

Mr. Yasir Naqvi: Thank you.

You spoke about what we refer to as the “wraparound services” these safe consumption sites provide. The one located in my community of Ottawa Centre at Somerset West Community Health Centre is part of a community centre, so they have that capacity. Every time I have conversations with them, they talk about the social detriments to health. They talk about adverse childhood experiences, trauma, poverty, mental illnesses and chronic pain—all factors that lead to an individual taking these substances, with all the effects that go with them.

Can you talk about that type of patient and the kind of comprehensive approach required to give them health care services that are fulsome when dealing with all those challenges they may be facing?

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

I think it's important for us to look at the Canadian drugs and substances strategy as an integrated approach. With the renewal of the strategy, which we call the “Canada model”, we are working across departments now to address poverty, housing and other social determinants of health.

What we know is that, when someone uses substances, it's a result of what.... You know, we don't say, with the trauma-informed lens, “What's wrong with you?”, but rather, “What happened to you?” That is a key component of providing the services an individual needs. We know that, in indigenous communities, there is intergenerational trauma. We see that reflected in the high proportion of substance users who are from indigenous communities.

We also know there are a myriad of factors that can result in someone using substances, whether it's prescription opioids for pain management or others. Our job, once they come to us or their local health care provider for help, is not just looking at it through a singular lens.

● (1230)

The Chair: Thank you, Minister.

[*Translation*]

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

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

Welcome, Minister.

I'm going to start with a somewhat technical question. Then, if there's time, I'll ask about the RCMP seizure and try to get a little more information on that.

Budget 2023 included $144 million over five years for the substance use and addictions program, or SUAP, to fund community support and evidence-based interventions. In the fall of 2023, the government requested proposals for SUAP funding. On February 1, 2024, you said that the new round of funding proposals had been accepted, that it was under review and that announcements were imminent.

First, I'd like to know if you've contacted the candidates. Is that happening or has it not been announced yet?

Second, when you were asked about funding for safer supply projects, you said that you had contacted people in charge of all the existing programs that were expiring and intended to renew the ones with appropriate mitigation measures.

At this point, do the people who've applied know if they've received funding? What mitigation measures are we talking about?

[*English*]

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

[*Translation*]

Mr. Luc Thériault: I see that your companions are doing some research, so I guess my question was technical, as I said. Sorry about that. We can move on to another topic in the meantime if you don't have an answer yet.

[*English*]

Hon. Ya'ara Saks: I can answer some of your questions with pleasure as they are pulling up some of the more technical details.

As with many programs across the federal government, the SUAP program was very highly oversubscribed, showing there was a high demand and need for services through SUAP in local communities. That being said, applicants have not yet been contacted in terms of who will be receiving funding. That will be forthcoming in the coming months.

With regard to—

[*Translation*]

Mr. Luc Thériault: Are you talking about mitigation measures?

[*English*]

Hon. Ya'ara Saks: Yes, the mitigation issue. As I mentioned in my previous visit here, there are.... I will correct what I said previously about 21. There are 25 programs in this prescribed alternatives stream that are funded by the federal government.

A deep dive was done by officials. Jenn Saxe can go into further detail, but I can tell you that it was a deep dive to ensure that there are mitigation protocols in place to prevent diversion. These include things like patient review of eligibility for prescribed alternatives, ensuring they are on a regularized schedule and ensuring there is ongoing contact and relations with those who are in the program.

I'd also like to clarify that prescriber alternative interventions are meant for those who have deep addictions to substance use and who, without this entry point of assistance, would turn to the illegal toxic drug supply and be at high risk for overdose death.

To speak more about the deeper-dive details of what protocols were put in place, I'll ask Jenn Saxe to answer, if she doesn't mind.

Ms. Jennifer Saxe (Associate Assistant Deputy Minister, Controlled Substances and Cannabis Branch, Department of Health): Sure. I'd be happy to. Thanks.

[*Translation*]

We took a number of steps. We contacted the people in charge of all the projects and asked for information on all their procurement protocols and risk reduction measures. We then created a list of all the measures that should be taken.

