

**Second Session – Forty-First Legislature**  
of the  
**Legislative Assembly of Manitoba**  
**DEBATES**  
and  
**PROCEEDINGS**

**Official Report**  
**(Hansard)**

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**MANITOBA LEGISLATIVE ASSEMBLY**  
**Forty-First Legislature**

<b>Member</b>	<b>Constituency</b>	<b>Political Affiliation</b>
ALLUM, James	Fort Garry-Riverview	NDP
ALTEMEYER, Rob	Wolseley	NDP
BINDLE, Kelly	Thompson	PC
CLARKE, Eileen, Hon.	Agassiz	PC
COX, Cathy, Hon.	River East	PC
CULLEN, Cliff, Hon.	Spruce Woods	PC
CURRY, Nic	Kildonan	PC
DRIEDGER, Myrna, Hon.	Charleswood	PC
EICHLER, Ralph, Hon.	Lakeside	PC
EWASKO, Wayne	Lac du Bonnet	PC
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FLETCHER, Steven, Hon.	Assiniboia	PC
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GERRARD, Jon, Hon.	River Heights	Lib.
GOERTZEN, Kelvin, Hon.	Steinbach	PC
GRAYDON, Clifford	Emerson	PC
GUILLEMARD, Sarah	Fort Richmond	PC
HELWER, Reg	Brandon West	PC
ISLEIFSON, Len	Brandon East	PC
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JOHNSTON, Scott	St. James	PC
KINEW, Wab	Fort Rouge	NDP
KLASSEN, Judy	Kewatinook	Lib.
LAGASSÉ, Bob	Dawson Trail	PC
LAGIMODIERE, Alan	Selkirk	PC
LAMOUREUX, Cindy	Burrows	Lib.
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LINDSEY, Tom	Flin Flon	NDP
MALOWAY, Jim	Elmwood	NDP
MARCELINO, Flor	Logan	NDP
MARCELINO, Ted	Tyndall Park	NDP
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MAYER, Colleen	St. Vital	PC
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WOWCHUK, Rick	Swan River	PC
YAKIMOSKI, Blair	Transcona	PC
<i>Vacant</i>	Point Douglas	

## LEGISLATIVE ASSEMBLY OF MANITOBA

Tuesday, March 7, 2017

*The House met at 10 a.m.*

**Madam Speaker:** O Eternal and Almighty God, from Whom all power and wisdom come, we are assembled here before Thee to frame such laws as may tend to the welfare and prosperity of our province. Grant, O merciful God, we pray Thee, that we may desire only that which is in accordance with Thy will, that we may seek it with wisdom and know it with certainty and accomplish it perfectly for the glory and honour of Thy name and for the welfare of all our people. Amen.

Please be seated.

## ORDERS OF THE DAY

## PRIVATE MEMBERS' BUSINESS

## House Business

**Hon. Andrew Micklefield (Government House Leader):** Madam Speaker, on House business.

In accordance with rule 33(7), I would like to announce that the private members' resolutions to be considered on the next Tuesday of private members' business will be Protecting Children and Youth from Viewing Violent, Sexually Explicit Material Online, brought forward by the honourable member for Radisson (Mr. Teitsma).

**Madam Speaker:** It has been announced by the Government House Leader that, in accordance with rule 33(7), the private member's resolution to be considered on the next Tuesday of private members' business will be Protecting Children and Youth from Viewing Violent, Sexually Explicit Material Online, brought forward by the honourable member for Radisson.

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**Mr. Micklefield:** Madam Speaker, if you canvass the House, I believe you'll find there is agreement to proceed to Bill 201, The Service and Therapy Animal Day Act.

**Madam Speaker:** Is there agreement this morning to deal with Bill 201, The Service and Therapy Animal Day Act? *[Agreed]*

## SECOND READINGS—PUBLIC BILLS

Bill 201—The Service and Therapy  
Animal Day Act

**Mrs. Sarah Guillemard (Fort Richmond):** I move, seconded by Mr. Lagimodiere, that bill—*[interjection]*—oh, member for Selkirk, sorry—that Bill 201, The Service and Therapy Animal Day Act; Loi sur la Journée des animaux d'assistance et de zoothérapie, be now read a second time and be referred to a committee of this House.

**Madam Speaker:** Order, please.

*Motion presented.*

**Mrs. Guillemard:** Today I am honoured to be able to speak to a bill that will highlight some amazing initiatives and programs that are happening right here in Manitoba.

Bill 201, the service and therapy animal act day, will mark May 20th of each year—oh, sorry—each year as the day to recognize the unique contributions that a special group of animals have made in the lives of Manitobans. It will be a day to bring public awareness to the ongoing discoveries of the role animals can and do play in society's safety, healing and over well wellbeing.

Throughout history, animals have played a pivotal role in the progression of human achievements and behaviours through hard work and companionship. We can look at examples of farmers through the years who were able to harness the brute strength of oxen and horses to help produce our food, or the carrier pigeons who were able to deliver critical information across intense fighting during the first and second world wars.

Those of us fortunate enough to have grown up with pets, or who currently own them, are aware of the benefits of a human-animal relationship. No one can argue that animals provide an unconditional love that is seldom seen in our human relationships.

