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Chair

Mr. Bill Casey

Standing Committee on Health

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● (0845)

[*English*]

The Chair (Mr. Bill Casey (Cumberland—Colchester, Lib.)): I call the meeting to order.

Welcome, everybody, to the 128th meeting of the Standing Committee on Health. Welcome to our guests.

We have a full house today and lots of questions, and I'm sure we'll have lots of answers.

First of all, I want to welcome the Honourable Ginette Petitpas Taylor, Minister of Health and my neighbour in New Brunswick.

Welcome to our committee.

I want to welcome the officials here.

From the Department of Health, we have Simon Kennedy, deputy minister. From the Canadian Food Inspection Agency, we have Paul Glover, president. From the Canadian Institutes of Health Research, we have Michel Perron, executive vice-president. From Patented Medicine Prices Review Board, we have Douglas Clark, executive director. From the Public Health Agency of Canada, we have Siddika Mithani, president, and Theresa Tam, chief public health officer.

My understanding is the minister has to leave at 9:45 or thereabouts. Is that correct?

Hon. Ginette Petitpas Taylor (Minister of Health): I have to open the House, yes. I've been told.

The Chair: I urge everybody to keep the questions succinct and the answers succinct. We'll get through this and get as much information as we can. We're going to have one seven-minute round and one five-minute round, and by then I believe the minister will have to leave and the officials will stay and answer questions if we need them to.

Minister Petitpas Taylor, would you like to open with a 10-minute statement?

Hon. Ginette Petitpas Taylor: Thank you very much, Mr. Chair.

Good morning, everyone, and thank you so much for inviting me to the Standing Committee on Health.

It's truly important for me to be here today to discuss with you the supplementary estimates (A) for the year 2018-19. I always welcome this opportunity to highlight some of the priorities and to discuss our efforts to keep Canadians healthy and safe. As always, I'm grateful to the committee members for your contributions to discussions, and I look forward to answering your questions.

Before I begin, I would also like to thank my officials who are accompanying me today.

They are Mr. Simon Kennedy, deputy minister of health; Dr. Siddika Mithani, president of the Public Health Agency of Canada; Dr. Theresa Tam, chief public health officer and from the Public Health Agency of Canada; Monsieur Michel Perron, vice-president of external affairs and business development at the Canadian Institutes of Health Research; and last but not least, Mr. Paul Glover, the president of the Canadian Food Inspection Agency.

They are masters in their fields and I am always happy when they accompany me at committee here. Also, I may turn to them for details with respect to some of the questions.

[*Translation*]

First, I would like to speak to Health Canada's authorities. Through the supplementary estimates (A), we are asking for an increase of $33.5 million. This would raise Health Canada's total authorities to just under $2.4 billion. This increase in funding would allow us to deliver on key priorities of the Government of Canada. I will describe these for you now, starting with opioids.

[*English*]

As Minister of Health, the first file that I was briefed on as Canada's health minister was the opioid crisis.

Since 2016 this crisis has claimed the lives of over 8,000 Canadians. This is a national tragedy that must be stopped, and it's why our government has taken action to save lives and to turn the tide on this national public health crisis.

So far we have restored harm reduction to the core of our approach and opened more than 25 supervised consumption sites. We have implemented the emergency treatment fund through budget 2018, and we are working to reduce stigma, which is a barrier to health and social services for people who use drugs, through public education.

Nevertheless, the opioid crisis continues to take lives and devastate communities. We must do more, and we will do more. These enhanced efforts include Health Canada's substance use and addictions program, which provides more than $28 million annually to support initiatives that work to prevent, treat and reduce all forms of harm from problematic substance use.

As a part of these estimates, this program has realigned $7.3 million to help address the opioid crisis.

Let's turn now to cannabis.

To support the legalization and regulation of cannabis, Health Canada received an additional $500,000 for operating expenditures from the central advertising fund as a part of these estimates for the cannabis pre-legalization advertising campaign.

This funding is a part of our government's significant investment of $108.5 million over six years to support cannabis public education, awareness and surveillance activities. We know that it's essential to invest in public education efforts surrounding the health and safety facts of cannabis, specifically targeting youth, in advance of the Cannabis Act coming into force.

These campaigns began long before legalization. They're intended to give Canadians, especially youth, the honest facts about cannabis, and to put them in a position to make informed, responsible and healthy choices. While healthy choices are the most important part of maintaining good health, environmental factors also have an impact.

Now let's turn to the new impact assessment and regulatory processes.

As you know, our government is renewing the federal impact assessment and regulatory system. The enhanced system will better protect Canadians' health, as well as our environment, fish and waterways. It will also rebuild public trust in how decisions about resource development are made.

● (0850)

[*Translation*]

This system will apply to all projects that are subject to federal assessment, such as mines, dams, pipelines and marine terminals.

Health Canada is the key federal department positioned to provide expertise on human health impacts of projects like these.

As such, we are requesting $5 million to help transition to the new impact assessment and regulatory processes.

[*English*]

Let's turn now to pay administration. I would now like to turn to an important administrative issue.

As you know, the Phoenix pay system continues to pose challenges for the public service, including employees of Health Canada and its portfolio organizations. For this reason, we are requesting $1.3 million in additional funds to address the issues in pay administration and to help ensure that our employees are paid properly and on time.

[*Translation*]

I will now speak in more detail about our portfolio organizations, their priorities and their specific requests for funding.

The Public Health Agency of Canada, PHAC, is asking for a net increase of $6.7 million to its authorities. This would bring the total authorities for 2018-2019 to $687.2 million.

This increase includes nearly $5.5 million to support the Aboriginal Head Start in Urban and Northern Communities Program.

● (0855)

[*English*]

This program funds indigenous community-based organizations in urban and northern areas to develop programs that promote healthy development of indigenous preschool children.

The increase we are requesting also includes $1 million to support PHAC's childhood vaccination campaign. This advertising campaign will raise awareness of the importance, safety and effectiveness of vaccination.

As a part of the health portfolio, the Canadian Food Inspection Agency, also known as CFIA, works to uphold a strong and reliable food-safety system.

[*Translation*]

The supplementary estimates we are presenting today reflect an increase of $9.4 million for CFIA for specific time-limited activities, bringing its total authorities for 2018-2019 to $762 million.

The specific time-limited activities include funding for the Canadian Food Safety Information Network. This network will strengthen Canada's ability to detect and respond to food hazards by connecting and coordinating food safety and public health authorities.

The Canadian Institutes of Health Research, or CIHR, is Canada's health research investment agency. It provides $1 million per year to support Canada's health scientists.

Through these supplementary estimates, CIHR is seeking an increase of $0.4 million, for a total of approximately $1.1 billion in available authorities. This increase will support the creation of new scientific knowledge—knowledge that will lead to improved health, more effective health services and products, and a stronger Canadian health care system.

[*English*]

In conclusion, Health Canada, and indeed all five organizations in the health portfolio, is committed to spending funds responsibly, efficiently and effectively. The work I have outlined today will be instrumental in helping us achieve our mandate to protect the health and safety of all Canadians.

Thank you for this opportunity to speak about our work and to explain our budgetary priorities.

I am now pleased to take your questions.

The Chair: Thank you very much.

Our first questioner will be Ms. Sidhu, for seven minutes.

Ms. Sonia Sidhu (Brampton South, Lib.): Thank you, Mr. Chair.

Thank you, Minister, and all the officials, for being here today.

My first question is to the minister.

Minister, as you know, I introduced a motion to the committee to study diabetes and its impact on the health of Canadians. Part of the study was around what the government can do to help those living with diabetes, as well as how we can prevent it.

I know that healthy eating is part of diabetes prevention, and thank you for taking a great initiative on that.

I would like to know what our government is doing to help Canadians understand the risk factors and to motivate them to make lifestyle changes to prevent chronic diseases such as diabetes. Also, are you aware of Diabetes Canada's 360° strategy? What are your thoughts on that?

Hon. Ginette Petitpas Taylor: Thank you very much, Ms. Sidhu, for the question. I want to take this opportunity to thank you for the leadership that you've shown with respect to the area of diabetes and also for the work that you've done on the all-party caucus on diabetes, and thank you for bringing forward the motion to ensure that the HESA committee could study this very important issue.

We certainly recognize that many Canadians live with diabetes, either type 1 or type 2 diabetes, and we certainly recognize that there are many contributing risk factors as to why people live with diabetes. Our government is deeply concerned with this area, and that's why we've made significant investments there.

I was very pleased that in budget 2016-17, an investment of $47 million was made in the area of diabetes research. We've also been able to partner with the JDRF, and we were able to collaboratively invest $30 million in the research component of type 1 diabetes. We still have some work to do with respect to that investment, but the money continues to roll out.

Also, I have to say that I was very pleased that over the past several months, I've been able to meet with officials from Diabetes Canada, and they've been able to provide me with a snapshot of the good work that is being done.

