



# DEBATES OF THE SENATE

---

1st SESSION • 42nd PARLIAMENT • VOLUME 150 • NUMBER 99

---

## **CONTROLLED DRUGS AND SUBSTANCES BILL**

**BILL TO AMEND—SECOND READING—  
DEBATE ADJOURNED**

Speech by:

The Honourable Larry W. Campbell

Tuesday, February 28, 2017

## THE SENATE

Tuesday, February 28, 2017

### CONTROLLED DRUGS AND SUBSTANCES BILL

BILL TO AMEND—SECOND READING—  
DEBATE ADJOURNED

**Hon. Larry W. Campbell:** Honourable senators, I rise today to speak to Bill C-37, An Act to amend the Controlled Drugs and Substances Act and to make related amendments to other Acts.

This bill introduces a set of changes as part of the government's comprehensive approach to addressing the problem of drug use. The government and its partners will be better able to address public health and safety issues arising from the growing opioid crisis in Canada.

We are all aware of the context in which these amendments are being proposed. We have all heard the staggering numbers in the news. Last year, in British Columbia, more than 900 people died of drug overdoses. In January, over 160 died, which is less than in December but 80 per cent more than the previous January.

Canadians everywhere are feeling the devastating impact of this crisis. Across Canada in 2016, approximately 2,200 people died of opioid overdose deaths. These numbers are approximate, but I would suggest a minimum number. Provinces report deaths in different manners with different time frames. At least one third to one half of these deaths are fentanyl related.

Drug use presents more of a risk than ever before, as extremely potent and dangerous drugs such as fentanyl and carfentanil are being found more often in the illicit drug supply. The root causes of drug use and addictions are multidimensional. They often stem from larger social issues that can lead to addiction. Experimentation by youth, mental illness, poverty and abuse are just a few of the underlying causes. In the case of opioids, there is also the issue of over-prescribing, which can lead to unexpected dependency. Either way, addiction does not discriminate. It is affecting people from all walks of life, regardless of age, background or socio-economic status. Drug addiction and substance use are complex issues, and effectively responding to them requires a public health response that is guided by evidence.

This past December, the minister formalized her statement to the United Nations when she announced that Canada's previous drug strategy, the National Anti-Drug Strategy, would be replaced by the Canadian Drugs and Substances Strategy. This new strategy is more comprehensive and restores harm reduction as a key pillar alongside prevention, treatment and enforcement, all supported by a strong evidence base. The launch of the new strategy is an important step in ensuring that Canada's drug policies are well-balanced, appropriately health-focused and evidence-based to better protect and promote the health and safety of Canadians.

As I mentioned in my opening remarks, Bill C-37 is a comprehensive bill that proposes to amend the Controlled Drug and Substances Act and the Customs Act. It also proposes related amendments to three other acts: the Proceeds of Crime (Money Laundering) and Terrorist Financing Act, the Seized Property Management Act and the Criminal Code.

The amendments included in Bill C-37 will ensure an appropriate balance between public health and public safety by better equipping both health and law enforcement officials with the tools they need to reduce the harms associated with drug and substance use in Canada.

The amendments to the Controlled Drugs and Substances Act would allow the government to support harm reduction measures and respond to the growing rates of opioid overdoses and deaths across the country. There would also be enhanced enforcement measures to help reduce the illegal supply, production and distribution of drugs, and lower the risk of diversion of substances from legitimate use to illegal markets.

In order to support harm reduction at the community level, this bill removes the overly burdensome requirements communities have to meet in order to establish supervised consumption sites. These criteria, 26 of them to be exact, were put in place in 2015. The government proposes these criteria be replaced by the five factors outlined in the 2011 Supreme Court decision in *Canada (Attorney General) v. PHS Community Services Society*. These five factors are: one, evidence, if any, on the impact of such a facility on crime rates; two, the local conditions indicating a need for such a site; three, the regulatory structure in place to support the facility; four, the resources available to support its maintenance; and five, the expression of community support or opposition.

An amendment made in the other place by the House of Commons Standing Committee on Health provides further clarity, changing the third criterion to refer to "an administrative structure in place to support the facility." This is in line with the Supreme Court of Canada's description of the supporting structure at Insite, which includes strict policies and procedures where clients check in, sign a waiver and are closely monitored by qualified medical personnel. Insite is the supervised consumption site in Vancouver.

Many public health experts maintain that when these sites are properly established and maintained, supervised consumption sites save lives by providing a place where people who use drugs can do so safely and securely in the presence of health care professionals, without the fear of arrest or accidental overdose. The evidence also shows that such sites can save lives without having a negative impact on the surrounding community.

To give you an example, since 2003, at Insite there have been 18,093 registrants, with 3,476,722 visits. There have been 40,245 clinical treatment visits and 4,922 overdose interventions. The critical thing is that out of all of those numbers, not a single person has died at Insite.

Insite counsellors make thousands of referrals to other social and health service agencies, the vast majority of which are for detox and addiction treatment. The calendar year 2015 saw more than 464 admissions from Insite, which is the injection site, to OnSite, which is the treatment centre that is already there. Of these, there was a completion rate of 54 per cent.

The government, in adopting the findings of the highest court, is respecting the rights of Canadians while still ensuring that communities have a voice in the decisionmaking. Streamlining the administrative process for applications and renewals would reduce the burden placed on communities looking to establish supervised consumption sites while maintaining sufficient oversight to protect the health and safety of those operating a site, its clients and community at large.

I believe that harm reduction and supervised consumption sites are key elements in responding to the opioid crisis.