However, this bill focuses on a specific and unique group of animals and their trainers, who are gifted in ways that have a significant impact on many in our province. I'm speaking about our service and therapy animals.

Madam Speaker, when I began the research for this bill, I anticipated dealing with a common therapy animal, the dog. What I did not anticipate was the overwhelming response I received from multiple stakeholder groups, including the equine therapy group.

I am grateful that so many service and therapy animal groups were able to find the time to meet with me and explain what their programs look like and detail the invaluable service they provide to our citizens.

I would like to share some of the interesting facts that I learned along the way as I had meetings with these stakeholders.

Theresa Teuton [*phonetic*] from St. John Ambulance told me about her therapy dog certification program that relies on volunteers. Pet owners are able to apply to be screened for training, and if their dog meets the criteria, they participate in a weeks-long program in order to learn about providing therapy.

The volunteers visit senior homes, airports and various other public places where they are requested. They provide a calming presence to those they interact with.

The equine groups whom I met with are all land-based horse therapy. This particular piece of information surprised me, as I had always envisioned horse therapy as a riding experience.

Kathy Asseiro from Symatree Farm, Karen Price [*phonetic*] and Jody Kuik from Lead Rope to Learning, the—and Jennifer Friesen from Eagle Ridge Ranch and Wellness Centre were so very patient with me as they revealed the amazing world of therapy guided by horses.

I learned, Madam Speaker, that horses have a natural ability to connect with subtle messages that our bodies give off without even our conscious effort. Due to the fact that they are prey animals, horses are hyper-alert to their environment as well as to the body language of humans. They are also an animal that requires a built-up trust in order to achieve co-operation. And because of their size, they command respect from all who work with them.

Ms. Friesen was able to explain that her clients typically come to her ranch after trying the common therapies offered in a clinical setting and yet not achieving the level of healing that they needed.

For those who have experienced abuse or trauma, trust is not easily given to doctors or therapists, yet horses seem to bypass these barriers and offer an opportunity to work through emotions with great success.

The sessions begin with clients learning about horses and why building trust is critical to working with them. They're able to find a horse they connect with and slowly build up to leading them through various tasks. If at any point the client's behave aggressively or breach the trust, the horse simply will refuse to approach the client or participate in the activity.

Clients quickly learn to self-regulate their anger or emotions for the rewards of earning the trust of their horse.

\* (10:10)

Karen Price [*phonetic*], a social worker by trade and an avid horse therapy supporter, listed off various difficulties faced by children she works with. From oppositional defiant disorder to autism to FASD, the list goes on and on. But she has seen the benefits that horse therapy provides the traditional methods do not always achieve. One such story involved a client who had a habit of not telling the truth. Each time this client was misleading in an answer, the horse would not approach. Eventually, when the client decided to be truthful, the horse began to co-operate. Kathy said it was quite an amazing experience to see the horse pick up on the subtle body language of this client and provide a positive response when the truth was shared.

I also met with a young lady named Kiya, who is with us in the gallery today, who shared her experience working with horses as she faced crippling anxiety. There were days that the anxiety was so intense she would miss school, and her days felt overwhelming. Kiya was able to articulate how her confidence grew through each interaction with these large animals, and how she slowly learned ways to cope through the anxious moments. This particular therapy was exactly what Kiya needed, and she now enjoys working with other children at Symatree Farms to achieve the same success. Kiya was quick to point out that horse therapy is not for everyone but, for those who do pursue this route, they can have amazing results.

These are just a few of the voices of the many groups I met with. I also mentioned that animals play—have played a key role in keeping our citizens

safe. I have met with Sergeant Bessason, who is in charge of the Winnipeg Police Service K-9 Unit. He was able to provide a glimpse into the world of the canine breeding program, as well as the months and years of training that both dogs and officers endure in order to provide an invaluable service to our police forces. Winnipeg has one of the largest canine breeding programs in North America. In fact, there are only two municipal organizations in North America that breed their own service dogs, making our local program quite unique and well-known among police forces in Canada and the United States.

Sergeant Bessason explained that his program trains and develops tracking dogs, drug-sniffing dogs, and explosive-detecting dogs. I asked him what the benefits of these dogs provide that human officers cannot. His response was that each tracking dog represents the work of 50 officers when it comes to locating and apprehending people who break the law. The dog's ability to keep focus on a suspect's trail using senses humans do not have leads to more arrests each year than traditional methods.

The K-9 dogs are sometimes 'cross-trainee'-cross-trained, but most have specific roles within the police department. As I mentioned, some are for tracking, some are for drug detection and others are trained to detect explosives. Training for these dogs can take up to four years before they are put into service. This is two years—or, four years of intensive training for both the dog and the officer, who develop strong connections through their service together.

On May 20th, I encourage members of the House, as well as the public, to take the time to acknowledge and honour service and therapy animals, and their dedicated trainers who are working to make our world a safer place.

I have two pieces of advice for the general public when it comes to interacting with service animals. No. 1, always ask permission of a handler before approaching. No. 2, do not look a service dog directly in the eye. This could be interpreted as an aggressive gesture.

If Bill 201 passes, Manitoba would be the first province in Canada to recognize the service these animals provide.