I was very pleased to hear about the Diabetes 360° program that they have brought forward. Just a few weeks ago—and I think I saw many of you there that day—they had their mobile unit here on the Hill, and many of us were able to stop in. I think that several members of the health committee were there, as I'm looking around the table. Many of you had your health checks and had your report cards that looked at the risk factors associated with diabetes. Again, we certainly are pleased with the work that Diabetes Canada is doing.

Finally, I think that as a government, we've certainly done a lot of work in addressing the risk factors for diabetes. We recognize that diabetes is a serious, chronic disease, and, as I indicated at the very beginning, we recognize that it affects millions of people and that investments made at the front end can certainly prevent people from living with and suffering from diabetes.

More work needs to be done in the area of research with respect to treatment and prevention. I know that as health minister, I'm extremely pleased with the investments that we've made and the strategies that we've brought forward, such as the healthy eating strategy and the tobacco strategy. We certainly recognize that education also needs to be done to ensure that Canadians are aware of the risk factors associated with diabetes.

● (0900)

Ms. Sonia Sidhu: Thank you.

Canada's health care system is a source of pride and a defining value for Canadians, and our government has been working collaboratively with provinces and territories to improve access to home care and mental health services for Canadians. Budget 2017 provided, as you said, $11 billion in new funding over 10 years to provinces and territories.

In August 2017, provinces and territories endorsed a common statement of principles of shared health priorities that set out pan-Canadian objectives for home care and mental health funding. Could you provide the committee with an update on the ongoing work with the provinces and territories to ensure that this funding meets the needs of Canadians?

I'm also a great advocate for national pharmacare. Can you give us an update on ongoing work on that? When Canadians living with diseases cannot afford their medical supplies and equipment, something has to change. Please give us an update on ongoing work on that.

Hon. Ginette Petitpas Taylor: With respect to investments made in additional funding for mental health care and home care, to give you a snapshot as to where we're at, in budget 2017, as you've indicated, we were pleased that we saw an investment of $11 billion in those two areas. We've certainly heard from Canadians that the areas of home care and mental health were two priority areas, and I was extremely pleased that in budget 2017, targeted investments were made in those two areas.

As a result, over the past year and a half we've been in negotiations with the provinces and territories to finalize the bilateral agreements with provinces and territories. At this point in time, I'm pleased to announce that nine provinces and territories have finalized and have signed their agreements, and as for the other remaining four provinces, we are almost at the end of the negotiations, and either by the end of this year or in early 2019 those negotiations, those bilaterals, will be completed, and the monies will be flowing.

I also have to say that even before the bilateral agreements have been signed, money has been going to provinces and territories. We certainly want to make sure that people have access to the funding that's required, but those bilateral agreements are really key, because we want to make sure that the money is going where it's supposed to be going.

As per your question with respect to pharmacare—I think there was that component as well—as you're all aware, in budget 2018 we announced the creation of an advisory council on the implementation of a national pharmacare program. Work continues to be under way with respect to that. We are very pleased that Dr. Eric Hoskins and a group of fine Canadians have agreed to sit on this committee, and they've been having a national conversation with Canadians with respect to what a national pharmacare program can look like. I look forward to receiving the report in the spring of 2019 with some recommendations of possible options as we move forward. We recognize that the work that's been done in this area by the advisory council is key, and I truly look forward to receiving the report with recommended options and a path to move forward.

The Chair: Okay, your time's up.

Ms. Gladu is next.

Ms. Marilyn Gladu (Sarnia—Lambton, CPC): Thank you, Chair.

Thank you to the minister for being here today and to all of the departmental representatives as well.

I want to start by thanking the minister personally. I see she tabled in the House of Commons the framework on palliative care, of which I am passionately a fan. I see that all of the elements that we heard in consultations across the country were captured, and I look forward to working with her to see us accelerate palliative care for all Canadians. Thank you for that.

My first question has to do with thalidomide. In budget 2018, there was an intent to resolve the remaining claims in the thalidomide area. Could you give us an update as to whether those claims are resolved?

Hon. Ginette Petitpas Taylor: Thank you very much, Ms. Gladu, for your question.

Once again, congratulations on your private member's bill. We were extremely pleased that we were able to table the bill. I look forward to seeing the progression of the work that needs to be done and that will be done with respect to an action plan. I'm looking forward to continuing to work with you on that.

With respect to your question on thalidomide survivors, soon after I was named Minister of Health, I was privileged to meet with many thalidomide survivors in Ottawa, one of whom was Fiona Sampson. I also had the privilege of meeting with TVAC, which is the Thalidomide Victims Association of Canada.

These individuals shared with me the challenges they face, day in and day out as they age, in living with thalidomide. We also heard from some individuals who were concerned because they had not been identified as part of the compensation program.

I was extremely pleased that budget 2018 committed to addressing concerns regarding thalidomide survivors. Within the very near future—within the coming months—we will be announcing steps to move forward with respect to this program.

I certainly want to make sure—and I stress to the committee—that individuals who are thalidomide victims or who feel they are possible victims will have another opportunity to apply for this program. As I've indicated, within the coming months we'll be able to do a formal announcement. I look forward to being able to share that information with all of you.

● (0905)

Ms. Marilyn Gladu: That's very good.

I see that we are expecting the Hoskins report in the spring of 2019. Will the report be made public before the election?

Hon. Ginette Petitpas Taylor: First and foremost, with respect to the report, we have to recognize that Dr. Hoskins and his group of officials have been working diligently in having a conversation with all Canadians from coast to coast to coast. I haven't had an update with respect to the work that's been done thus far, but I do follow through with the secretariat, and they're telling me that they're hard at work.

With respect to the report's findings, I absolutely feel that the report will be made public. I'm not sure of the exact date of the tabling of the report or of our making the report public, but like many of you, I look forward to seeing the findings of that report, as we certainly recognize that it will be a key pillar as we move forward in the decision on what a potential pharmacare program could look like for Canadians.

Ms. Marilyn Gladu: That's very good.

My next question has to do with the competitiveness of Canadians and with some of the things that have been introduced by Health Canada. I would like to offer some examples.

One is pesticides that Canadian producers will not be able to use anymore that don't necessarily have replacements. When we receive food from other countries that do use those same pesticides, that disadvantages us. Also, the front-of-pack labelling will be something that Canadian businesses and industries will have the expense of putting in place, but there are many exemptions given to materials coming from other countries so that they don't need to have that.

Could you make a comment on why, when we put these programs in place, we're punishing Canadian businesses, as opposed to making these requirements for all?

Hon. Ginette Petitpas Taylor: First and foremost, protecting the health and safety of Canadians is my number one priority as Canada's health minister.

There are two components to your question there. Perhaps I'll start off with the second component of your question with respect to the front-of-pack labelling.

We recognize, as I indicated earlier, that the issue of chronic disease is on the rise in this country. We recognize that we spend approximately $28 billion to $30 billion in addressing chronic disease. Our eating habits, either healthy or unhealthy, as well as our sedentary lifestyle, certainly contribute to that.

When it comes to front-of-pack labelling, we want to make sure that we make the healthy choice the easier choice for Canadians. That's why we're moving forward with this initiative of front-of-pack labelling. As you're probably aware, it's to make sure that Canadians are aware that the foods they purchase may be high in sugars, fat or salt.

Ms. Marilyn Gladu: Sure. I'm familiar with the program, but will all other countries have to put on Canadian front-of-pack labelling in order to sell products in Canada?

Hon. Ginette Petitpas Taylor: If the products are entering Canada, they are going to be bound to ensure that front-of-pack labelling will also have to be on the products. That is a part of the process for sure.

In no way are we penalizing Canadian companies. We want to make sure we can provide Canadians with easy access to information regarding the food choices they make.

We recognize that Canadians are extremely busy. I know that when I'm in the grocery store—and I'm sure it's the same for you, Marilyn—I just put things in my shopping basket very quickly. We just want to make sure that Canadians have a quick reference guide to allow them to make the healthy choice the easier choice.

Ms. Marilyn Gladu: Sure.

Hon. Ginette Petitpas Taylor: With respect to pesticides as well, once again that's a regulatory process—the reviews that we go through on a regular basis—and we want to make sure that pesticide safety is considered.

Perhaps I'm going to turn it over to you, Simon, if you could perhaps elaborate a bit on that process.

Mr. Simon Kennedy (Deputy Minister, Department of Health): Sure.

I think as the member may know, under the Pest Control Products Act, there's a requirement every 15 years to go back and kind of re-examine the chemical that's been approved to make sure that there haven't been updates on the science or on the use that might suggest an issue.

We're now 15 years past the passage of that legislation, so one of the things we're seeing as a department is that a lot of the chemicals that had been approved 15 years ago are now coming back in for re-evaluation. I know that some members question why these chemicals are being looked at again and why the PMRA is undertaking this. It's a statutory requirement, and we're doing our best to fulfill the requirements of the legislation.

When we do the review, we do try to engage as extensively as possible with various stakeholders, obviously, including the agriculture sector. It's very important for PMRA, the pest management agency, to understand the usage patterns. There is a real issue of talking to the industry and to the manufacturers to have an understanding of how this stuff is used and to make sure that if restrictions are put in, it's done in a way that's obviously as sensitive as possible to how the product is actually used in the marketplace.