● (1235)

[*English*]

That includes patient screening; efforts to better match drugs to the patient's tolerance—as we've heard, to make sure they meet their needs—in the increasing toxic drug supply; risk-based protocols for assessing patient eligibility for take-home dosing; patient monitoring; and actions to address instances of diversion, which can include switching to observed dosing, transferring to different support services and removal from the program. There are more details behind each of those, but we pulled together all of those lists.

We are working with them to ensure they have the capacity to address those. They need to be able to put those measures in place so that we can absolutely reduce those risks.

[*Translation*]

Mr. Luc Thériault: What are some of the things that are being done to prevent diversion?

Ms. Jennifer Saxe: Right. Reducing the risk of diversion is the reason we do patient screening.

We have to make sure there are agreements with the doctor or health provider and the client. We must ensure that

[*English*]

clients are assessed on an individual basis for those take-home doses. We want to make sure they have sufficient capacity for witness dosing where that is needed for that individual client, and that there are regular and random urine drug screening tests.

[*Translation*]

Mr. Luc Thériault: Okay.

The Chair: Thank you, Mr. Thériault. Your time is up.

[*English*]

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

Mr. Gord Johns (Courtenay—Alberni, NDP): Thank you, Mr. Chair.

Thank you, Minister, for being here. I'm going to quickly get right to questions.

Minister, you talked about the importance of supervised consumption sites. Will Health Canada step in to fill funding gaps for supervised consumption services given their closure and the threat of closure in Ontario and Alberta?

Hon. Ya'ara Saks: I want to thank the member for his question and also for his deep and strong advocacy in working in this space. We know how important it is to him.

As the member knows, the federal government approves safe consumption sites to be opened. We do not support their overall operating funds. We can support programs through SUAP within their facilities, but I need to be clear about this: We take the lens that this is an interjurisdictional effort. That means that provinces need to be on board.

They have signed bilateral agreements for mental health and substance use supports as a key principle. We've seen 37% of the funds allocated overall in bilateral agreements, which is more than a third of their own agreements towards mental health and substance use, but it is a health care service that we continue to push local jurisdictions to support.

Mr. Gord Johns: Minister, I'll just add that we have seen deaths skyrocketing in Alberta, and in Saskatchewan as well, where they're fighting safe consumption sites. That's not good enough.

I'll get to my next question.

Minister, if the government believes that substance use is truly a health issue, why is the majority of the funding for the Canadian drugs and substance use strategy going to law enforcement?

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

When it comes to how we are tackling the opioid crisis, as I said in my earlier remarks, we're looking at a full continuum of supports, which includes enforcement. When we look at the breakdown of what we are doing, it's not either-or.

Also, the enforcement funding that you are referencing is across departments. It's not only Health Canada that's contributing to those amounts. In terms of enforcement, it is also the Department of Public Safety and local jurisdictions.

In terms of prevention and harm reduction, $61 million was allocated to harm reduction between 2017 and 2022. There was also $134 million for prevention in addition to that $93 million for treatment. Again, however, this is a shared responsibility, respectfully, in administering health care—

The Chair: Thank you, Minister.

Go ahead, Mr. Johns.

Mr. Gord Johns: Thanks.

This gets right to the question that I want to ask, Minister.

You've heard me say before that disinformation in a health crisis costs lives. Incrementalism in a health crisis costs lives.

Minister, do you actually believe the funding allotted to address the substance use and toxic drug crisis at the federal level is commensurate with the scale and scope of the toxic drug crisis taking place right now in this country?

● (1240)

Hon. Ya'ara Saks: I would say that, since 2016, the government has ensured that over a billion dollars has gone toward addressing the toxic drug supply, which is substantially more than the previous government. It allocated only $30 million to treatment at the start of its tenure and reduced that by two-thirds by the time it exited its governing term.

It went down from $30 million to $10 million. This government has put in $1 billion, in addition to the $25 billion that is part of the $200 billion going towards health care today. I would hardly say we've taken our foot off the gas, and I would reject that premise.

Mr. Gord Johns: I would reject that answer, Minister, because you've spent less than 1% of what your government spent on responding to the COVID-19 crisis. If you want to compare yourself to the Harper government, go right ahead, but we know it didn't take this issue seriously.