I would like to now draw the attention of the House to the gallery, where many stakeholders have joined us today as we debate a topic close to their hearts. We have Kiya, Cathy, Kinsey, Bernice,

Karen, Leah, Jenn, Tara, Margaret, Jenna, Jerry. And then we have our K-9 officers with us today. We have T.J. and Wally—I'm sorry, I lost my notes, here. And we have another one of their officers, too, who will be demonstrating later in the 'rotunda'.

Thank you, Madam Speaker.

### Questions

**Madam Speaker:** A question period of up to 10 minutes will be held. Questions may be addressed to the sponsoring member by any member in the following sequence: first question to be asked by a member from another party; this is to be followed by a rotation between the parties; each independent member may ask one question; and no question or answer shall exceed 45 seconds.

**Mr. Jim Maloway (Elmwood):** I'd like to congratulate the member on her bill.

I'd like to ask her, how can the use of service and therapy animals be considered an innovative approach to justice?

**Mrs. Sarah Guillemard (Fort Richmond):** I'd like to thank the member for the question. We have many ways that animals can provide an innovative approach to our justice system. In particular, the K-9 units, which has increased our apprehension rate multiple times in terms of tracking suspects and bringing them to justice.

We also have units of therapy dogs that actually sit with some of our sexual abuse or other forms of abuse children while they testify in court and bring a calm presence and protective presence within the justice system.

Thank you.

**Mr. Maloway:** I'd like to ask a follow-up question to the member. Things like unforeseen costs can be a strain on the handlers. How are you ensuring that service animals are not actually a burden on the handler?

**Mrs. Guillemard:** I thank the member for the question. I would just like to remind the member that this is a bill pertaining to an appreciation day. It is not to be including provisions for trainers or extra costs added. That would be a separate topic that we would love to continue to discuss. Thank you.

**Mr. Greg Nesbitt (Riding Mountain):** What type of therapy do these animals provide to elderly residents in our personal care homes across the province? I know for a fact in my area they welcome

these animals for visits to there, and it's extremely beneficial to the seniors there.

Can you tell me if this happens throughout the province and what role they play?

**Mrs. Guillemard:** I thank the member for the question. They absolutely play a pivotal role in the well-being of our seniors in this province.

We do have programs through St. John Ambulance that have volunteer dogs that do visit seniors' homes and the various locations where seniors are kept. They provide a sense of companionship and calmness. And what most seniors will mention is that they sometimes can get lonely in these different homes if they miss their families who maybe visit once a week or a few times a week. So the animals do provide the companionship.

Thank you.

**Mr. Maloway:** I'd like to ask the member, then, how can the use of the service and therapy animals be considered an innovative approach to the health-care system?

**Mrs. Guillemard:** I thank the member for the question. Absolutely they are an innovative approach to the health-care system. And again they provide the calming effect that many children or patients within the health-care system can sometimes be very anxious before testing or when they hear some bad news when they visit a doctor. So having a dog visit them while they're recovering from illness or being treated for various conditions has been an innovative approach and absolutely helpful.

**Mr. Len Isleifson (Brandon East):** Just a quick question here. I was very honoured when I worked in the health-care system to author a policy for health care on pet visitations.

So my question to the presenter here then on her awesome step forward today is: What type of re-certifications or certification policies are built into this program that would ensure that pet visitations going forward remain to the legislation that's in place?

**Mrs. Guillemard:** I thank the member for the question. There are rigorous certification courses that are required, especially when you're bringing animals into a health-care setting, just because of the restrictions for various spreading of diseases and whatnot. So these dogs are chosen for a specific

criteria, for their demeanour as well, as they have to follow certain criteria to keep their hygiene up to date so as not to spread disease. Thank you.

**Mr. Maloway:** I'd like to ask the member how we can make public and government buildings more accessible to those with service and therapy animals.

\* (10:20)

**Mrs. Guillemard:** I thank the member for the question. Manitoba has actually taken great strides to make their buildings and public spaces a lot more accessible to those who have needs or have accessible requirements, and I think that we continue with those same efforts that we have been pursuing, and service animals—if they have the certification and identification—are welcome in any public spaces, especially when they are working to support those with needs.

**Mr. Wayne Ewasko (Lac du Bonnet):** I'd like to commend the member for bringing forward Bill 201, and I would just like to comment that, when I was still in the education system, that we had many therapy dogs come in to our school.

And so I'd just like to ask the member: So, as far as re-certification, is there ongoing training for therapy dogs, and how often do people have to, then, get their dogs or animals re-certified or classified—or, classification.

**Mrs. Guillemard:** I thank the member for that question. To my knowledge, the re-certification program—the dogs are—or, sorry, the therapy animals are continually assessed to make sure that they are meeting the needs and the requirements for the therapy they are providing.

The requirements for re-assessment are not all that frequent, but they are continually monitored as they provide the service.

**Mr. Maloway:** I'd like to ask the member how we can ensure that public transportation is more accessible to those with service and therapy animals.

**Mrs. Guillemard:** I thank the member for the question. As I had stated in the previous answer, I think that we have—as a province of Manitoba—I think that we've taken great strides to make not only public transportation but public buildings more accessible to those with needs. At this point, I think that that's a conversation that, absolutely, I welcome. And this day—this bill, to recognize a day for service and therapy animals, I think, will spark many

conversations for further developments and support for these groups.

