



HOUSE OF COMMONS  
CHAMBRE DES COMMUNES  
CANADA

House of Commons Debates

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VOLUME 148 | NUMBER 130 | 1st SESSION | 42nd PARLIAMENT

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**OFFICIAL REPORT (HANSARD)**

**Tuesday, January 31, 2017**

Speaker: The Honourable Geoff Regan

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**Controlled Drugs and Substances Act**

The House resumed consideration of the motion that Bill C-37, An Act to amend the Controlled Drugs and Substances Act and to make related amendments to other Acts, be read the second time and referred to a committee.

**Ms. Dianne L. Watts (South Surrey—White Rock, CPC):**

Mr. Speaker, I am pleased to speak to Bill C-37, an act to amend the Controlled Drugs and Substances Act and to make related amendments to other acts. In essence, this is the government's response to the fentanyl and opioid health crisis facing this country.

I want to be clear that this health crisis is not just a B.C. issue. Many police raids have taken place in B.C., Alberta, and Saskatchewan. Over 20 fentanyl labs have been shut down across this country, and an entire fentanyl ring was successfully shut down in Montreal. However, I want to bring everyone's attention back to British Columbia, as it is ground zero and has been for quite some time, as communities struggle to deal with the fentanyl, carfentanil, and opioid issue. I want to talk about the impact, the government's response, and how we need to be addressing this growing issue.

I will first talk about some simple facts. It is well known that the chemicals and illicit drugs are manufactured in China. They can be ordered online and shipped overseas. There are thousands of illegal labs right across China. Pills and raw materials are shipped into Canada through our ports, our borders, and the mail.

Several thousand people have died across Canada. In B.C. alone, 914 people died last year. That is an 80% increase in deaths over 2015. In Vancouver, the increase was 60%; in Surrey, 42%; in Victoria, 267%; in Kelowna, 153%; and in Kamloops, 471%. This past December was the deadliest month of all, claiming the lives of 142.

Let us look at the response from the Liberal government. On December 12, just two days before the House rose for the Christmas break, this bill was introduced. In November of last

year, the health minister refused to declare this a national health emergency, despite B.C. public health officer Dr. Perry Kendall declaring a public health emergency in April of last year, the recommendations from the House of Commons Standing Committee on Health, and yet another call from B.C. health minister Terry Lake, who said, "We haven't seen the response that I think this type of epidemic requires on a national scale". Many MPs from all parties have requested the same, so we collectively, again, issue a call to declare a national public health emergency.

We need to raise awareness of this epidemic to the level it deserves. We need to embark upon a national educational awareness campaign to ensure that the general public, young adults, and students have the information and are informed. In fact, my youth council has requested that. There are ongoing fentanyl forums being undertaken in high schools, but there is still a perception that this is just a Downtown Eastside Vancouver issue and that consumption sites are the answer to this issue and need to be set up in every single community across the country.

Let us take a quick snapshot. A Delta mother of two lost both of her children within 20 minutes of each other. Both of those kids were 20 years old. Jordan died at 21. Ryan died at 23. Kelsea died at 24. David died at 21. Danny died in Edmonton at 25. Scott was 21. A young Abbotsford woman was in her mid-20s. Tyler died at 23 and had a four-year-old son. Hardy and Amelia, both in their 30s, leave behind a two-year-old son. They were celebrating moving into their new home. The list goes on.

This is where the complexities of this issue intersect. There is one strategy for those who are street-entrenched, who will inject and use consumption sites; there is another strategy for those who use pills and prescription drugs; and there is another strategy for those who are using recreationally and not realizing what they are taking. One size does not fit all.

I would argue that to assume that multiple consumption sites in every community would fix this health epidemic is short-sighted. This is a piece of a multifaceted response. We need to use some critical thinking around this issue. Our first responders and medical personnel are getting burnt out trying to respond to the overdoses and deaths. The federal government must assist those on the front lines who are dealing with this crisis on a daily basis.

For the first time, a pilot project is being undertaken that will test the street drugs that are being brought into the consumption site in Vancouver. I was thrilled at the proposition that the people who are suffering from addiction would now be advised as to what they are injecting and the potential outcomes.

Does this model fit all users? It does not. Therefore, let us explore these sides of the equation: treatment, mental health, dual diagnosis, and opioid substitution.

Methadone was once the answer for those addicted to heroin, back in 1996. Obviously, we can see that program is not working. Many communities have stand-alone methadone dispensaries, where prescriptions are bought and sold on the street and where individuals would trade their methadone for other drugs. This was the answer to the opioid addiction in 1996. Perhaps we need to re-evaluate that program or redirect some of that funding into other programs.