Minister, I'm going to get to another question here. We've come out of the pandemic and we're now dealing with the cost of living crisis and greater access to mental health supports. Housing's included, and it's needed more than ever. I've talked to your predecessor about the important need for funding for tiny homes, for example, so that we get people off the streets and into safe, secure housing, so that when they're ready for help, we can meet them where they are. People can't get help when they are homeless.

How is your department working with the Minister of Housing to secure supportive and transitional housing? We know the provinces will be there should there be capital funding for tiny homes, for example, and housing.

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

I couldn't agree with you more. This is why we began to convene my counterparts on a quarterly basis on key issues between departments that overlap.

One of the important conversations we had in our first quarterly meeting was about exactly that. How were my provincial counterparts working with their local municipalities on the housing funding proposals the Minister of Housing is negotiating, jurisdiction by jurisdiction?

We continue to work across departments to highlight that there needs to be a prioritization of complex-needs housing, including for those who are struggling with substances. We're encouraging municipalities. We will also be meeting with the FCM in the coming months to ensure that avenues are open to including that in their proposals to the federal government and the rapid housing strategy, and that they are including those considerations in their funding grants to the federal government.

The Chair: Thank you, Mr. Johns.

Thank you, Minister.

Next is Mrs. Goodridge for five minutes, please.

Mrs. Laila Goodridge (Fort McMurray—Cold Lake, CPC): Thank you, Mr. Chair.

I want to lend my voice in congratulating Dr. Lucas on his retirement.

Minister, are you aware of government-funded, so-called safe supply pills ending up in the hands of gangs?

Hon. Ya'ara Saks: I am aware that the RCMP is actively involved in seizures across the country.

Mrs. Laila Goodridge: Fantastic.

You've said in this committee and you've said on Twitter that you're not concerned about the diversion because it's not widespread. Can you define for us exactly what “widespread” is?

Hon. Ya'ara Saks: We look at it in terms of what prescriptions are out and who is using them across the country to get a better understanding of where diversion may be happening.

Mrs. Laila Goodridge: Okay. Thanks.

I've done a little bit of math. With about 4,500 people on safe supply programs in British Columbia, each receiving approximately 30 pills per day, that's about 50 million pills per year. How many of those pills diverted in a year would be acceptable to be diverted, as far as you're concerned, to make it widespread enough?

Hon. Ya'ara Saks: As I said....

Let's look at some other numbers. There are approximately 115,000 people in B.C. with opioid-use disorder, and 86% of hydromorphone pills distributed around the country are actually to cancer patients and those who suffer with arthritis.

Mrs. Laila Goodridge: Minister, these pills are being diverted into the hands of gangs who are profiting from the deaths of Canadians. What specific, concrete measures are you and your ministry taking to ensure that pills—and I don't care whether they're safe supply pills or other pills—are not being diverted, causing further addiction and crime in our communities?

Hon. Ya'ara Saks: As RCMP Assistant Commissioner John Brewer said, “there is currently no evidence to support a widespread diversion of safer supply drugs”, but about 14% of the total number of hydromorphone pills that are prescribed around the country are going to safer supply.

Mrs. Laila Goodridge: This sounds like doublespeak to me, because we have Prince George RCMP—

Hon. Ya'ara Saks: No, it's actually the data and the numbers. It's not doublespeak.

Mrs. Laila Goodridge: The Prince George RCMP have stated that they found hydromorphone that was from safe supply programs in a recent drug bust, so the B.C. top police, probably from political interference, were told to downplay it and say that there isn't widespread diversion happening. However, if it's happening in Prince George, then it's happening on Vancouver Island and it's happening in communities all across Canada that have these so-called safe supply programs.

What specific actions are you taking with your SUAP grants to ensure that no diversion is happening from these programs?

● (1245)

Hon. Ya'ara Saks: First of all, I would say that it's highly irresponsible to insinuate that there's political interference in law enforcement. Law enforcement does its job, as it should, without politicians getting involved—such as politicians not directing what are medical directives.

As Jennifer Saxe answered earlier, on the steps that are being taken on the federal level for our projects, we've enhanced protocols for patient screening and efforts to better match drugs to patient tolerance. We've put in risk-based protocols to assess patient eligibility for take-home dosing. We have patient-monitoring protocols in place. Actions to address diversion have included switching to observed dosing, transferring into different support services, or removing those who should not be in those programs.