Thank you.

**Mr. James Teitsma (Radisson):** I do want to commend the honourable member for bringing forward this bill, and also for what she explained in her opening address. I think, even myself—and I suspect many other members of this Chamber—learned things that they perhaps did not know before about the role that service animals can have in our province.

And we certainly would want to see that role expanded, and I guess that's where I want to ask the member a question. Is—what specifically—what actions specifically can we, as members of the Legislative Assembly, can those who are in attendance in the gallery here today—what can we do to increase public awareness and to ensure that service animals are used in as many contexts and as many ways as possible, whether that's the health system or the education system—

**Madam Speaker:** The member's time has expired.

**Mrs. Guillemard:** I thank the member for the question. I think that, by honouring and participating in our first Service and Therapy Animal Day is a first step for all to bring awareness, to share with others who might be struggling that there is an alternative options for therapy and for health, as well as to appreciate those who are involved in training of our K-9 units. There's a lot of work that goes in—that is involved in training these dogs, including what service they bring to us in terms of our safety. And I don't think that they often get as much appreciation as they deserve.

**Ms. Judy Klassen (Kewatinook):** Flashing back to pictures of the No DAPL protest in the States, where they used service dogs on people, what is the occurrence rate of incidence such as that within Manitoba?

**Mrs. Guillemard:** I want to thank the member for the question. I do want to actually point out that what I learned along the way is that our K-9 units here specifically in Winnipeg are trained as tracking dogs. They are not likely to attack a suspect unless they've been threatened in some way, which the general public knows not to, you know, involve in that. So the focus is on the tracking so that the officers can actually apprehend the officers. So what I wanted to bring awareness to in terms of this bill is that we are looking at ways of using this for the benefit of

society, and for those who want to commit crimes—they can't hide from that. So, thank you.

**Madam Speaker:** The time for questions has expired. Debate is open.

### Debate

**Ms. Flor Marcelino (Leader of the Official Opposition):** I thank the honourable member from Fort Richmond for introducing Bill 201 to this House. I thank her because this particular bill brought back many fond memories of my first encounter with a service dog.

It was in the early '90s when I was still working in my day job. At that time, every day I made it a point to pass by the phone reception area of the building where I worked so I could greet and pat Ellie's *[phonetic]* service dog, who was so sweet, gentle and cuddly, beautiful. Ellie *[phonetic]* was—Ellie *[phonetic]* had physical disabilities, yet she was qualified, diligent and efficient in the work she was assigned to do. She lived alone and the service dog received her full and unreserved love. And the service dog had given her back unconditional love, loyalty and service. After all, love begets love.

I didn't know such brief moments each day with a furry animal can help me go through a busy, hectic workday. There were times when encounters with real people were challenging and disappointing. On those days, I intentionally went down to Ellie's *[phonetic]* office so I can hug, pat and talk to her service dog—and to this day, I forgot her name now, the dog—and I felt understood and appreciated, and I could go back to work after that. Maybe we MLAs here should have service dogs during—when—while we are in session.

Madam Speaker, we appreciate service animals, and these are animals that are trained and have recognized certification to be used by a person with a disability for reasons relating to that person's disability. They can be animals trained or in training to be used by a peace officer in the execution of the peace officer's duties, or they can be animals trained to carry out peace officers' duties.

Service animals provide invaluable assistance to persons with disabilities, and I for one saw that first-hand with Ellie's *[phonetic]* service dog. Service dogs, like guide dogs for the visually impaired and assistance animals for persons with mobility issues are so valuable. Furthermore, certain animals like police sniffer dogs help protect the public and help police fight crime. These detector dogs are used to

locate drugs and other contraband, explosives and even track crime suspects and locate evidence at crime scenes.

Fire Paramedic Service also use service dogs, as does the Manitoba Urban Search and Rescue unit which perform search-and-rescue operations in the province with the aid of search dogs trained to the highest level in Canada. These dogs can be difference between life and death as they locate lost, missing and injured individuals in remote locations or in dangerous sites where wreckage may be a factor.

And we've seen so many visuals of news clips when there were calamities such as earthquakes in many, many countries of the world, and first responders turn to service dogs to locate victims of the calamity.

\* (10:30)

According to the national service and animal registry, therapy animals provide affection, comfort and companionship to people in hospitals, retirement homes, nursing homes, schools, hospices, disaster areas and to people with learning difficulties. Our NDP team recognizes and supports the role of service and therapy animals. Not only can they help to support their handler physically, but they also offer tremendous emotional support, serving as a shoulder to cry on, a listening ear and a loyal companion.

Madam Speaker, I'm so grateful and proud that, while in government, we implemented several initiatives to increase accessibility for Manitobans with disabilities. Last year, we passed The Accessibility for Manitobans Act, which implemented initiatives for barrier-free access to goods and services, as well as improved regulations around assistive devices and service animals. For example, we improved access to communications technology for up to 1,100 Manitobans with impaired speech.

In 2012, we passed The Human Rights Code Amendment Act, which repealed the definition dog guide and replaced it with service animal. This made the human rights code more inclusive and extended protection to all service animals that were trained to provide assistance.

