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CONTROLLED DRUGS AND SUBSTANCES ACT

Bill to Amend—Third Reading of Bill C-2—
Debate Suspended

Speech by:

The Honourable Larry W. Campbell

Tuesday, June 9, 2015

THE SENATE

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BILL TO AMEND—THIRD READING—
DEBATE SUSPENDED

On the Order:

Resuming debate on the motion of the Honourable Senator Dagenais, seconded by the Honourable Senator Fortin-Duplessis, for the third reading of Bill C-2, An Act to amend the Controlled Drugs and Substances Act.

Hon. Larry W. Campbell: Honourable senators, I rise today to speak to Bill C-2 on its third reading. I don't think it's necessary for me to get into long descriptions about addiction and what it does to our communities, what it looks like and how it affects all of us, but I think you should know why this bill is harmful. It undermines the rights of people who use drugs to access life-saving and health-protecting services.

You can think what you want about these people, but the fact is that they're suffering from an addiction and deserve the same rights as any other citizen in this country. The way we are treating them is different from how anyone else with a disease is treated in this country.

Cancer — we would never, ever consider doing this for a cancer clinic. Heart — we would never consider doing this for somebody with heart problems. Yet, for some reason, addressing this issue in a health-care way seems to be the last thing on the government's mind.

• (1420)

Bill C-2 fuels misinformation about supervised consumption sites and does not recognize the well-established benefits of supervised consumption services to reduce health and social harms often associated with the use of drugs. It doesn't even mention the fact that supervised injection sites can prevent overdose-related deaths and decrease the number of HIV and hepatitis C infections. It ignores the some 18 peer-reviewed reports that have been done demonstrating that supervised consumption services are in fact beneficial for public order and safety.

It only focuses on the risks associated with illicit drug abuse, as if supervised consumption sites were exacerbating such risks when evidence clearly shows that they do the opposite.

I remember when we were fighting for Insite in Vancouver in 2002-03. There was this comment that if we opened a supervised injection site, the number of people who inject in the Lower Mainland would increase. Now, think about that. I've never used heroin, and I get up one morning and say, "Oh, wow. There's a supervised injection site in Vancouver. I think I'll start cranking."

As I said to the media, supervised injection sites cause drug addiction like flies cause garbage. It's exactly the same analogy. There is no honey-pot effect. Crime goes down around it — as does the number of people injecting out in the public, out of rainwater puddles, in the alleys, in sight of our children, in sight of our tourists, in sight of our families. Insite takes that all off the street.

Our only problem in Vancouver is that we only have one. With 800 injections a day, it's maxed out. We could easily have two or three more, which would then lower the death rate, then lower HIV and hepatitis, and stop these associated risks from being in the public.

Bill C-2 completely contradicts the spirit of the Supreme Court of Canada's 2011 decision, and this certainly shouldn't come as a surprise to anybody here. How many bills do we have to pass through here and watch them go to the Supreme Court, where they get booted out as being unconstitutional?

By touting "public safety" at the expense of public health, this bill runs counter to the court's emphasis on striking a balance between public safety and public health. By making it even more difficult to implement supervised consumption sites, Bill C-2 ignores the Supreme Court of Canada's assertion that these services are vital for the most vulnerable groups of people who use drugs and that preventing access to these services violates human rights.

Bill C-2 imposes an excessive application process that would not be imposed on other health services. There are 26 areas here that have to be looked at before you can even get this application to the minister. It's not that these are not important; it's that they are so precise that you could never open a supervised injection site anywhere in Canada, because you would always be within 400 feet of whatever, or you'd always be here or there. And, yes, there will be public opposition.

In Vancouver, there was public opposition to the premise that we should have a supervised injection site. We dealt with that. We answered the people. We talked to them. Our Chinese community did not want that centre in what we call Chinatown. I promised them that it would not be there, and it isn't.

Of course, you have to answer to public complaints. Of course you have to answer to people. You have to have consultation. This is not just "let's make an application and suddenly we have someplace where we can have supervised injections going on." It's not like that at all.

First of all, there was an idea. Senator Dagenais spoke about it. He actually agreed that we should have supervised injection sites and that they should be in big cities, and I agree with him.

I personally went to Toronto and spoke to the Toronto City Council because they were looking at having supervised injection sites. My conclusion was that they probably didn't need them, that they did not have the number of injectors that you would need to make this a viable option. So, I never considered this a silver bullet.