Mrs. Laila Goodridge: Okay. Will the lack of those things that you guys just identified happening mean that you will not fund programs through SUAP?

Hon. Ya'ara Saks: That is correct.

Mrs. Laila Goodridge: Okay. If there is evidence of diversion that is happening from SUAP-funded so-called safe supply programs, that funding will cease.

Will it cease immediately?

Hon. Ya'ara Saks: At this point in time, the protocol measures have been put in place, and they're constantly being monitored.

Mrs. Laila Goodridge: How soon after diversion is found to be happening from those safe supply programs that your government is funding will your government act to cut off that funding?

Hon. Ya'ara Saks: I will refer to Jenn Saxe.

Ms. Jennifer Saxe: At this point in time, what we are doing is working with all the projects to ensure that they are putting in that robust set of safeguards and measures. There will be regular reporting. We have an open line of communication with the projects, with law enforcement and with all of these. We will be regularly monitoring and then making adjustments as needed, informed by that evidence.

Mrs. Laila Goodridge: I think it's really sad for Canadians that the government refuses to give an answer as to what it would do and how quickly it would act if it found that something absolutely illegal were happening—to actually act to cut off funding to save the lives of Canadians. I think it's absolutely shameful that it's allowing gangs to profit from the deaths of Canadians and that it is funding it.

The Chair: Do you care to take a few minutes to respond to that, or shall we move on?

Mrs. Laila Goodridge: That wasn't a question, and the time's up.

The Chair: All right. Maybe the next person will afford you that opportunity.

Mr. Powlowski, you have five minutes, please.

Mr. Marcus Powlowski (Thunder Bay—Rainy River, Lib.): First of all, I'd like to give notice of a motion:

> That, pursuant to Standing Order 108(2), the committee undertake a study on the treatment and prevention of cancer in Canada, including the state of current research on diagnosis and treatment of cancer; that the committee allocate up to [eight] meetings to this study; that the committee report its findings and recommendations to the House; and that, pursuant to Standing Order 109, the government table a comprehensive response to the report.

I wasn't going to go here, but I heard the testimony.

Jennifer, I know you're locked in conversation there, but you talked about diversion and safeguards for diversion. I don't want to make my 30-plus years of being a doctor totally useless. I listened to the safeguards and I have some questions.

You said, “patient screening”. I've been doing this for 35 years. When I started, I used to think I could tell who was reliable and who wasn't. I remember literally seeing a nun come in who wanted benzodiazepine or some narcotics and stuff. I said, “Of course. She's a nun. I'll give her a prescription. She is honest.” Then a guy came in with a lot of tattoos and a muscle shirt, and I said, “Well, I ain't giving them to him, because he's unreliable.” In the 35 years since, I have not figured out beforehand who is going to be reliable and who could possibly be selling it. I would say that, even if you get to know your patients well, you don't know. Even when little grannies come to you and say it's because of their bad arthritis, you don't know whether they're selling it. I've heard from the cops that they know places where old people go and sell to dealers.

As to an agreement, if somebody is going to sell their drugs.... I don't think you're going to trust them to make an agreement with you and sign a paper. It's not, “Okay, you can trust them now.”

As to regular urine tests, they are positive-negative. I've seen those. I worked in a clinic that does them. It's positive or negative, so if you give somebody eight Dilaudid tablets to take home, all they have to do is take one, then go and sell the other seven. Their urine is going to be positive one way or the other. That wouldn't seem to me to be all that reliable.

I think you had some other safeguards. I think there was a protocol for dealing with diversion occurring. Do you have other protocols?

Let me mention briefly in passing that I think the British Columbia officer of health, in reviewing the safe supply situation, recommended that the fallback position be observed treatment. I am not sure what the recommendation is on observed treatment.

Ya'ara Saks repeatedly mentioned Switzerland. In Switzerland, all the studies on heroin-assisted treatment are for observed treatments. Certainly, in talking to a lot of experts in addictions.... They've been looking for the same thing, which is observed treatment, possibly with intravenous fentanyl or oxycodone. However, it doesn't seem as if there is funding there for it at the moment. Is there contemplation on providing more funding?

In fact, some of the addictions people I talk to have said that going home with the pills is the poor man's choice, because they don't have the money to do observed treatment, which is where the evidence is.