In 2009, we passed The Service Animals Protection Act, which serves to protect service animals and the people who use them such as

persons with disabilities who have guide dogs and police officers who use sniffer dogs in their duties.

Madam Speaker, we know service and therapy animals play a wide, varied role in today's society. Whether someone is blind, suffers from Alzheimer's disease, or has suffered multiple amputations, a service or therapy animal can be trained to provide assistance and support where needed. Service dogs, for example, can help relieve symptoms of conditions like post-traumatic stress disorder, anxiety disorders and depression by simply being present when their owner is emotionally distressed. These dogs can provide a helping hand through stressful situations and help their owners cope with their emotional issues.

And on this, Madam Speaker, I fully support—we fully support this bill and, again, thank the honourable member for introducing it to this House.

**Mr. Alan Lagimodiere (Selkirk):** It is my distinct honour and pleasure to stand today and support my colleague from Fort Richmond on Bill 201, The Service and Therapy Animal Day Act, a bill that will bring recognition to the dedication of both the animals and the people involved in these programs—programs that bring safety and quality of life enhancements to Manitobans through service and therapy animals.

The purpose of this bill is to recognize two distinct and important groups: service animals and therapy animals. Bill 201 is a non-partisan bill that I encourage all party members to support. When passed, May the 20th will be the day dedicated to recognize the work and contribution that service and therapy animals, as well as their owners, trainers and handlers, contribute to Manitobans and society. The bill is appreciated and supported by all stakeholders.

Madam Speaker, most Manitobans currently do not know what a service or therapy animal is, nor do they know how to properly interact with these animals. It is important to let everyone know that animals from all species have been trained to be service or therapy animals: dogs, horses, dolphins, birds and monkeys, just to name a few. It is also important to note that not every species of animal makes the grade to be trained as a service or therapy animal. It takes a special breed, a special animal, a special sense and special attributes to be selected for these specific tasks. Animals are selected for these tasks because of their physical attributes: their keen sense of smell, their visual acuity, their superior hearing, their strength and agility, their ability to



learn and remember specific tasks, and often attributes of understanding and comprehension we as humans do not fully understand. For example, dogs used as tracking animals are reported to have up to 10,000 times a greater sense of smell than humans. When tracking an individual, they have been noted to follow the most direct route to the target and not always the trail that was left.

Madam Speaker, many Manitobans use service animals every day. People normally associate service animals as the K-9 teams working with the RCMP, Winnipeg Police Service, the Brandon Police Service and conservation office service. Today we can find service animals working in many areas. Guiding Seeing Eye dogs are seen daily in Winnipeg, alerting people who are visually impaired. Hearing-impaired animals are used by individuals in Manitoba daily as well. In my own community, we have a dog named Fife [*phonetic*] who is trained to assist his hearing-impaired owner at his job site. Some animals are trained to pull a wheelchair; some are trained to alert and protect a person having an epileptic seizure. Animals have been trained to remind a person to take prescribed medications at a specific time. Animals are trained to calm a person affected by post-traumatic stress disorder. The list of duties continues to grow and evolve as we study and try to understand the unique abilities animals possess. I just found out recently that beagles are now being used in California to detect cancer cells from the masks of firefighters to speed diagnosis and treatment. Dogs are also being used in skin cancer offices for earlier detection of patients with melanomas.

Madam Speaker, service animals are working animals, not pets. They are highly trained to perform specific tasks. The work—the work or task an animal has been trained to provide is directly related to the individual's disability or the work that needs to be performed. As such, service animals are individually trained to do work or perform tasks for one specific person. It is important to note there is a clear distinction between service and therapy animals.

Madam Speaker, therapy animals are trained to provide therapeutic, motivational, educational and recreational benefits to enhance quality of life. Therapy animals are selected and sometimes trained to provide affection and comfort in nursing homes, in schools, in retirement homes, in hospitals, in hospices. They are selected as comfort animals for people with autism and even for those who are afraid to fly. Although a lot of work is put into the development of therapy animals, they must

still undergo strict selection and testing following national guidelines.

You can ask, well, how did this all start? Over 40 years ago, it was noted how patients in a hospital responded very favourably to a golden retriever who accompanied its owner, a pastor who visited the hospital. The improvements noted in patients were a calming effect, a more positive attitude and overall outcomes of treatments improved. Medical studies have now shown that companion animals significantly improve the mental and physical health. They help reduce stress; they help decrease depression; and they decrease anxiety symptoms. Individuals with emotionally based disorders may find it difficult to open up and trust another human being, but discovering this process is much easier with a therapy animal.

Support dogs are now being used with children who have been victims of sexual abuse. They provide comfort and safety, and it was stated already in court cases where a child is testifying these dogs are in the witness box acting as a barrier between the victim and the accused to provide that safety and comfort.

\* (10:40)

Animal therapy is often more effective because many of the hurts stem for the human world are based on how people have been treated by other humans. Animals bring a new social interaction into a client's life.

Madam Speaker, right here in Manitoba, we have equine therapy farms that help connect kids with challenging backgrounds with horses. The children and horses seem to connect easily with one another. This is reported by those involved in the programs to assist with therapy.