Often an initial proposal, which might call for more extensive restriction, actually will be amended through the consultation process because we get better data from the agriculture sector on usage. I just wanted to make that clear.

The second thing I would say is that we are very well aware that often there may be a lack of alternatives. As a result, when there are restrictions that have to be put in place, there is work to determine an appropriate phase-out schedule so that a transition period is available. The statute really does put an emphasis on health protection and the environment. That's obviously what we follow as a regulator.

● (0910)

Ms. Marilyn Gladu: Very good. Thank you.

The Chair: Thank you very much.

Mr. Davies is next.

Mr. Don Davies (Vancouver Kingsway, NDP): Thank you, Mr. Chair.

Minister, at present 32% of Canadians have no dental insurance at all and approximately six million Canadians avoid visiting the dentist every year due to cost. Canada's most vulnerable people have the highest rates of dental decay and disease, but the worst access to this much-needed health service exists among people with low income.

Given these stark disparities, what steps is your government taking to ensure that all Canadians can access medically necessary dental care?

Hon. Ginette Petitpas Taylor: We look at the Canada Health Act, Mr. Davies. We recognize that the Canada Health Act covers medically necessary services. With respect to dental care, we recognize that it's not covered under the Canada Health Act. Just recently I appeared at the seniors caucus committee here—our seniors caucus—and that was an issue that came up, an area that people wanted to look into.

I would encourage the committee to possibly even do some work in this area. At this point in time, with respect to investments in that area, no federal investments are being made.

Mr. Don Davies: Thank you.

On opioids, there's an overwhelming consensus among addictions professionals, community organizations and families with lived experience that the leading cause of opioid deaths in Canada is the tainted street drug supply.

It's plainly obvious that ensuring a safe supply would save lives. No less a figure than the president of the Canadian Medical Association is calling on Canadian politicians to have an “open and courageous” debate on decriminalization, yet you and the Prime Minister have explicitly ruled out any consideration of decriminalization and regulation.

My question is this: Do you disagree with the stakeholder consensus, or is it simply a lack of political courage?

Hon. Ginette Petitpas Taylor: Mr. Davies, I think you've heard me say, probably on several occasions, that I certainly recognize that the opioid crisis is a devastating situation that's happening in our country at this point in time, and we certainly have to use all tools at our disposal to turn the tide on the crisis.

With respect to the issue of decriminalization, we believe—I believe—that decriminalization alone is not going to provide a safe supply of drugs on the streets, and many other experts in the field have said the same. I've met with individuals in Portugal as well, and they've indicated that decriminalization alone is not the silver bullet solution to effectively turn the tide on this crisis. I do, however, feel that having a safe supply of drugs is an option and a step in the right direction.

That's why the regulatory changes have been made to ensure that medication replacement therapy is available. We have ensured that with diacetylmorphine, for example, we got rid of some of the red tape. That needed to take place in order for doctors to be able to prescribe it, and also methadone.

We continue to work with partners on the ground. We continue to use all the levers at our disposal to make sure we effectively deal with the situation.

Once again, I certainly recognize that more work needs to be done in this area, and we will continue to make the investments and to provide support and leadership as a federal government.

Mr. Don Davies: Minister, you've repeatedly claimed that your government is doing everything possible. You just said again that you're using every lever to deal with the opioid crisis. Of course, that's not true. Besides ruling out decriminalization, which is one lever that obviously would result in a much safer supply of drugs being accessible to Canadians, you've refused to declare this a public health emergency under the Emergencies Act. We just heard this Tuesday from Sarah Blyth, who operates an overdose prevention site on Vancouver's Downtown Eastside, the epicentre of the opioid crisis, that they receive no federal money or federal exemption to operate legally, and your government has failed to join B.C.'s civil lawsuit against opioid manufacturers, just to name some.

We know that the U.S. federal government has secured criminal convictions and civil damages from opioid manufacturers for violating U.S. federal law. My question is simple: Has your ministry investigated criminal and civil violations of Canadian federal law, and if not, why not?

● (0915)

Hon. Ginette Petitpas Taylor: Well, you've asked three or four parts of your question now.

Mr. Don Davies: Just the last question is all I really want to know the answer to.

Hon. Ginette Petitpas Taylor: With respect to addressing your question, though, and with respect to declaring it a public health emergency, I feel that I have to address that.

If we felt that we would have any more tools at our disposal by declaring this a public health emergency, we would absolutely do so. I've checked with my officials. I've checked with the Minister of Public Safety. Declaring it a public health emergency would give me no other levers to work with. That is why we haven't gone forward with declaring it a public health emergency.

Again, Mr. Davies, decriminalization will not provide safe drugs on the streets to individuals. That alone is not going to be the end-all fix-all.

With respect to the lawsuit in B.C., as you made reference to, our department is reviewing the class action, or the lawsuit, that's been filed by British Columbia, and no decision has been made at this time.

Mr. Don Davies: Okay. Thank you.

By the way, it's not just decriminalization, Minister; it's decriminalization and regulation of drugs to ensure that Canadians get safe access to drugs.

I want to move, if I can, to forced sterilization.

In 1986, the Supreme Court of Canada made the practice of forced or compulsory sterilization illegal in Canada, of course, yet more than three decades later, we're still confronting the stark reality that modern-day forced sterilizations are occurring in publicly funded and administered hospitals in Canada. Sixty indigenous women are currently engaged in a class action lawsuit, alleging that they were subjected to forced sterilization in our health care system as late as last year, 2017.

We know that Amnesty International has confirmed this constitutes a form of torture as defined by the UN, and we have a moral obligation to ensure that Canada's health care system upholds fundamental human rights.

What actions are you taking as federal minister of health to address this profoundly disturbing situation?

Hon. Ginette Petitpas Taylor: Thank you very much for your question. I have to agree with all of your comments, Mr. Davies. It's an appalling situation. It's completely unacceptable to think that this is happening in this country. It's certainly a clear violation of human rights, and also, it's gender-based violence. Here we are, on December 6, of all days, talking about this—a very appropriate day to be talking about this. It's just simply not acceptable at all.

Minister Philpott and I work in close collaboration. We are reaching out to provinces and territories in order to further this discussion, and not only provinces and territories, but medical associations that regulate these professions. We want to make sure we do all that we can to put an end to this.

I've indicated I still can't believe that in 2018 we're having this conversation, and it's happening in this country. Let me be clear: This is absolutely unacceptable, and we will do all that we can to ensure that it no longer occurs.

The Chair: Time is up.

Now we go to Mr. Ayoub for seven minutes.

[*Translation*]

Mr. Ramez Ayoub (Thérèse-De Blainville, Lib.): Thank you, Mr. Chair.

Welcome, Madam Minister, and thank you for being here with us.

Madam Minister, in your mandate letter, it says: “facilitate collaboration on an organ and tissue donations and transplantation system that gives Canadians timely and effective access to care”.

I congratulate you and thank you and your team for having accepted to work with me and having sponsored, if you will, motion M-189, which was tabled a few weeks ago in the House of Commons. It was accepted unanimously by my colleagues, whom I also thank.

I'd like to know what the situation is now. Still today, out of the list of 4,500 people, 250 die every year while they are waiting for an organ donation, either to save their life or to improve their quality of life.

In the near future, how will the provinces, territories and stakeholders work together to facilitate organ and tissue donation in Canada?

Hon. Ginette Petitpas Taylor: First, thank you very much for your question, Mr. Ayoub. I congratulate you for having tabled that motion. It's always a good thing when a motion is accepted by all political parties. Canadian men and women have a lot of empathy for the people who are waiting for an organ transplant. All of the people around this table probably know someone who has had an organ transplant or who is on a waiting list for an organ donation.

This is certainly an absolute priority for our government. We recognize that there are too many people waiting for an organ donation, and not enough people who receive them. When bills or motions are tabled to improve the situation, it's always a good thing.

The federal government made investments, as did the provinces and territories, to support the Canadian Blood Services initiative and the work it does in this area. We will continue to work in close co-operation with the provinces and territories, as well as with Canadian Blood Services, to improve the organ and tissue transplant system.

We also invested $100 million in transplant research. We recognize that there is still a lot of work to do in this area, and we will continue to follow the situation closely and make the necessary investments to move this forward.

● (0920)

Mr. Ramez Ayoub: Will you be meeting with your provincial colleagues and Canadian Blood Services representatives over the next few months? What measures will you take to define the problems and find short- and medium-term solutions to move this forward? Over the last 10 years, there has been a certain stagnation. Things have improved somewhat, but there is still a lot of work to do. The fact remains that only 250 people per year receive an organ donation.

Someone once asked me what the ideal number of people on the list would be. Obviously, the answer is zero. No one should be on a waiting list, and face being told that there will be no organ donation for them.

What meetings is your department planning in order to exercise its leadership in this area?