I got off topic.

If there are more safeguards, you can talk about that. Also, what is the plan in terms of the possibility—for the real, hard-core addicts, as in Switzerland—that they are provided with directly observed treatment rather than pills to take home?

● (1250)

Ms. Jennifer Saxe: I have a couple of points, and thanks for that question.

I think it's important to note that it's a suite of measures. It's not one or the other. Part of those measures include, absolutely, having the capacity for witnessed dosing based on assessment or any indication that there may be diversion. It includes random and regular urine drug screening. As part of these projects, some of it is witnessed dosing. It's not all just hydromorphone tablets. There are some injectable programs. There are a variety of different medications.

We are also requiring that projects provide a range of backbone medications so you could reduce the amount of additional safer supply or prescribed alternatives that a health care professional may want to prescribe to a patient.

It's a range of measures that are being taken. There must be a capacity to witness, depending on the assessment, and to work with them. There are projects that absolutely have injectable and other observed dosing.

I will note that in Switzerland, with heroin-assisted treatment—and I'll pass it on to my associate deputy, who was just there—they have witnessed as well as carries. All of this is being undertaken with regular monitoring, reporting and evaluation, which will inform our work.

Mr. Eric Costen: If I may, Mr. Chair, I would like to add to your point. What we've done, as part of our efforts to take a closer look at projects and understand the risks, is to, through consultations with experts in addiction medicine, understand what the top tier and the top thresholds of safeguards are that can be put in place when dealing with substitution therapy of any kind when a narcotic is involved. We would then apply those in the context of these projects.

To the earlier question, we will be prepared to move very quickly where we encounter evidence of systemic harm.

Yes, regarding Switzerland, we're very interested in the work being done in Switzerland with its heroin-assisted treatment program. They do seven-day carries now as part of an unsupervised dosing program, which we are studying very carefully to take as much from that experience as we can and apply it in Canada.

The Chair: Thank you.

[*Translation*]

Mr. Thériault, you have two and a half minutes.

Mr. Luc Thériault: I have one more technical question.

In the government's November 2023 economic statement, the Minister of Finance announced the government's intention to eliminate the GST and HST on psychotherapy and counselling services. In Quebec, psychoeducators are wondering if they'll be entitled to this exemption too. Can you tell us if that includes the services of psychoeducators? If you can't answer, can you provide us with a written answer?

Minister, with regard to the RCMP seizure of prescription drugs, you say there's no way to prove where the drugs came from.

What can you tell us about where the drugs came from? How did they end up in the hands of organized crime? Can you comment on that?

● (1255)

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

[*English*]

I'd like to start by making sure that we are all on the same page about diversion. Diversion is illegal. It is illegal in all contexts in terms of all drugs and all medications. Diversion happens with pain medications, ADHD, anxiety prescriptions, and so on and so forth.

The question we're always asking is, how much diversion are you willing to accept? It happens in all of these spaces, with all of these prescriptions and in many different scenarios. We aren't stopping health care provision in those instances. If we are looking at hydromorphone and prescribed alternatives within that same context of health care provision, then we have to look at it through the same lens.

[*Translation*]

Mr. Luc Thériault: So you can't tell us anything today. You laid out principles. That said, I hope this will be investigated. It's important. The RCMP probably has to conduct its investigations and gather evidence. I understand the legal constraints around that, but at least give us some assurance that you're looking for answers to that, because it discredits what we can do in terms of harm reduction. That's what happens when people see this kind of news story that can be exploited for various purposes.

Do you agree with me? Are you going to make an effort to tell us what you can disclose about this? Are you at all concerned about following up on that?

[*English*]

The Chair: Please give a brief response as we're at time.

Hon. Ya'ara Saks: Thank you.

As I've said previously in this committee, the department and I take diversion very seriously, which is why we began a protocol review of our programs. We will continue to do that work. The department can provide you with a briefing on what we are doing working in collaboration with law enforcement.

The Chair: Thank you, Minister.

The last round of questions for this panel will come from Mr. Johns, for the next two and a half minutes, please.

Mr. Gord Johns: Thank you.