We also have equine stables that help support children with physical disabilities. Over and over again, interaction with animals has been shown to help with emotional problems, with bonding, with increased self-esteem, with nurturing, with acceptance and interaction.

Madam Speaker, we cannot forget to commend the trainers and owners and all of the people working in the field that make both the service animal and the therapy animal programs available in Manitoba. It takes a great deal of time and commitment to train the service and therapy animal.

Madam Speaker, our government is committed to recognizing the importance of service and therapy animals in Manitoba. We are committed to creating conversation regarding rules and formalities surrounding service and therapy animals, and Bill 201 is one that people of all political parties should support. It brings much-needed, positive attention to the programs, the animals and the people involved in service and therapy animal groups. The work these people and animals take normally impossible tasks and make them possible.

The bill seeks to recognize the work and contributions of therapy and service animals, it seeks to promote awareness of what service and therapy animals are and what they do every day, it seeks to create conversation around the roles service and therapy animals play and it seeks to give service and therapy animal groups the opportunity to educate people of all ages on how to interact appropriately with both service and therapy animals.

Madam Speaker, the human rights council's Service Animal Public Consultation Report, dated February 2015, recommends the commission and the government of Manitoba work together to develop an awareness campaign. This bill will give organizations and individuals involved with service and therapy animals the opportunity to develop and present these awareness campaigns. This is the first step in creating that conversation.

**Mr. Jim Maloway (Elmwood):** Madam Speaker, I'm very pleased to put a few words on the record regarding Bill 201. And, as it has been explained, this bill proclaims bill-May 20 of each year as a Service and Therapy Animal Day. Certainly, in my lifetime we've seen an explosion of service animals in the province, and all, of course, to the good.

Service animals can be defined in different ways. They can be animals that are trained and have recognized certification to be used by a person with a disability for reasons related to that person's disability. They can be animals trained or in training to be used by a peace officer or in the execution of the peace officer's duties. Or, they can be animals trained or in training to be used by a person who's authorized by a peace officer to assist peace officers with the carrying out of the peace officer's duties.

Service animals provide invaluable assistance to persons with disabilities, including guide dogs for the visual-impaired and assistance animals for persons with mobility issues. Furthermore, certain service animals like the police sniffer dogs help

protect the public and help police fight crime. These detector dogs can be used to locate drugs and other contraband, explosives and even track crime suspects and locate evidence at crime scenes. This has been a big improvement and help to law enforcement, not only in this country but worldwide.

Fire Paramedic Service also uses service dogs, as does the Manitoba Urban Search and Rescue, which performs search and rescue operations in the province with the aid of search dogs trained to the highest level in Canada. These dogs can be the difference between life and death as they locate lost, missed—missing and injured individuals in remote locations or in dangerous sites where wreckage may be a factor.

According to the National Service Animal Registry, therapy animals provide affection, comfort and companionship to people in hospitals, retirement homes, nursing homes, schools, hospices, disaster areas and to people with learning difficulties. The fact of the matter is that it's becoming more recognized as time goes by that these animals are a big benefit to the health-care system. When people are in a hospice situation, animals are brought in, people actually get invigorated and partly resuscitated because of their experiences and interaction with these animals. So we need more activities of this type than less, going forward.

Our NDP team recognizes and supports the role of service and therapy animals. Not only do they help support their handler physically, but they also offer tremendous emotional support, serving as a shoulder to cry on, a listening ear and a loyal companion.

In terms of our record while in government, we implemented several initiatives to increase accessibility for Manitobans with disabilities. Last year we passed The Accessibility for Manitobans Act, which implemented initiatives for barrier-free access to goods and services as well as improved regulations around assisted devices and service animals. For example, we improved access to communications technology for up to 1,100 Manitobans with impaired speech. And this bill, by—just by virtue of the nature of the bill, the member cannot, you know, demand the government spend money. So it's recognizing a day of recognition each year. But the reality is that in the past, the NDP in this province have a pretty good record, a track record, of actually providing real money and assistance to help in the program. And

I would expect and hope that this particular government will follow up on this bill and provide more financial assistance to people who are dealing with the service animal issue.

In 2012, we passed a Human Rights Code Amendment Act, which repealed the definition, dog guide, and replaced it with service animal. This made the Human Rights Code more inclusive and extended protection to all service animals that were trained to provide assistance.

In 2009, Madam Speaker, we passed The Service Animals Protection Act, which serves to protect service animals and people who use them, such as persons with disabilities who have guide dogs and police officers who use the sniffer dogs in their duties.

In terms of mental health and PTSD, service and therapy animals play a wide, varied role in today's society. Whether someone's blind, suffers from Alzheimer's disease or has suffered multiple amputations or—a service or therapy animal can be trained to provide assistance and support when needed. Service dogs, for example, can help relieve symptoms of conditions like PTSD, anxiety disorders and depression by simply being present. When their owner is emotionally distressed, these dogs can provide helping hands through stressful situations and help their owners cope with their emotional issues.

Service and therapy animals are also used by people with diseases such as dementia and Alzheimer's and by people with mental illnesses like bipolar disorder. For someone with bipolar disorder, a service animal could make life easier. They can detect seizures, which is a—certainly a big issue, balance emotional states and wake handlers from nightmares and offer constant sources of therapeutic support.

