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Speaker: The Honourable Geoff Regan

Controlled Drugs and Substances Act

Bill C-37--Time Allocation Motion

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. As I stated in my speech on January 31, this is the government's response to the fentanyl and opioid health crisis that is facing this country.

Communities struggle to deal with this crisis. We just heard from a member whose son had lost a close friend who was 20 years old. I have a list here of young adolescents who are 21, 23, 25. A Delta mother lost two of her children within 20 minutes of each other, both in their twenties.

I have also heard that this was the response to this crisis, and that it was comprehensive drug policy. However, I would suggest that this is not comprehensive drug policy, because it is silent on the issue of how the current government is going to deal with that aspect of the opioid crisis.

First responders and medical personnel are overwhelmed and have difficulty trying to respond to the overdoses and the deaths. This is a very complex issue that deserves a multi-faceted approach. There is one strategy for those who are street-entrenched and will inject and use consumption sites, there is another strategy for those who use pills and prescription drugs, and another one for those whose use is recreational. Kids swallow a pill and do not realize what they are taking. Therefore, one size does not fit all.

Within the bill there are measures that are supported by all parties. We are happy to support the portion of the bill that gives the Canada Border Services Agency more authority to open international mail, and that prohibits the importation of unregistered pill presses.

It is well known around the world that China has been a significant contributor to the growing opioid, fentanyl, and carfentanil problem in Canada and throughout North America. It is vital that the government work to ensure that the deadly chemicals used in manufacturing labs in China and the illicit drugs that can be ordered online and shipped overseas not be allowed in Canada. I would stress to the Prime Minister, as he goes forward with his trade negotiations with China, that this issue be dealt with first and foremost.

We support the addition to broaden the penalties to now apply to the production, sale, importation, or transportation of anything intended to be used in the production of any controlled substance, including fentanyl. Clearly, there are many pieces of the bill that are supportable.

I want to talk a little bit about the timeline of Bill C-37.

Back in April, B.C. public health officer, Dr. Perry Kendall, declared a public health emergency. On December 12, two days before Christmas break, the government tabled Bill C-37 in the House. January 31 was the first debate. February 1, it was debated again, and the government moved time allocation to close down debate. On February 9, the health committee heard from no witnesses and moved straight into clause-by-clause.

The singular issue I have with the bill is that it does not allow a process or criteria for public input before an injection site is located. We have heard that the Conservative government had one that was too onerous. Now, the current government is going in the exact opposite direction in having nothing.

Our health critic moved amendments that called for letters indicating support or opposition from the municipality or the head of the police force. This amendment was voted down by the Liberals.

There was the amendment that all households within a two-kilometre radius be notified with the ability to offer opinions in support or opposition. This was voted down by the Liberals.

There was an amendment proposing that information be provided regarding schools, hospitals, businesses which include day cares, recreational facilities that were located within that two-kilometre radius be provided. That was voted down by the Liberals. There was an amendment proposed that no less than 45 days but no longer than 90 days be included for public input and consultation. That was voted down by the Liberal government.

As a former mayor for almost a decade, I can say that we must consult with the community. We have to look at the community as a whole and support those in need as well as ensure that the community has a voice. I do not think it is unreasonable to request a minimum of 45 days in which to do this. I do not think that it is unreasonable to have an understanding of how many schools or how many day cares are in the vicinity of a proposed injection site.

I do not think it is unreasonable to have a letter of support or opposition from the chief of police or the mayor in council. We need to have a multi-faceted approach to a very complex problem. We need to embark upon a national education awareness campaign and I was happy to hear that one of the Liberal MPs supported our initiative on that. We have to ensure that the general public, young adults, and students have the information and that they are well informed.

We need proper data in each community. We need to know whether people overdosed by injection or taking pills. Were these people street entrenched? Were these people recreational users? As I pointed out earlier, the Liberal government's response needs to be based on data

that is gathered. With scarce dollars, Liberals have to identify where those dollars should be directed and where they will have the greatest impact.

For those who are addicted and entrenched in that lifestyle, we need to have wraparound services that care for the whole person: mental health support as well as physical dependency and addiction support, a holistic approach that includes treatment beds, therapeutic communities, and detox. A place for those who want and need support because the window of opportunity in an addicted person's life is fleeting and the response must be immediate and the resources must be available. Every community is different.