As part of a balanced approach, we must also address some of the public safety elements of this issue. I am referring to the supply of illicit substances and the potential diversion into the illicit market of substances with legitimate medical uses. The government should have the flexibility to reduce the availability of dangerous drugs entering the illicit market. This is why Bill C-37 includes amendments to the Controlled Drugs and Substances Act that provide more effective, modernized tools for law enforcement and the government to deal with the ongoing crisis and prevent drugs like illicit fentanyl and carfentanil from getting into our neighbourhoods.

Illegally produced drugs are often made in pill form and can be made to look very much like legally available pharmaceuticals manufactured and sold for medical purposes. They look like the real thing, but they are not. They often contain fentanyl or carfentanil, and there is no way of knowing which of these pills are fake and which are not. They are the cause of many of the overdoses and the deaths in Canada today.

Officials know that the bulk of supply of illicit powdered fentanyl and carfentanil originates from outside of Canada. Very small amounts of these drugs in their pure form can be used to make a large number of counterfeit pills by employing equipment and devices that can be easily purchased and brought into Canada.

Bill C-37 specifically addresses this problem. First of all, it would introduce a prohibition on the import of unregistered pill press and encapsulator devices. These devices are used legitimately in the manufacturing of pharmaceuticals, food and consumer products. However, in the wrong hands, they can also be used to produce thousands of counterfeit pills in a very short time, posing significant risks to public health and safety.

Currently, these devices can be easily imported into Canada without any regulatory restrictions. Changes introduced in Bill C-37 will require that importers show proof of registration of a pill press or encapsulator device. Unregistered devices could be detained by officials at the border.

Another change that will help to reduce the supply of illicit drugs is an amendment to the Customs Act that will allow officials to open and inspect packages suspected of containing illicit drugs such as fentanyl and carfentanil. The current law gives border officials the authority to open and inspect most packages entering Canada if they have reasonable grounds to suspect the package contains contraband such as drugs or other dangerous goods. There is an exception, however, for small packages weighing 30 grams or less. In these cases, officials need to first

seek the permission of either the sender or the addressee to open the package. This allows illegal importers to package dangerous goods, such as powdered fentanyl, in many separate small envelopes weighing 30 grams or less, knowing that some will get through the net cast by border officials. Sellers also know that there will be no illegal consequences for the importer if some of the packages are detained and sent back.

Honourable senators, 30 grams of fentanyl can cause 15,000 overdoses. To give you some idea of what this looks like, imagine six teaspoons of salt. That's how much we're looking at.

This bill will allow border officers to open international mail of any weight should they have reasonable grounds to suspect that that item may contain prohibited, controlled or regulated goods.

Furthermore, Bill C-37 will introduce amendments that allow enforcement officials to take action against any preproduction activities related to any controlled substance. Preproduction activities include buying and assembling anything, such as chemical ingredients, including, but not limited to, precursors listed in the CDSA, and industrial equipment intended to be used to make illicit drugs. These changes will increase law enforcement's ability to take action against suspected drug production operations and to better equip law enforcement to respond to the fast-paced changes in the illicit drug market.

Taken together, the proposed changes respecting pill presses and encapsulator devices, the opening of suspect small packages, and enhanced enforcement of preproduction activities will help to reduce the supply of illicit drugs in our community.

Other changes included in Bill C-37 will modernize the CDSA to bring in changes to allow Health Canada to regulate the legitimate use of controlled substances and precursors and to prevent their diversion to the illicit market.

Health Canada issues licences to over 600 licensed dealers, authorizing them to manufacture, sell and distribute controlled substances. When these regulated parties break rules such as record-keeping requirements, the available sanctions are not always effective. Warning sanctions such as suspending or revoking a licence could lead to drug shortages and would not serve the public interest. This bill will help to reduce the risk of diversion of controlled substances to the illicit market by creating a more robust and effective compliance and enforcement regime that encourages timely compliance and deters non-compliance.

Bill C-37 also provides authority for an administrative monetary penalty scheme that will provide Health Canada with a greater range of tools to promote compliance with CBSA and its regulations. For example, regulated parties could be liable to pay a monetary penalty in cases where they do not follow the required security or record-keeping procedures. The bill introduces modernized inspection authorities that will allow Health Canada inspectors to enter places where they believe, on reasonable grounds, that activities with controlled substances or precursors are taking place. For example, Health Canada would be able to inspect establishments whose licences have been suspended or revoked, to ensure that activities with controlled

substances or precursors are no longer taking place. The proposed inspection authorities would not, however, allow inspectors to enter private dwellings without a warrant or the consent of an occupant.

The emergence of new designer drugs is a problem in Canada and around the world. These are sometimes called new psychoactive substances or legal highs. These drugs circumvent drug control laws because they differ from the chemical structure of the substances in the schedules of the CDSA and are not captured by the law. Since 2008, more than 250 unique, new psychoactive substances were identified in Canada.

This bill will allow the Minister of Health to rapidly add a substance to a new schedule of the CDSA. This accelerated scheduling provision will allow for a quick response to emerging drugs. The temporary controls for up to two years would provide time for a comprehensive review and a decision on whether to permanently schedule the drugs.

Colleagues, I have tried to keep my speech on topic and scientific. The fact is that opioid deaths are tearing apart our society. The fact is that drug addiction is a disease; it is not a criminal act. The fact is that thousands of our citizens are succumbing to these drugs that we find on our streets. Young teens, parents with children, the most disadvantaged in our society are all at risk and are dying. We need go no further than our media to see the ongoing saga of loss and tragedy. In a previous life, I spoke to the parents, the family and the friends of the deceased. Anger, sadness, bewilderment and an overwhelming sense of life permeated the conversations.

Since those days, I would like to say that the number of deaths has decreased, but, instead, they have increased exponentially. Bill C-37 will provide the appropriate mechanisms and safeguards to ensure the health and well-being of Canadians. This bill will literally save lives. I urge you to pass this as expeditiously as possible.

---