Hon. Ginette Petitpas Taylor: As you said, we would like to see the waiting list disappear, and it would be ideal if no one were waiting for an organ donation.

When I meet my provincial and territorial counterparts, quite frankly, the issue of organ donations is always on the agenda. This is an issue that concerns all of us, both the federal government and provinces and territories.

We will continue to make the necessary investments to promote organ donations, as well as to inform Canadians that they can place their name on the list of organ donors.

We are continuing to do a lot of work in this area. The federal government will continue to show leadership in co-operation with its provincial and territorial counterparts.

Mr. Ramez Ayoub: Thank you.

My colleague, Mr. Webber, introduced Bill C-316, which was agreed to unanimously. We are all following this issue closely. Many of my colleagues and I would like this to be implemented as quickly as possible.

You raised another important topic. There has been an increase of $500,000 for the purpose of education and awareness-raising about the effects of cannabis, following its legalization last October.

How are you going to approach public education on cannabis? It's not about advertizing, but about providing information to young people and their parents Canada-wide. Young people will become adults, and they will be able to consume cannabis, or not. Before consuming cannabis they have to know what it is.

How do you intend to better inform the population on the adverse effects of cannabis, particularly young people of less than 25? It has been shown very clearly that cannabis has deleterious effects on young people. What are the next steps?

Hon. Ginette Petitpas Taylor: Thank you very much for your question.

As you know, even before cannabis was legalized, there were several prevention and education programs to inform young people especially, but also the rest of the population, with regard to the risks associated with the consumption of cannabis.

As Minister of Health, I've always said that I did not want to encourage young people, nor the rest of the population, to consume cannabis. However, we also recognize that young people had access to it before legalization. Therefore, we wanted to protect our young people and put an end to the black market. That was in fact the objective of the bill.

That said, we are still going to invest over $108 million in education and prevention, since we want to make sure that we inform young people about the risks involved in consuming cannabis. It has already been a year and a half since we began setting up partnerships with several community groups who are helping us to do this. I could mention, for instance, Drug Free Kids Canada, with whom we have good co-operation. That organization has developed a work tool that helps professionals and other people who work with young people raise the topic of drugs with them. That type of conversation can sometimes be a bit difficult or delicate, and people don't always know how to go about it. This tool, which has been distributed to thousands of Canadians, helps stakeholders get the conversation started about drugs with our youngsters.

Our department is going to continue to establish working relationships with various community organizations. We have also developed our awareness campaigns, as have our colleagues from the Department of Public Safety and Emergency Preparedness.

At this time, we want to make sure that our messages get through. There will thus be awareness-raising messages on television and radio. However, if we want to reach young people, we have to remember that they are different from adults. Personally, I still watch a lot of television, but young people are more inclined to use social media. And so our awareness campaigns aimed at young people have to be directed to social media.

The results we've obtained confirm that our messages are reaching millions of young people, and that our campaigns are working, because we go where the young people are. We want to ensure that young people are aware of the dangers of cannabis and impaired driving.

● (0925)

Mr. Ramez Ayoub: Thank you.

[*English*]

The Chair: Thanks very much.

I want to note that the government member put in a plug for the opposition member's motion. You don't see that very often, but that's the nature of our committee now.

We're going to start our second round with Mr. Webber.

Mr. Len Webber (Calgary Confederation, CPC): Thank you, Mr. Chair.

Thank you, Minister, for being here today.

Not only does the member opposite plug my bill, but the government also provided $4 million for the implementation of my bill to get organ donation on the tax return, so I thank you very much for that, Minister. I'm sure you were a big part of that as well.

Hon. Ginette Petitpas Taylor: Congratulations on a job very well done. As I have indicated, this area affects many Canadians. I think all of us around the table know someone who is either waiting for a transplant or has been the recipient of one. I think all initiatives that all parties can do to promote this are certainly very well received, so thank you very much.

Mr. Len Webber: Thank you.

Of course, it is a big issue around this table too. Everyone is passionate about the bill and about passing Mr. Ayoub's motion as well. I'm putting that right back at you, Mr. Ayoub. Your motion was wonderful. We supported it wholeheartedly.

To continue on that bill, Minister, there is a little hiccup here right now. I am finding it very difficult to get it through the House before Christmas. I wanted to get a vote before Christmas so it can get to the Senate and then get to the CRA before their deadline to ensure it gets on the form in 2019.

Right now it looks as though it may not get on there until 2020, which to me is an extra year of people dying when they shouldn't be.

I tried to get the bill to collapse yesterday. It didn't happen because your party, I'm sorry to say, wanted to continue the debate, so it went into a second hour of third reading. I tried unanimous consent. I talked to the government House leaders; your government is not willing to have unanimous consent.

If you could please talk to your House leader, to your party, to try to get unanimous consent on this bill so there can be a vote next week, I would appreciate it very much.

Hon. Ginette Petitpas Taylor: Well, I'm certainly committing to you that I'll speak to our House leader with respect to the issue, and we'll certainly follow up.

Mr. Len Webber: Great. Thank you.

I'm going to follow up a little bit also on Mr. Davies' questioning. I just need further clarification regarding the opioid crisis. You mentioned that you've set up consumption sites and you want to reduce the stigma out there with respect to these people's suffering.

Mr. Davies brought up the Portugal model of decriminalization. I just want some clarification there, Minister. Will you clarify for all Canadians whether the Portugal model of decriminalization is on or off the table as a path that you would be willing to consider?

● (0930)

Hon. Ginette Petitpas Taylor: Thank you, Mr. Webber, for the question.

I think we've been very clear with respect to the issue of decriminalization: It is not a path that we are considering at this time. We indicated that many regulatory and legislative changes have taken place over the three years we've been in government. We've certainly restored harm reduction as the key pillar of our drug strategy; we recognize that harm reduction measures do work. We also recognize that when it comes to treating substance use issues, we have to meet clients or users where they're at. We can't have a single approach to effectively deal with this. As a result, we have made significant investments in different areas. If we look at the harm reduction pillar, we've certainly done all that we can to ensure clients have access to treatment.

Mr. Len Webber: Minister, you mentioned the money you've put into this. How much has been spent on treatment and recovery for the opioid crisis? What's the dollar amount that we've spent so far?

Hon. Ginette Petitpas Taylor: In 2018 alone, in budget 2018, an investment of $230 million was brought forward. Out of that $230-million investment, $150 million is specifically for the emergency treatment fund. That's funding that will be given to provinces and territories—we're in the process of negotiating bilateral agreements with them right now—to provide them with additional resources to have more services on the ground. That's the $150 million.

Aside from that, we certainly recognize that stigma is a big barrier to people receiving the treatment they need, so part of that funding will also go toward putting together an anti-stigma campaign. The first part of that campaign has already been rolled out. We're going to roll out the second part of that campaign after Christmas.

Mr. Len Webber: Fantastic.

Hon. Ginette Petitpas Taylor: We certainly have to make sure we address that if we want people to get the help they need.

Mr. Len Webber: Thank you, Minister.

The Chair: Now we go to Dr. Eyolfson.

Mr. Doug Eyolfson (Charleswood—St. James—Assiniboia—Headingley, Lib.): Thank you, Mr. Chair, and thank you, Minister, and thank you to everyone else for attending today.

We were talking about the different aspects of illicit drug use and the different problems. A big problem in the Prairies, one that's been getting a lot of attention, is methamphetamine. We've seen dramatic increases in Manitoba, also through Saskatchewan and Alberta, and we're hearing reports that it's showing up in Ontario and the Maritimes as well. Earlier this year, I introduced a motion to this committee to study methamphetamine. We actually had our first meeting on October 29.

I asked you a question in the House on November 1 about the government's actions to help communities affected by meth. You talked about $150 million being devoted to the emergency treatment fund and about the federal government participating in the methamphetamine task force in Winnipeg, which will involve all three levels of government.

Could you update us on how this fund will assist these communities impacted by methamphetamine and also on the latest developments on the methamphetamine task force?

Hon. Ginette Petitpas Taylor: Sure. Thank you once again for your question and your work. I know that you're very interested in this issue and concerned about this issue, Doug, so thank you.

When we look at the patterns of problematic substance use, we certainly recognize that they differ across the country. We see it perhaps in pockets, but when I've gone across Canada, I know that in some areas.... If I go to B.C., opioids are really the issue they want to discuss. When I've gone to the Prairies or to your province, I've been told very clearly that the predominant issue of concern is in the area of methamphetamines.

With respect to the investments we're making and the $150 million in budget 2018 for the emergency treatment fund, many individuals thought that was specifically for the current opioid crisis. However, the $150 million really is a treatment fund for all problematic substance use issues. If the province or territory chooses to make those investments to deal specifically with a meth crisis on the ground, it is completely up to them to provide additional services to clients who need them the most.

We are currently finalizing negotiations, actually, with Manitoba. We hope to be signing that bilateral agreement for the emergency treatment fund in the very near future.