In my community and as the former mayor, we worked with the province and with the private sector. We worked together and developed an addictions precinct adjacent to the hospital. We have a detox facility. We have two treatment facilities. We have a sobering centre as a point of entry, transitional housing, along with job and educational training. I have to say we have had some pretty incredible results.

We also have a needle exchange and a mobile unit, but we still have issues that need to be addressed. Is locating an injection site the right answer? I do not know, but I know there must be a conversation and a consultation with the community, with the mayor in council, and the police chief, along with addiction specialists. This is a process that needs to be undertaken, but as I pointed out earlier, every single amendment we proposed to have some form of consultation was voted down by the Liberal government. This is not open. This is not transparent and it flies in the face of the very people who are on the front lines dealing with this health crisis.

Mr. Fayçal El-Khoury (Laval—Les Îles, Lib.):

Mr. Speaker, I would like to ask my colleague about her knowledge of alternatives. As she probably knows, uncontrolled drug trafficking will increase the crime rate and will increase the death rates because of overdose and will bring no money to the government. What other alternatives would she propose and what are the solutions?

Ms. Dianne L. Watts:

Mr. Speaker, I am not sure what kind of money it brings the government, and I do not think that is a lens we want to look through. I will say this, though, and I just said it earlier in my speech. We know it is coming in from China. We know that, bar none. We know there are thousands of labs in China. We know that people can buy it online. That has to stop. As I said earlier, when the Prime Minister goes forward and starts negotiating a trade agreement, this issue must be dealt with first and foremost.

When we look at the multi-faceted piece, as I said in my speech as well, there are people who will use injection consumption sites; there are people who need treatment. Look at the ages of young people who have died. The parliamentary's secretary's son lost a friend who was 20 years old. I pointed to a dozen kids who are dead. They are not shooting up. They are not using a consumption site. We have to have another avenue to help these kids, and that is what is vacant in this legislation. They are dying, and it is not being addressed.

Mr. Pierre-Luc Dusseault (Sherbrooke, NDP):

Mr. Speaker, I thank my colleague for her comments in this debate.

When I listen to the Conservatives, I sometimes think that they do not seem to recognize that establishing supervised consumption sites is at the very least part of the solution to today's crisis. Although it is not the only solution to the opioid crisis, it is certainly one element of the response.

Does my colleague recognize that supervised consumption sites, which also recommend ways to get off drugs, are part of the solution to the opioid crisis?

Ms. Dianne L. Watts:

Mr. Speaker, what I said in my speech is that it is a multi-faceted approach. There is not one element that fits all of it. The issue that I had and that I clearly articulated is that every amendment to have any kind of public consultation was removed. Within the legislation, there is no process and no criteria that lays it out. That was all removed.

Therefore, when having common-sense consultation is voted down in a health committee, and when it is removed from legislation, clearly the government does not want consultation. That is the issue that I have; not the stream and not the piece of treatment that is going to work or not going to work in a community.

Hon. Alice Wong (Richmond Centre, CPC):

Mr. Speaker, I appreciate my colleague's holistic approach. In the city of Richmond, I already have parents and concerned community people wondering why there is no consultation and their views are not heard. Their representatives' voice is not heard because the Liberals just shut down the debate.

I have two concerns. First, are the safe consumption sites the only way that can help? Second, how important is it to consult the community?

Ms. Dianne L. Watts:

Mr. Speaker, as I said earlier, I was mayor of a community of 520,000 people for almost a decade, and I know that we need to have the voice of the community participate in everything that we do. If we do not have it, it is doomed to fail. Not everybody is going to support it and not everybody is going to be in opposition, but at least have a conversation about how many schools are in the vicinity, how many day cares are in the vicinity, is it the right location. All of those things were voted down. Having 45 days of consultation but not longer than 90 days was again voted down.

Therefore, we have to have the element of openness and transparency and actually have a conversation about addiction because these are the people in the community. It is their kids, their husbands, wives, or friends and we have to speak to them. We have to have that conversation because we are all in it together.