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CONTROLLED DRUGS AND SUBSTANCES BILL

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

Speech by:

The Honourable Larry W. Campbell

Wednesday, May 3, 2017

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BILL TO AMEND—THIRD READING—
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Hon. Larry W. Campbell: Honourable senators, I rise to speak to the third reading of Bill C-37, An Act to amend the Controlled Drugs and Substances Act and to make related amendments to other Acts, as amended.

I want to thank Senator Runciman and the members of the Standing Senate Committee on Legal and Constitutional Affairs for their hard work and dedication in studying this bill. When there is a genuine crisis ongoing, it's sometimes difficult to see the forest for the trees. The committee accomplished this difficult task.

The proposals included in this bill will help to address the ongoing opioid crisis, as well as problematic substance use issues more generally. This is accomplished by equipping health and law enforcement officers with the tools they need to reduce the harms associated with drug and substance use.

Specifically this bill will streamline the application process to apply for an exemption to establish a supervised consumption site without compromising the health and safety of clients, staff or the surrounding community; prohibit the unregistered importation of designated devices such as pill presses and encapsulators that can be used to produce illegal drugs such as counterfeit pharmaceuticals; remove the exemption in the Customs Act that prevents officers at the border from inspecting mail weighing 30 grams or less; and make a number of other amendments to the Controlled Drugs and Substances Act to modernize the legislative framework and enhance compliance and enforcement tools such as improving inspection authorities, and enabling the temporary scheduling of a new psychoactive substance where the minister has reasonable grounds to believe it poses a significant risk to public health and safety.

Ultimately, this bill supports a comprehensive, collaborative, compassionate and evidence-based approach to drug policy by ensuring that the new Canadian Drugs and Substances Strategy is supported by strong modernized and evidence-based legislation.

We are all aware of the context in which we are discussing this bill. Our country is currently experiencing an unprecedented number of drug overdose deaths. In British Columbia alone, there were over 900 overdose deaths in 2016, and so far this year the rate of drug overdose deaths shows no signs of decreasing. There were 120 suspected drug overdose deaths in March in British Columbia, which is averaging four a day. This is the third highest

death toll on record in British Columbia for a month. In the midst of this ongoing opioid crisis, it is clear that we must take action to improve access to supervised consumption sites in order to save lives.

During its study of the bill, the Standing Senate Committee on Legal and Constitutional Affairs amended this legislation. All of the amendments were described by Senator Runciman yesterday, and I will not delve into them now. I am certain that the government and the other place will carefully review the committee's changes.

I must say, however, that the amendment pertaining to the use of prescription opioids in supervised sites and other health venues is critical. For too long provinces and cities have been quick to accuse the federal government, both present and past, of not acting to stop or limit the opioid crisis that we are experiencing. The fact of the matter is this: The federal government has continued to act in a number of ways to try and lessen this evil. The Good Samaritan bill, bills governing precursors and now this bill have been an appropriate response. The government is committed to putting in place any regulation that will allow the provincial health ministers to do their job.

There is a myth that the federal government is responsible for drug prescriptions as it applies to the disease we call addiction. This is false. Health care is a provincial jurisdiction; addiction is a health issue. Provinces already dispense opioids in the form of methadone to many of those people afflicted with this disease. One can only speculate on why provinces have been loath to offer other prescription opioid treatments. Numerous trials and studies of other jurisdictions currently use opioid prescriptions as one of many ways to prevent this disease.

Will this cost money? Of course. Will it prevent deaths? Yes. Is there a price we put on human life? There should not be.

I once ran for mayor on a platform that made it clear that there were no throwaway people in my world. We need to ensure that our politicians on all levels understand this principle and are prepared to abide by it. If not, we will continue to see friends and family die alone in alleys and bathrooms.

In summary, this bill has committed to a comprehensive, collaborative, compassionate and evidence-based approach to drug policy, which strikes an appropriate balance between public health and public safety when considering and addressing these issues. The proposals included in Bill C-37 support this aim and would help to address the ongoing crisis. With that in mind, I believe we have an obligation to Canadians to move Bill C-37 forward as quickly as possible.

Lastly, I want to thank Senator White for his hard work on this issue. As he has proven time and again, actions speak louder than words. Thank you.