I really want to commend the City of Winnipeg for putting together this task force, because they certainly see that it is a crisis. I'm pleased to say we'll have a senior public health official who will be sitting on that committee as well to provide any support they can. It's also my understanding that a member of Parliament will be sitting on that committee. We look forward to seeing if there's anything we can do to assist. We're more than happy to do so.

● (0935)

Mr. Doug Eyolfson: All right. Thank you.

Just changing gears here, we've talked about our commitment to pharmacare. As you well know, that's something I've been quite involved in. I believe it is an important issue. I'm looking forward to Dr. Hoskins' report.

As you might guess, there is some opposition from certain players with financial interests in the status quo in our pharmaceutical coverage system. One of them involves our initiatives to control drug prices. There are claims from industry that if we lower the price Canada pays for its drugs, this will decrease investment in research, decrease the development of new drugs and put the safety of Canadians at risk.

Could you respond to the veracity of this claim?

Hon. Ginette Petitpas Taylor: I guess first and foremost, as I indicated earlier, I think we all recognize that we have to ensure that Canadians have access to prescription medication. It's just not fathomable that in a country as rich as Canada, some Canadians have to choose between paying for groceries or paying for their medication. That's why I'm pleased to be part of a government that is moving forward with respect to this work that needs to be done.

Dr. Eric Hoskins has met with several individuals from coast to coast to coast with respect to this area. He has met with different companies, pharmaceutical companies, and different experts in the field. We want to make sure we put the best path forward with respect to Canadians. We want to make sure Canadians will be able to afford prescription medication. That's why we want to move forward with this type of plan.

With respect to industries, we certainly have heard differing points of views from them. That information is being collected by Dr. Hoskins, and I'm sure it will be part of the report he'll be presenting to us in the spring of 2019. I look forward to receiving the committee's report and I look forward to being able to move forward with an option.

Mr. Doug Eyolfson: Thank you.

The Chair: Time's up.

Now we go to Mr. Lobb.

Mr. Ben Lobb (Huron—Bruce, CPC): Thank you very much, Mr. Chair.

Thanks, Minister, for coming here today.

I have a question on opioids. Is it time to get rid of generic opioids?

Hon. Ginette Petitpas Taylor: I think we have to recognize that opioids are used for patients in certain situations, to treat patient issues. We have to recognize that.

Mr. Ben Lobb: We do, yes, but what about abuse? Those are the number-one abused pills, aren't they?

Hon. Ginette Petitpas Taylor: I don't know if they're the number-one abused pills.

Mr. Ben Lobb: They're crushable, injectable, etc. Wouldn't it be better to have a tamper-resistant opioid?

Hon. Ginette Petitpas Taylor: What do you mean by that, specifically?

Mr. Ben Lobb: I mean one that you can't crush, melt, or inject; there's a ban on those in the U.S. I just wonder why we don't do that here.

Mr. Simon Kennedy: Mr. Chair, this was an issue that Health Canada examined a number of years ago. The government early in its tenure took a decision not to proceed with regulations to require tamper-resistant formulations.

I want to be clear that certainly Health Canada encourages companies to come forward if they wish to market tamper-resistant formulations, but there is research indicating that you have what's called the "balloon effect", which is that if we were to force a particular class of medications to require tamper resistance, you'd see people migrate to other drugs that were not tamper-resistant. There's a real research issue as to whether that's an effective strategy for countering the opioid crisis.

Mr. Ben Lobb: Fair enough, then.

Mr. Simon Kennedy: The other concern is that with that technology, these particular medications are materially more expensive. They're actually a lot more expensive for patients than the non-tamper-resistant formulations. We would encourage companies to bring those forward, but there's a real policy question as to whether you mandate an entire class of medications to have that technology.

Mr. Ben Lobb: I'm sure we can have those debates and I'm sure people will have different viewpoints.

If we're throwing up our arms at that, then what about prescribing practices? I don't believe that doctors have changed their prescribing practices. I don't believe that dentists have changed their prescribing practices. Should dentists and doctors be prescribing the amounts and the levels?

As minister, what would you do to address this issue? This is a long-standing issue.

Hon. Ginette Petitpas Taylor: It's a very good question that you've raised, and it's one that we've addressed as well. Prescription guidelines are in place for doctors at this point in time.

Just this year, actually, we also moved forward with making sure that all information with respect to the risks associated with opioids are also given to patients. In the past, when a prescription of opioids was given to patients, there was really no information with respect to the harms associated and actually the risk of addictions, and—

● (0940)

Mr. Ben Lobb: Are those guidelines audited? You have guidelines for how and when a doctor should prescribe something. Who audits that to make sure they're complying with them? Are doctors complying with them? I still hear stories from people coming into my office about widely prescribed opioids, Tylenol 3s and everything else.

Hon. Ginette Petitpas Taylor: We certainly recognize that the practice of medicine is the one that oversees those guidelines, and—

Mr. Ben Lobb: I know that.

Hon. Ginette Petitpas Taylor: Pardon me?

Mr. Ben Lobb: Sorry; I said that I know that. We know that. I'm just saying that as the Minister of Health, what can you do to change this?

Hon. Ginette Petitpas Taylor: Once again, the oversight is done by the practice of medicine, and that is the work that they do.

With respect to the guidelines that we've put in place, we've certainly seen some significant improvements in that area.

I'm going to share a story with you. This year I went to do an interview at one of the TV stations here, and the lady who was getting me ready for my interview asked me who I was. I explained to her that I was the health minister. She indicated to me that she was on opioids, and as a result of the prescription guidelines, her doctor had weaned her off of the medication she was on. As a result, she was really struggling, because she is a chronic pain survivor.

I think we have to keep in mind that these guidelines are put in place in order to ensure that medicine is practised effectively. However, it's going to be the overseeing bodies that do the oversight.

Mr. Ben Lobb: Understood, yes.

I would be remiss if I didn't ask about the food guide and the issues around the agriculture community being very offended with some of the proposals for the food guide and the changes to it.

Do you have any comments on that, whether it be dairy, beef, etc.?

Hon. Ginette Petitpas Taylor: Well, first and foremost, I am very excited that our new food guide is going to be launched in the new year—

Mr. Ben Lobb: I know you are excited; I don't think the agriculture sector is excited.

Hon. Ginette Petitpas Taylor: Well, with respect to the food guide, updating Canada's food guide has been a priority of ours. We recognize that the food guide as it is right now doesn't meet the needs of all Canadians. We live in a very multicultural country, and the food guide as it is really doesn't meet all of their needs. That's why they were updating it.

With respect to Canada's food guide, in no way are we telling people what to eat or what not to eat, but—

Mr. Ben Lobb: Aren't you in a way, though, Minister?

I'm sorry for interjecting here, but aren't you, in a way, by—

The Chair: Mr. Lobb, your time is up.

Mr. Ben Lobb: Thank you.

The Chair: I am going to go to Mr. Davies, because Mr. Davies was shortchanged the last time that the minister was here. I'm going to ask Mr. Davies to go next.

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

Minister, unfortunately, we know that opioid deaths have gone up in Canada in every year of your government so far. Hopefully that's not the case this year, but it's been the case.

You mentioned that stigma is a significant reason for people not getting the treatment they need, and no doubt stigma is an issue that needs to be dealt with. However, the evidence that we've heard at this committee, whether it was through our opioid study or pharmacare or any other one, is that there is a profound lack of access in this country to timely, affordable, appropriate treatment.

We heard testimony just this week from an Ontario treatment centre that deals with children, 13-year-olds to 18-year-olds, that their wait-list is over 12 months. We heard this stark testimony that when someone is ready to get treatment, you must get them into treatment immediately. You can't even wait a day or you're risking a death sentence.

Now, you've mentioned $150 million, which I applaud the government for, but if you divide that by 13 provinces and territories, it works out to about $12 million per province or territory if you distribute it equally.

There seems to be a consensus among people in the addictions field that we need to rapidly expand and significantly increase new dollars for treatment if we're really going to start tackling this crisis.

Do you agree with that?

Hon. Ginette Petitpas Taylor: I certainly agree that treatment is needed. When people want to get the help they need, they certainly want to get the treatment in a timely fashion.

With respect to the initial investment that we've made this year of $150 million, it is to provide additional services in support to provinces and territories.

We also have to look at the $6 billion that we've invested in mental health services as well. We can't forget that the bilateral agreement has been signed and those moneys also address the issue of mental health and substance use issues.

Our government will continue to work with provinces and territories, as we recognize that treatment is an area where more needs to be done. We also have to recognize and make sure that people can receive the treatment they need when they need it.

We have to reach the clients where they're at. Sometimes we feel it's a—

● (0945)

Mr. Don Davies: Of course.

Hon. Ginette Petitpas Taylor: It may be a treatment model, but for some individuals it could be an overdose prevention site. We need to make sure that we reach the clients where they're at.

Mr. Don Davies: That's good to hear, and I would encourage as much money as possible going into treatment.

During the last election, the Liberal Party promised to end the discriminatory and unscientific policy that prevents men who have sex with men from donating blood. Instead, your government has just reduced the abstinence period from five years to one, in my view simply perpetuating the discrimination but reducing the quantum.