What are our needs? We do need treatment, and not just detox and 30-day programs. Rather, we need wraparound services. We need to care for the whole person, with mental health support as well as physical dependency and addiction support. This is a multi-faceted approach to a very complex problem, and it is a long-term solution. The holistic approach includes treatment beds and therapeutic communities, a place for those who want support, because the window of opportunity in an addict's life is fleeting. The response must be immediate and the resources

must be available. This is not new information, but it is expensive and costly, and it is easier to focus on short-term solutions.

There has been a long-standing call for law enforcement to interrupt the flow of fentanyl and carfentanil in China. The response by the Liberals in Bill C-37 would allow border services the power to open packages weighing under 30 grams, prohibition for the unregistered pill presses, and the illegal importation of precursors. We fully support those initiatives. However, as the Prime Minister moves forward with his trade negotiations with China and his extradition agreements, I would suggest that a topic of exporting fentanyl powder and pills be top of mind and that he undertake wholesome and meaningful discussions on the deadly effects that the exportation of this product has on the people of Canada and their loved ones.

This is a national health emergency, and those who have lost loved ones most certainly need to know that all three levels of government, the community, law enforcement, and first responders collectively care enough to do the right thing.

**Mrs. Deborah Schulte (King—Vaughan, Lib.):**

Mr. Speaker, I listened with great interest to the previous two speakers and heard them identify the complexity of this issue and wanting to move quickly on it. I am hoping that they both spent time listening to the minister this morning, because she very clearly identified how complex it is and the work that she and the government have already been doing with her partners, the health ministers of the provinces and territories.

My question is this. Can I have the member's acknowledgement that she will move quickly with us and approve all stages of this bill so we can expedite what needs to be done? Also, I heard this from the previous speaker but did not have a chance to ask a question. Perhaps the member can answer it. Why would the member challenge the work we want to do with Statistics Canada when in her very speech she spoke about the need for data? Obviously, this is a complex issue, and we need data-guiding, yet her party is challenging that piece of our legislation. Could the member respond to that?

**Ms. Dianne L. Watts:**

Mr. Speaker, I appreciate the question. I cannot answer or speak for another member of Parliament.

I will say, however, that the gathering of data nationally on the opioid issue is extraordinarily important because we do not know how many people are taking pills or injecting, what that data looks like, and how much fentanyl, carfentanil, or W series drugs there is. All of those things are components, as well as the coroners' reports.

I was here to listen to the minister this morning as she spoke very passionately, and I have a lot of respect for the work she has done. The treatment and issues around the mental health piece are so important. It always gets pushed to the side because it is easier for short-term solutions to come to the forefront. We cannot forget that side.

If we are ever going to get to the root causes, and if we are ever going to really effect change and make a difference in an addict's life, we have to have treatment available and we have to have options. We have to do all the things that we need to do so individuals get all the supports they need.

**Mr. Peter Julian (New Westminster—Burnaby, NDP):**

Mr. Speaker, I know that the member for South Surrey—White Rock and I share a region that is living through an appalling crisis in deaths. This issue is something that has seized the

population. Everyone knows somebody who has been affected by this. There have been almost 1,000 deaths in the past year alone, and yet the government did not seem willing to do anything more than drag its feet on something that is a public health crisis.

Does the member agree with us that what we need is an immediate move toward the declaring of a public health emergency? I think both of us agree that there needs to be an expansion in addiction treatment programs. They were cut back under the former Conservative government and have not really been restored under the new Liberal government. Canadians are crying out for them to be in place so the communities can have those kinds of supports.

Finally, there was a question just a moment ago as to whether or not the Conservatives would facilitate the passage of Bill C-37, and I did not hear the member answer that. I would be very interested in hearing her response to that.

**Ms. Dianne L. Watts:**

Mr. Speaker, most certainly, I support many of the members of Parliament who have come out and said that this is a national public health emergency. It needs to be elevated to really give communities the assistance they require, our first responders, as well as the awareness and the education so that people have the correct information.

I have always been a proponent of treatment of mental health and addictions. For many years I have been working and supporting detox facilities, a continuum of care, addiction precincts, and all of those things. I go back to critical thinking.

I have no particular issue with this bill, except for one. I think there are a lot of good things, but to not have communities engaged is really problematic when we look at consumption sites. I have been involved in consumption sites before, and in some areas they will work, and in other areas, different communities, it is a different strategy. There is not one fit for all.

There has to be a process and engagement from the community, law enforcement, the health community, and the federal and provincial health ministers. All of those people need to be brought to the table to see if this is an effective piece that is going to work. It may be a component in that community, or it may not be. It depends on how that data is looked at, and how many people would use those consumption sites.