In terms of medical diagnosis, Madam Speaker, service and therapy animals can be used by people with certain medical ailments like autism and seizure disorders. They can bring medication to alleviate symptoms, alert for seizures, act as a nonjudgmental, unwavering, constant levels—or, sources of support. For someone with autism, service animals may even turn life withdrawal and isolation into one of socialization, mainly through enhancing the handler's self-esteem and promoting communications development.

Life can be difficult when someone suffers from physical limitations; shopping, answering the phone, sorting laundry and other day-to-day tasks may be difficult to carry out. Service animals can be of assistance in many of these situations. They can be trained to answer the door, put laundry in the dryer, pick up dropped items like keys, coins, pens. Service animals can also help those who are deaf and hard of hearing. And by alerting the handler to different noises in the home, example, alarms, doorbells, crying babies or carrying messages and objects between family members, the service animal can literally become the ears of his or her handler.

\* (10:50)

Those who are blind can—may also benefit from having a service animal. The animals can be trained to lead their handler around obstacles, alert them of dangers, and to get their handler from point A to point B safely. Overall they can increase the confidence and security of the handler.

In many cases, service animals can help provide services and support for those who need the most. When we think about the contributions of service animals, the contributions made by police service dogs in keeping our community safe comes to mind. Winnipeg Police Service K-9 teams—you see them reported on the media quite regularly—for example, help track suspects, search buildings, locate evidence and find missing persons. Oftentimes, people with disabilities use service and therapy animals to perform daily tasks. Our government recognized that people with disabilities often feel excluded and frustrated and, while in government, the NDP took concrete steps to increase knowledge and action in this area.

Madam Speaker, in 2000, the NDP government created the first minister's responsible—the first minister responsible for persons with disabilities in Manitoba's history. In 2003, the Society for Manitobans with Disabilities presented the Manitoba government with an award acknowledging the creation of the province's first-ever minister responsible for persons with disabilities. This same minister—the minister responsible for persons with disabilities, introduced and oversaw the passage of historic access legislation to prevent and remove accessibility barriers, create craft policies and practices to improve accessibility. This legislation was shaped by the Manitoba Accessibility Advisory Council, representing organizations of people with disabilities, business and municipalities.

You see, Madam Speaker, that not only do we support this important bill by this particular member, but we have a long history of not only—of supporting and promoting with—through financial means this whole area and development of service animals, and the supports needed for all of the different things that they are capable of doing.

So I want to thank you very much, Madam Speaker, and I believe we are prepared to pass this bill.

**Ms. Judy Klassen (Kewatinook):** This past Christmas, I supported an initiative whereby the proceeds went to buying therapy dogs for our veterans suffering from post-traumatic stress.

Animals have always held a valuable place in indigenous culture. Although we knew we were given dominion over all creatures that roamed the earth, we knew that the spirit of an animal is just as precious as a spirit of a human being. We honour the animal's spirit when we take its life for our sustenance. I prayed for that dog used in that—those NoDAPL photos; the handler was misusing the dog's natural order and direction, and so I prayed that that dog would still be able to enter the happy hunting ground despite it being used in the wrong way. Each animal has a directive given unto it—them, and we must respect all living beings. I'm truly glad to see that western society is finally getting on board and seeing the value of these beings.

One of my first questions in this House was that service dogs to be placed at airlines that service the northern remote communities to combat illegal drug problems. Hopefully, this opens a door to that ask. The Liberals support this bill.

Thank you, Madam Speaker.

**Mr. Doyle Piwniuk (Arthur-Virden):** It is an honour to put a few words on this bill—bill 01 that was introduced by my colleague from Fort Richmond. It may—it's very close by my heart, this type of work that individuals have done with canine dogs and therapy dogs.

Myself, I grew up on a farm—as most of you are aware—grew up on a dairy farm. But one thing I don't think a lot of people know is that we raised border collie dogs and we also raised horses, and we broke horses in and we trained border collies to be cattle dogs and worked with them. They're most intelligent animals—both the horses and dogs, border collies especially. You know, with the training, they're very—they can read people very well. And I know,

when it comes to training dogs, they're so intelligent that, you know, they're very trainable and not—everyone—each dog has its own personality, but I know it's the—I know, sort of assuming—they actually cut it to become therapy dogs or community dogs. Not every dog has the ability to become that particular—to be a therapy dog, and one thing that I can honestly say in my own personal life is that my wife's nephew has autism and one thing we always enjoyed doing was we're always bringing him to the farm, and we had—again, we had horses, we have dogs, even our own personal dog—actually they ended up getting a dog because the connection my nephew had with the—our dog, was—you can see it. The dog knew that he was special and the connection they both had was very impressive.

And I know when it came to putting him on a horse, you know, the horse sort of knew that, that this child was unique and the connection he actually had with the animals was impressive, and I want to say how the individuals who work with these dogs, with these animals, these horses and dogs who actually work with autistic children are so important.