Why is your government refusing to end what the LGBTQ2 community and scientists across this country regard as a blatantly discriminatory policy and not adopting one that is based on science and behaviour, as opposed to a discriminatory assumption?

Hon. Ginette Petitpas Taylor: I think you're probably aware that Health Canada is a regulator and that we are not the one who ultimately can tell Canadian Blood Services what they do. Canadian Blood Services has reduced—

Mr. Don Davies: Didn't you reduce it from five to one?

Hon. Ginette Petitpas Taylor: Canadian Blood Services has made an application to reduce the deferral period from five years to one year. They brought that application to Health Canada. It was reviewed, and then from there we agreed.

We have been advised that they are going to be in the process very soon of coming forward again to reduce the deferral period from one year to three months. As soon as we receive that application, Health Canada will once again do the assessment, and then from there determine if it's going to be approved.

At the end of the day, we have to keep in mind that it's Canadian Blood Services that makes the application to us. We don't tell them what to do.

Mr. Don Davies: Fair enough, but with respect, Minister, I think the government does have the authority to act if they wanted to.

My last question is going to be a quick one.

The Chair: You may have one quick question.

Mr. Don Davies: On vaping product promotion, we heard recently that Imperial Tobacco Canada is openly flouting the federal rules and running lifestyle ads for Vype ePen 3 on television and social media and elsewhere. Despite complaints to your ministry, no action has been taken.

Minister, why is your ministry allowing Imperial Tobacco Canada to break the law and have lifestyle advertising on vaping pens when that's clearly against the law?

Hon. Ginette Petitpas Taylor: Mr. Davies, I have to say that I'm very proud of the anti-smoking strategy that we brought forward this year. We've made significant investments when it comes to plain packaging for smoking. We made sure that we made significant changes in that area, even when it comes to smoking, and I'll get into vaping.

The Canadian Cancer Society has indicated that the regulations and the plain packaging that we are bringing forward are actually the best that they've seen in the world, so we are certainly tackling this head-on.

When it comes to vaping products, we've made several recommendations and changes there as well, and we are restricting marketing for vaping products. We will continue to monitor this situation. We are very proud of the work we have done to ensure that this industry is regulated and we do all we can to ensure that no marketing practices are allowed.

The Chair: Minister, I think you'd better check the clock. It might be time for you to go.

Thank you, everybody, for your good questions, and your good answers too.

● (0950)

Hon. Ginette Petitpas Taylor: Mr. Chair, if I may, merry Christmas to all the members as well.

The Chair: Thank you, and the same to you.

We'll suspend for a moment while we change the panel.

● (Pause) ●

The Chair: We'll reconvene. We'll start our new round with Mr. McKinnon, whom we cut short in the last round.

Mr. Ron McKinnon (Coquitlam—Port Coquitlam, Lib.): I'm segueing off of one of Mr. Davies' questions—actually, all of his questions.

It's widely known that certain health issues can disproportionately affect Canadians who are in the LGBTQ2 community. As you may know, I've introduced a motion to study LGBTQ2 health in this committee, and we are poised to commence our study in the new year. I'd like to know what the government is doing to support the physical and mental health needs of the LGBTQ2 community.

Mr. Simon Kennedy: I think this a question, Mr. Chair, that a number of us could probably speak to. I can quickly start for Health Canada.

I will assure the member that when our ministry is supporting the government in the design and delivery of health programs, we do try systematically to look at how the programming may or may not disproportionately impact various groups, including groups that might be vulnerable for a variety of reasons. I'll just give one example, and we can certainly talk about a whole variety of areas.

In the renewal of Canada's tobacco control strategy, for example, we are aware that there are some groups on whom the burden of tobacco-related disease and smoking falls disproportionately. The LGBTQ community would be one clear example of that. In the design of our new tobacco cessation programming and measures to deal with tobacco control, that's a particular sensitivity that we try to bring to its development.

Colleagues from the research side and the public health side and so on probably have other things they could add. I'd just say that we could talk about each area of programming, but we try to look systematically at these sorts of issues. I'm sure we could do better, but that is one way we try to be responsive.

I don't know if colleagues wish to jump in.

Dr. Siddika Mithani (President, Public Health Agency of Canada): There are a number of ways the Public Health Agency of Canada supports the LGBTQ2 community. The first is the report on Canada's health inequalities, which provides data on diverse populations. That data allows us to focus on the issues around the LGBTQ2 community and be able to look at programs and policies that would be able to support them.

From an HIV/AIDS perspective, there was World AIDS Day last week, as you know, and the government announced a $7-million investment to support a group called the Advance Pan-Canadian Community Health Alliance, which will undertake to increase access for gay, bisexual, two-spirit and transgender populations to the equitable and effective health services that they need through the HIV/AIDS program.

We also have a number of anti-stigma programs, and the minister also announced an anti-stigma campaign that will also support the LGBTQ2 communities.

We also have family violence programs and gender-based violence programs that include communities involving LGBTQ, and they provide support around prevention and health promotion.

Mr. Ron McKinnon: Thank you.

Does anyone else have a comment?

Mr. Michel Perron (Executive Vice-President, Canadian Institutes of Health Research): Yes. With respect to research from the Canadian Institutes of Health Research, one of the elements that I think might be of interest to the member is the commitment that we made to sex-based and gender-based policy analysis as regards research, not only in terms of how sex and gender play out in terms of the research question, but also in the nature of the research that's undertaken.

We are very much dedicated to exploring how gender and sex influence the health of women, men and gender-diverse people and to making sure that the research actually reflects those needs through the participation of women and under-represented groups in the research, and also to check unconscious biases among researchers in the formulation of the research questions and their application. We are paying broad attention to the matter, not only in how the research is conducted but also in the nature of the research itself.

Mr. Ron McKinnon: Thank you.

I have a very quick question. My other questions are all about the opioid crisis, which has been very thoroughly canvassed with the minister.

I would like to talk about the Good Samaritan Drug Overdose Act, which was my private member's bill that has been law now for about a year and a half. I wonder if you can tell me—and I hope you can tell me—that there have been positive impacts and maybe what they are.

● (0955)

Mr. Simon Kennedy: Mr. Chair, on this issue I would say that Health Canada sees the Good Samaritan Drug Overdose Act as an important part of the government's strategy on dealing with the opioid crisis, in particular around the issue of stigma reduction.

We have heard anecdotally that there has been some progress with that legislation, but there's probably more that we can do to help support its adoption and awareness across the country.

I don't have good empirical data I can share off the top of my head, for which I apologize. I would be happy to see if I can get some firm statistics, but what I can report is that my own staff in their dealing with people at the front lines have indicated that there's probably more we can do to raise awareness and boost awareness at the street level in various places across the country. That's something we're looking at very carefully, to see whether we can put an additional profile on the Good Samaritan Drug Overdose Act as part of our go-forward public education and anti-stigma work.

I don't know if the member is aware, but the other thing is we have been printing up wallet cards and doing a lot of activity to increase awareness and to make sure that frankly the young people in the community and people out in the cities and towns across the country are aware that this legislation exists and aware that this option is now there.

There's a lot of activity going on, but I think our assessment is that we could do more and there's more that needs to be done.

Mr. Ron McKinnon: Great. Thank you.

The Chair: Ms. Gladu is next.

Ms. Marilyn Gladu: Thank you, Chair. My first question will be for the deputy minister.

It is regarding cannabis regulations. I don't know if you heard the question I asked the Prime Minister yesterday in the House about a Montreal couple who had been convicted of having 997 cannabis plants and more than $15,000, and they're under investigation for trafficking of illegal drugs. They have been granted a licence to grow medical marijuana, 600 plants, by Health Canada. It's one of the enforcement things that doesn't appear to be happening.

I've also had complaints about marijuana production facilities in Lindsay, Ontario, and Leamington, Ontario, and my own riding of Enniskillen Township in Langley, B.C., where there are off-site odour impacts that are not in compliance with the regulation and in some cases, with the Lindsay example, no security fencing or anything that is required by the regulation.

When people have called Health Canada, they've been told “Don't call us; call the police.” The police have said, “We're able to enforce impaired drug driving and trafficking, but we don't enforce Health Canada's regulations. You have to call Health Canada.”

Can you tell me who in Health Canada is responsible for enforcement, and are you aware of these situations of the regulations not being followed?

Mr. Simon Kennedy: Mr. Chair, just to clarify that—maybe not for the benefit of the member, because I know that there's obviously a good familiarity, but maybe for the benefit of the committee—we administer a number of regimes. Sometimes in the press and sometimes publicly the activities under each regime get a bit confused, so I just want to explain very briefly.

When it comes to the production of cannabis for medical purposes by a licensed producer or for the legal market by a licensed producer, there are a whole series of very stringent regulations that have to be followed to maintain their licence so that they have the right to sell to patients or to sell into the recreational market.