Minister, before I get into my questions, I want to say that Wellness Together Canada's ending deeply concerns me, and I want to know what's going to fill that need going forward. Also the bilateral meetings are not good enough. We saw P.E.I. saying they're spending zero money when it comes to mental health. I hope you'll work with me on this.

Minister, I want to get to this. We heard the Conservatives go on the attack on Dr. Sereda earlier in committee. Dr. Sereda posted on X a response to Adam Zivo, who's a freelance writer and weekly columnist at the National Post. He published in the small city where Dr. Sereda lives—not once but three times. She cited that she didn't feel safe in London, Ontario, because of a history of domestic violence. She had moved numerous times and eventually had to move to a new location to be safe. She very closely protects information on where she lives. Nothing is available online. She said her address is actually very difficult to find. Others have joined in online and mentioned the town where she is and where her kids are.

Dr. Sereda contacted Adam Zivo. She said that she moved to be safe from domestic violence and that his posts have made her feel unsafe. His response was that it's in the public's interest to know where she lives because she doesn't live in London where she prescribes safer supply.

He says public interest is as important as her privacy, despite the risks to her safety.

Police contacted Adam Zivo. He apologized and said he understood that he shouldn't have posted it, but he still refuses to remove the post. He has a pattern of attacking and slandering Dr. Sereda. Dr. Sereda has experienced harassment, vulgarity and more from his followers. Even after he knew about the safety risk, he posted it again, even saying her address was easy to find. That sounds like a call to action, challenging his followers to find her. It's not something you say to a woman who has asked you three times to take down her information for the sake of safety.

Therefore, I'm asking you, Minister, what you are going to do to protect the safety of these doctors and medical health professionals. I'm hoping this committee is actually going to write to the National Post. Also, imagine if this were on the flip side, if this were the media and people started posting addresses of the editor of the National Post or staff at the National Post. This is unacceptable. What are you going to do about it to protect these health professionals?

● (1300)

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

I'll start with the first question with regard to Wellness Together Canada.

During the pandemic, Wellness Together—

Mr. Gord Johns: I'm looking for an answer on Dr. Sereda because of the time. Are you going to put forward legislation? What are you going to do to protect this doctor?

The Chair: You're out of time, Mr. Johns, so just allow her to give a short response, please.

Hon. Ya'ara Saks: As in all cases such as this, we would work with local law enforcement to ensure the safety of health care providers. We've actually passed legislation to ensure the protection of health care providers.

Mr. Gord Johns: Can I ask for a response in writing, Mr. Chair, from the minister on how she's going to respond to my question?

The Chair: You can ask for a response, and you just have.

Thank you. That concludes the rounds of questions for this panel.

Colleagues, I would ask you to remain, as we bid goodbye to the witnesses, for one brief matter that we need to touch on before we wrap up.

Minister and officials, thank you so much for being with us and for being so patient in answering our questions. I hope this is the most challenging thing you have to do all day.

Thank you very much. You're welcome to stay, but you're free to leave.

Colleagues, before we adjourn, I have something time-sensitive that I want to raise. Normally this would be done in camera, but it is on the subject of the planned committee travel in the month of April. There have been concerns expressed about the availability of members of Parliament to make that trip. I guess my question for you is whether it is the will of the committee to conduct the trip, as we had discussed, during the break week in April, or whether it would be your preference to do it during the break week in May. I think Dr. Ellis—

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

The Chair: Go ahead.

Mr. Todd Doherty: Mr. Chair, I move that we go in camera for this discussion.

The Chair: That is an excellent suggestion except that we are trading on the goodwill of our resource folks and our translators now, and that would probably test the limits of that goodwill.

Mr. Todd Doherty: It would take two minutes to move in camera, and then to have this conversation it would take probably five minutes.

The Chair: Can we have seven minutes?

An hon. member: Why do we need to go in camera?

A voice: It's standard practice to discuss this—

The Chair: They're right. This is something that would normally be done in camera.

We're going to suspend for one minute to see if this is going to be possible. Otherwise, we'll be entertaining a motion for adjournment.

● (1300)

_____(Pause)_____

● (1300)

The Chair: All right. We have a motion to go in camera. All those in favour?

Some hon. members: Agreed.

The Chair: We will now suspend for two minutes to go in camera.

[*Proceedings continue in camera*]