It disproportionately considers opinions around access to critical health services. The Canadian Police Association — I don't know; things have changed. When I was a police officer, we went out and we enforced the law. Now it seems like police officers like to make the law, decide what the law says and how it should be enforced, all without any concept of the law. The Canadian Police Association is wrong. The Canadian chiefs of police are right.

Bill C-2 effectively gives certain authorities unilateral veto power to the implementation of supervised injection sites, because an application for an exemption cannot be examined unless

certain authorities have submitted a letter of opinion. The exemption process can easily be delayed or blocked. If we go out and ask these 26 different groups to send us an opinion, how long is that going to take? You know how that goes. You send it in, it goes into the mill, it gets chewed up and sent around, and no decisions are ever made.

As with any other life-saving health service, the implementation of supervised consumption services should not be dependent on whether the local government, police forces or the ministry in charge of public safety, for example, feel they're warranted. It should start from the premise that this is a health-care facility and the health-care authorities are the ones who have the expertise in how a health-care facility should be managed. Certainly, all of these other groups should have input, but they should not be able to override the concerns of the health-care authorities.

In Vancouver, that would be Coastal Health, which does all of the Lower Mainland. They are fully in support of this. They have been fully in support of it since we went and started it.

Bill C-2 creates unjustified opportunity for public opposition and discrimination against people who use drugs. As I said the last time, nobody is holding a tag day for addicts. They're not warm and fuzzy. They are not people whom you would probably invite to dinner, but that doesn't make them any less human. It doesn't mean that we should be ignoring them. It doesn't mean that we should allow them to die.

Most assuredly, honourable senators, if you pass this bill, people are going to die. That's the bottom line. People will die if you pass this bill. I want you to think about that, and I want you to think about who those people are.

Within this Senate, there are senators who have done incredible work with regard to preventing death: Senator Batters with regard to suicide; and MADD, Mothers Against Drunk Driving, with Senator LeBreton. This is just one more attempt to prevent people from dying. It's not any more complicated than that.

It's estimated that 4.1 million Canadians have injected drugs at some point in their life. Eleven per cent of people who inject drugs in Canada are HIV positive. Fifty-nine per cent of people who inject drugs have evidence of either current or past hepatitis C. Fifty-eight per cent of the estimated new HIV infections in Aboriginal people in Canada are attributable to injection drug use.

According to a study in Toronto, 54 per cent of people who inject drugs injected in a public place such as a washroom or a stairwell, and 46 per cent injected on the street or in an alley in the six months prior to being interviewed. In the summer of 2014, the Agence de la santé et des services sociaux de Montréal investigated 83 cases of severe overdoses, 25 of which were fatal.

Insite clients in Vancouver are 70 per cent less likely to share needles than those who do not use the facility. Insite may have prevented over 48 overdose deaths over a four-year period. The opening of Insite was associated with a 33 per cent increase in rates of access to long-term addiction treatment.

I would like to propose that this bill not be heard at this time and that the following amendments be considered.

• (1430)

MOTION IN AMENDMENT

Hon. Larry W. Campbell: Therefore, honourable senators, I propose:

That Bill C-2 be not read a third time, but that it be amended in clause 5,

(a) on page 8, by replacing lines 14 to 45 with the following:

“to take place at a supervised consumption site, and consideration of the application for the exemption must include the following:

- (a) evidence, if any, on the impact on crime rates;
- (b) the local conditions indicating a need for the site;
- (c) the regulatory structure in place to support the site;
- (d) the resources available to support the maintenance of the site; and
- (e) expressions of community support for or opposition to the site.”;

Before you think that I've gotten incredibly literary with these, they're taken directly from the Supreme Court decision.

Some Hon. Senators: Hear, hear!

Senator Campbell: This is what the Supreme Court of Canada wants. The amendment continues:

- (b) on page 9, by deleting lines 1 to 42;
- (c) on page 10, by deleting lines 1 to 44;
- (d) on page 11, by deleting lines 1 to 45;
- (e) on page 12, by deleting 1 to 41;
- (f) on page 13, by deleting 1 to 38; and
- (g) on page 14, by replacing line 1 with the following:

“(4) The Minister may give notice of any”.

I urge you to consider this, honourable senators. I would ask that you take a deep look into your soul. Take a deep look into why we are here and realize that we are here for all Canadians, not just for those who have diseases that we think are publicly acceptable.

I would ask you to vote on this amendment and show the rest of Canada, or all of Canada, that we're here for them, for those whose rights are being abused, those whose very existence, in many cases, is being denied. I would ask you to search your heart.

Thank you.