It is absolutely the case that there have been instances of community concerns around odour and those sorts of things, and I want to assure the member and the committee that we are quite aggressive in following up on that. There are very clear regulations around odour control and filtration systems, etc. There have been cases in the past in which the judgment has been that maybe companies had to do more to ensure compliance, and we're quite aggressive, actually, at following up.

We have extensive authority to actually go onto the facility, inspect property and review records—all those sorts of things—and I think there's a reasonable case to be made that we do that very aggressively. In fact, our level of inspection of those facilities is considerably higher than in a number of of our other regulatory regimes.

Then there is the case of individuals who have a medical condition and have permission from their doctor. They've gone to see their physician—

Ms. Marilyn Gladu: That's okay. That's not the situation. I'll just make sure that I forward the exact locations—

Mr. Simon Kennedy: Actually, if there is an issue, it would be useful to get the material.

Ms. Marilyn Gladu: Yes, absolutely. I'm going to move along to another issue.

This is just an urban legend. I had heard that there was a cut to the number of food inspectors at the Canadian Food Inspection Agency. I'm concerned about that in light of the issues about E. coli in romaine lettuce, which have gone on for a long time. Also, concerns have been brought to my attention that the inspection of pigs in Canada has gone down.

Can you tell me if that's true or not? If it is, what are we doing about it?

● (1000)

Mr. Paul Glover (President, Canadian Food Inspection Agency): Thank you, Mr. Chair, for the member's question.

At the urging of this committee and others, CFIA now makes public the number of inspectors that we have in the agency. That report is available to committee members. The number of inspection staff overall is stable and often increasing year over year. That's at an aggregate level. That's everything from the people in the labs who are doing the tests that the inspectors.... It's overall. There is no shortage of work and those numbers are not decreasing. We happily, at the urging of this committee, make those public.

With respect to hog inspection, we are looking at how we can modernize the way we inspect those facilities. Science is changing, the line speeds are increasing, and we are looking to make sure that we can work with industry to do that in the most efficient way possible and to look at the interventions that are most relevant to the safety of that product. That's work that's ongoing.

Again, if there are ways to do that more efficiently and with fewer inspectors, we will not reduce the number of inspectors. There are other food safety issues to which they would be reassigned.

Ms. Marilyn Gladu: I have one last question, then. This one is on drug shortages. I'm really concerned.

We had an EpiPen injector shortage in August and we have another one now. It's the fourth one in a year. There are four approved suppliers to Canada. There don't appear to be shortages in other countries. Also, we had a shortage of Wellbutrin, which is an antidepressant drug.

I don't understand why we have all these shortages and what we can do about it, but I am concerned to make sure that it's not price that's driving it.

I don't know which one of you can best answer that.

Mr. Simon Kennedy: Just to assure the committee, Health Canada takes drug shortages very seriously. This is a phenomenon that does not just affect Canada; I can certainly assure the committee of that.

Part of it has to do with the structure of the global pharmaceutical industry. There are cases in which there might only be a small handful of active pharmaceutical ingredient suppliers for a particular class of drug, and so you may have a phenomenon whereby a given API that's needed to manufacture a drug is in global shortage. Shortages are an issue. Actually, when we talk to our colleagues in other countries around the world, we find they're grappling with some of the same issues. I want to assure members of that.

The second thing I would say, with regard to EpiPen specifically, is that there have been approvals given to a number of manufacturers to market their products in Canada.

As to the decision of when they enter the market and so on—they obviously they have to set up supply chains to get the products onto shelves—we anticipate having some of the products we approved coming into the market over the next year, which will give Canadians other options.

In the case of EpiPen specifically, particularly given the concern around it, we authorized the import from the United States of an equivalent product. We've had bulk shipments of that product coming into the Canadian market to make sure that while the Canadian product is in shortage, people have an option.

We have a committee that works very closely together as a kind of federal-provincial-territorial committee, and when there's a serious drug shortage, we are, frankly, on the phone with our colleagues at the provincial-territorial level constantly to get a sense of where the supply is in Canada and how we can work together to make sure that patients are attended to.

The other thing I would say is that we are also on the phone with our colleagues internationally. In the case of EpiPen, I can assure members that we're talking to colleagues in other major industrial countries with similar regulatory systems to see whether they have supply and whether we can get the supply into Canada. When there's a major drug shortage, we hear about it instantaneously from provinces and we're all over it.

Obviously, though, sometimes there are limits to the ability to get our hands on product, and I appreciate that it's a real concern for Canadians.

Ms. Marilyn Gladu: Thank you.

The Chair: Mr. Davies is next.

Mr. Don Davies: Mr. Chair, I'm going to pick up a question I asked the minister to which, unfortunately, I didn't hear an answer. It's about the vaping advertising. Last spring the Tobacco and Vaping Products Act received royal assent. It clearly bans lifestyle advertising for vaping products; there's no question. That's what the law says, but we know that Imperial Tobacco Canada is openly flouting the rules. I've actually seen the lifestyle ads for this Vype ePen 3. I'm wondering whether you have. They've been running on television, on social media, and elsewhere. I know that complaints have been sent to the ministry, yet so far we've seen no action taken.

Here's a clear question: Is Health Canada investigating these lifestyle ads by tobacco companies on vaping, and if so, can we expect to see charges?

● (1005)

Mr. Simon Kennedy: I can assure the committee that we're well aware of some of these instances that have been reported in the press, and we are absolutely following up. I'm not in a position to get into specific cases and what may or may not be done, but certainly we have an enforcement team, we have rules in place, and wherever there are violations, we are pursuing them actively.

Mr. Don Davies: Okay.

I want to move to CFIA. In the past six months, a study came out with some very disturbing and alarming data on mislabelling of seafood and fish products. I'm going by memory, but it was something like up to 50%, in some cases, of these products in restaurants or retail outlets not being labelled properly and containing products that were not on the label.

Has any action been taken by CFIA to address that specific concern?

Mr. Paul Glover: Thank you very much, Mr. Chair, for the member's question.

We're very much aware of that study. We are deeply concerned not just about seafood, but frankly about the issue of food fraud more generally, and in particular, economically motivated food fraud. It's not just fish; you'll often hear the same thing about honey, which can be just adulterated sugar.

Does the consumer know the difference? With the seafood issue, most often it's in retail establishments, and they're not able to tell—it's not packaged.

We continue to work very aggressively, both domestically and internationally, with our sampling programs to test and look for food fraud broadly and generally. That would include fish.

Mr. Don Davies: Mr. Glover, do you feel you have the resources? With those kinds of numbers, 40% to 50%—you think you're ordering Chilean sea bass, and it's tilapia, or whatever—do you feel you have enough resources, or are you beefing up your investigations in response to those reports?

Mr. Paul Glover: We are definitely concerned with the increase we are seeing in the areas of economically motivated food fraud and we are working to be able to invest more in this area, but it is an area of growing concern.

Mr. Don Davies: Thank you.

I want to pick up on a question that was asked about thalidomide. We know that in budget 2018 the government agreed to accept this committee's recommendation to expand the eligibility criteria for the thalidomide survivors contribution program. Last May the Prime Minister was asked when the funding would flow to survivors, and he responded at that time:

> We'll have more good news to share shortly on this issue.

Then last June the minister told this committee that an announcement would occur within "the next weeks and months".

Now six months have passed, almost to the day, from that meeting, and these thalidomide survivors still have not seen any money. I heard the minister say, again, it would be in months. That's what I heard six months ago. Of course, these people are aging. There's a very limited, targeted group who took this drug. The mothers were pregnant in the early sixties.

Can you give us any idea when these forgotten thalidomide survivors will receive their funding or information?

Mr. Simon Kennedy: Mr. Chair, I'm not sure I can add a lot to what the minister said, but I can assure the member that we have been doing a lot of work to prepare for the rollout of the new program. On the timing of that, I'm not really in a position to add a lot more to the minister's comment.

Mr. Don Davies: Is that more of a political decision?

Mr. Simon Kennedy: I think that would be more a question to direct to the government.

Mr. Don Davies: We heard testimony from the Patented Medicine Prices Review Board a couple of weeks ago that I thought was quite disturbing. We know Canadians pay the second-, third-, or maybe the fourth-highest prices in the world, and we can't really seem to figure out a good reason for that. One thing we found out was that the comparator countries we're using, the seven countries that include the U.S. and Switzerland, the two highest in the world, lead to an artificially high average. I know there's been some talk to expand that to a more representative sample of 12 countries, and I think they would be more moderately priced.

We also heard that there's a lack of transparency. Drug companies are not compelled to reveal the rebate programs they're giving province to province. Frankly, the companies, even with the comparator countries, are allowed to charge whatever they want. It seems as though there's quite a mess here, and that came out quite clearly from the Patented Medicine Prices Review Board testimony.

Can you update us? When will this new comparator group of countries be implemented? What's being done now, in lieu of having universal public pharmacare, to bring down prices of drugs in Canada?

● (1010)

Mr. Simon Kennedy: Mr. Chair, maybe I would just update and remind the committee that we have been discussing proposals for the modernization of the patented medicine regulations now for about the last two years or so. There was a regulatory proposal that the government tabled a number of months ago that went to Canada Gazette, part 1.

There are two parts to this: There's the updating of the patented medicine regulations themselves, and then there are the guidelines that give effect to the regulations, so there are two pieces. There are discussions going on, not just with the industry but also with the patient groups, provinces and territories and other stakeholders in the health system about both of those tracks.

On the regulations, we've had a number of meetings with the pharmaceutical industry and with others, as we have on the development of the detailed guidelines. The development of the detailed guidelines is being undertaken by the Patented Medicine Prices Review Board itself, because that's a kind of technical conversation. A decision on when to proceed and next steps will be a decision the government will make, but we continue to discuss with stakeholders the kind of next steps on that proposal. There is a detailed regulatory proposal on the table on which we're in an active conversation now with all of the various stakeholders.

With regard to the guidelines, even when the regulations proceed, the guidelines will actually be a number of months later. That's a conversation that will likely unfold over the next year regardless.

I would just let members know that this is something that's in process now, and there's a fair degree of detail. I can certainly share with the committee a copy of the discussion paper the government issued about a year ago, and the draft regulatory proposal.

The Chair: Okay.

Time's up.

We'll now go to Mr. Ouellette for seven minutes.

[*Translation*]

Mr. Robert-Falcon Ouellette (Winnipeg Centre, Lib.): Thank you very much Mr. Chair.

My question is for Mr. Glover. On the topic of fish and food safety in Canada, how many lawsuits have there been about the erroneous labelling of our food products?

Mr. Paul Glover: Thank you for your question.

I don't know the exact figures, but I can gather them for the committee.

[*English*]

We can definitely provide those numbers.

I would say though, regarding prosecutions, that we do regularly refer issues to the public prosecution service for their consideration. It's not something that our inspectors do; we refer it to the prosecutors for their consideration, and then they make a determination about whether they would like to proceed in that regard. We do issue corrective actions, administrative monetary penalties, and we can provide the clerk of the committee with the full range of regulatory actions that we're involved in.

Mr. Robert-Falcon Ouellette: Have there been prosecutions? Food safety is extremely important, and people should actually go to jail, I think, if they are mislabelling food. If I put something in front my family, I want to know what it is they're eating, and I don't want to believe it's tampered with. If something's coming from other countries like China or India or Russia or any other country—

Mr. Paul Glover: Or domestically.

Mr. Robert-Falcon Ouellette: —I want to make sure our rules are respected.

Mr. Paul Glover: We are absolutely, whether it's foreign or domestic, regularly sampling food to make sure it's compliant with all of the regulations. There are instances when we do refer things to public prosecution. In addition to that, if you look, you'll see we are regularly recalling foods, stopping sales and issuing administrative monetary penalties to the company to incent correct behaviour on their part.

Mr. Robert-Falcon Ouellette: Thank you very much.

This is a question for Monsieur Perron, I believe. This is about medical products and drugs. When they are found to be not compliant or unsafe in the United States, why does it take so long for us to actually remove them from the market? It goes on continuously, and as a Canadian, I watch this on the news and I ask why we are taking so long. We're supposed to be better. We're supposed to have a better, more educated bureaucracy with better researchers, and yet it takes so long. Why?

Mr. Simon Kennedy: In fact, you really have to look at it device by device. There are certainly instances we could cite of the product being withdrawn from the Canadian market before it was withdrawn from the market in the U.S., for example.

When there is a serious issue—say, with a medical device—such that you need to issue a recall, or there needs to be some sort of safety communication, much as we do with pharmaceuticals, we do an assessment of what the impact will be on the patient population. With any one of these, whether it's a pharmaceutical or medical device, it may well be that this is something that's providing a significant benefit to a large number of people, even if there is admittedly a risk or a serious issue with a small number of individuals. There's an assessment of what the impact of a recall would be on the patient population.

It is not the case that in every circumstance the decision of what to do in Canada is going to mirror that in the U.S., and there are a variety of reasons for that. One of them is that we have a very different health care system. The use of some of these devices can be quite different in Canada from, say, the U.S. or in Europe, and so in the decision on a recall or whether to intervene in some way, we might actually reach a different conclusion. There are some really stark illustrations of the decision in Canada being quite different from what it was in the U.S., because the device is used in a very different way, in a different—

● (1015)

Mr. Robert-Falcon Ouellette: Then I also hear about other cases of it taking two years to remove it from the market, and there wasn't very good reporting and people suffered. For me personally, that's unacceptable, and I think it's unacceptable for Canadians.

Is there an expedited process for you to do these evaluations once you hear from the FDA in the United States that they've done an evaluation and they've determined that it's not right, it's not working? I would kind of believe the U.S. system would keep products on the market even longer, because there's more profit in it for them.

Mr. Simon Kennedy: To be clear, in some circumstances there are medical devices that remain in the market longer in the U.S. than in Canada. I think the minister has been pretty clear in her public statements. The government feels there's more that can be done in the area of medical devices. The department's been working on an action plan; we're going to be coming forward in the new—

Mr. Robert-Falcon Ouellette: Do you have an expedited process?

Mr. Simon Kennedy: An expedited process in what respect?

Mr. Robert-Falcon Ouellette: I don't know. Is there a special committee that this goes to automatically, and experts sit down and ask if there is something we should do in the next week or two weeks about this?

Mr. Simon Kennedy: It really depends on what the signals are that are coming from the marketplace. Whether it's a drug—

Mr. Robert-Falcon Ouellette: It shouldn't be about the marketplace; it should be about safety.

Mr. Simon Kennedy: When I'm talking about the marketplace, I'm talking about the way it's being used by patients. Whether it's a drug or a medical device, we receive a wide range of information once that product is in the market. It can come from voluntary reports from patients; it can come from the mandatory reports from the manufacturers.

We're going to be coming forward very soon with a regulatory proposal under Vanessa's law that will require mandatory reporting by hospitals of these sorts of incidents, so mandatory reports will be coming in. Also, signals can come in from foreign regulators, such as the European Medicines Agency discovering an issue, or the FDA.

There are a whole variety of signals that can come in, and the response on what to do is very much dependent on the situation. If the signals coming in indicate that there's a very serious problem, we might swing into action immediately and there could be a recall.

Mr. Robert-Falcon Ouellette: Mr. Kennedy, I have another question. I have only about one minute left.

Mr. Simon Kennedy: Yes.

Mr. Robert-Falcon Ouellette: It's about indigenous women and forced sterilization. Are you going to be passing along information to the RCMP? It is absolutely unacceptable that this occurred in our country. I hope the RCMP and the prosecutor of Canada actually prosecute those who are violating the natural-born human rights of individuals in our country, violating our charter and our basic laws.

Mr. Simon Kennedy: We have already had one conversation at the level of senior officials with our colleagues in the provinces and territories about this. The minister spoke a little bit about the government's view on this. My understanding is that there is going to be further follow-up at the level of FPT governments.

Obviously, the delivery of a lot of these health services across the country is in the hands of our colleagues in the provincial and territorial governments, so this will be something we'll be—

Mr. Robert-Falcon Ouellette: But I think a lot of the issue is that indigenous women keep falling through the cracks because it seems that people just push it around here so that it's someone else's responsibility. What people want, I think, is basic justice. It should be sent to someone to prosecute this, to make sure that people's rights are upheld and that people are held accountable so that it never happens again, so that people will look at indigenous women and say, "We should actually take good care of them and protect them, and not believe they are less valued because no one is going to care." This is what's happened with the murdered and missing indigenous women. The RCMP for a long time..... No one cared. It took massive amounts of protest.

I wear moosehide for a reason. It's because I want to make sure we're all on board, and I hope that the health department will actually pass along this information.

Time's up, and—

Mr. Simon Kennedy: Mr. Chair, to reassure the member and all the committee, as a senior official I would echo the views of the minister. This is an absolutely abhorrent practice. If we were aware of these sorts of instances, I can assure you we would be passing that information to the appropriate authorities immediately.

Because it is about the delivery of health care on the ground, it is an intergovernmental issue on which we will have to work with our colleagues at the provincial and territorial level to try to make progress on it. We're committed to supporting the government any way we can to make progress.

We share the views about the problematic practice being absolutely unacceptable. We'll do what we can to be supportive in dealing with it.

● (1020)

The Chair: Okay.

That completes our time—eight minutes and 22 seconds.

We still have a little bit of time. Is it the committee's wish to carry on for a few more minutes, or should we—?

Ms. Marilyn Gladu: In light of the fact that we didn't get our drafting instructions done last time—

The Chair: Oh, yes, I'm sorry—

Ms. Marilyn Gladu: We have to do drafting instructions for diabetes and rare diseases, so I would suggest that we suspend, clear the room, and get to that.

The Chair: Thank you very much for coming. Thanks for your answers and for helping us to understand some of these issues.

We will suspend for a couple of minutes.

[*Proceedings continue in camera*]