I see it for—I saw it for myself how the connection, the relationship that the individual will have with that animal, and, like I said, I was, like, you know, I've always been around animals and, again, they're very intelligent. They have a mind of their own. They're—they can read people, and I know I've, over the years, had good relationships with certain dogs that—or cattle dogs. You know, we would go to the farm and get the cattle, retrieve the cattle. Those dogs knew exactly what to do, you know. They knew how to bring in the cattle.

And we want to keep the horses. We actually—the best thing to do with a horse—and dogs is, from an early age, work with them and give them the attention, and it's amazing the more attention, the more relationship you build with that animal, the easier it is to train, and there were, sometimes, there were some challenges of training horses. I remember breaking the horses in and, again, it was to a point where the better they were—you worked with them, the easier it was to break them in.

And so I just wanted to give a few words on this bill and how I support the bill and how I support my colleague from Fort Richmond.

Thank you, Madam Speaker.

**Madam Speaker:** Is the House ready for the question?

**Some Honourable Members:** Question.

**Madam Speaker:** The question before the House is second reading of Bill 201, The Service and Therapy Animal Dog Act.

Is it the pleasure of the House to adopt the motion? *[Agreed]*

I declare the motion carried.

**Hon. Andrew Micklefield (Government House Leader):** Madam Speaker, we'd like to have this recorded as unanimous.

**Madam Speaker:** Let the record show—is there leave to show that this has been approved and voted on unanimously? *[Agreed]*

**Mr. Micklefield:** Madam Speaker, I'd like to see if there's leave of the House to call it 11 o'clock.

**Madam Speaker:** Is there leave of the House to call it 11 o'clock? *[Agreed]*

## RESOLUTIONS

### Res. 2—Reducing the Devastating Effects of Illicit Opioids

**Madam Speaker:** The hour is now 11 a.m. and the time for private members' resolutions. The resolution before us this morning is the resolution on reducing the devastating effects of illicit opioids brought forward by the honourable member for Selkirk.

**Mr. Alan Lagimodiere (Selkirk):** Madam Speaker, I move, seconded by the honourable member from Swan River,

*WHEREAS fentanyl is a powerful synthetic opioid narcotic that can appear in the form of pills, powder or liquid; and*

*WHEREAS law enforcement agencies in Manitoba, across the country, and around the world are dealing with an emerging opioid crisis; and*

*WHEREAS the Provincial Government has called upon the Federal Government to take immediate action to stop the flow of illicit substances like fentanyl and other opioids into Canada from other countries; and*

*WHEREAS the Official Opposition has lobbied for a non-effective, short term and fractured approach instead of working collaboratively on a strengthened national strategy; and*

*WHEREAS the Provincial Government has committed to expanding access to the lifesaving drug Naloxone; and*

*WHEREAS a national response is required to prevent the spread of opioids across the country so no more families are impacted by the effects of these illicit substances.*

THEREFORE BE IT RESOLVED that the Legislative Assembly of Manitoba be urged to support the provincial government in its continued work in partnership with the federal government and law enforcement agencies to reduce the devastating effects of illicit opioids like fentanyl.

**Madam Speaker:** It has been moved by the honourable member for Selkirk, seconded by the honourable Minister of Health, Seniors and Active Living (Mr. Goertzen),

THEREFORE BE IT RESOLVED that the Legislative Assembly of Manitoba be urged to support the provincial government in its continued work and partnership with the federal government and law enforcement agencies to reduce the devastating effects of illicit opioids like fentanyl.

\* (11:00)

**Mr. Lagimodiere:** Madam Speaker, I rise this morning to introduce this private member's resolution seconded by the honourable member of Swan River, but before I start a discussion, I would like to extend my sincere condolences to the member for—*from* Concordia and his family for the recent loss of their family member. I, too, have lost family and friends to substance abuse and overdose. I—these losses are never easy to understand and deal with, and you have my sincere condolences.

Madam Speaker, I am very pleased to be here this morning to discuss this important proposed resolution and to open the floor to what I hope will be an open and honest discussion to this very serious, national problem. The proposed resolution is quite simple. It asks the federal—it asks the Legislative Assembly of Manitoba to support the provincial government and it's continued—in its continued work in partnership with the federal government and law enforcement agencies to reduce the devastating effects of illicit opioids like fentanyl.

Madam Speaker, the battle against synthetic drugs is complicated by the fact that it is global in nature and, as such, requires a national approach. The drug trade involves many different stages,

starting with manufacturing and production, then importation, repackaging to a street-usable form. And we know backyard pharmacists, chemists and drug dealers have many options here; either pills, capsules, liquid, gels, inhalation, transdermal and injectable delivery forms. Once in a street form, the drug moves to the distribution network and on to the consumer, because of the complexity of the problem, a properly implemented plan to address this growing concern must be initiated at the federal level. This is the only way to have a significant impact nationally on a problem that is global in nature.

Madam Speaker, awareness is an important piece of the fight against these substances. It is critical that the public be aware of the lethality of drugs like fentanyl and how such miniscule amounts can be a fatal dosage. As little as 2 milligrams is lethal; street products have been shown to contain upwards of 5 milligrams. Federal Public Safety Minister Ralph Goodale has stated that as little as 30 grams of fentanyl is enough to kill 15,000 people.

Madam Speaker, RCMP report that 30 grams of fentanyl is easily concealed in courier packages that range in size from the stack of a business card—of business cards to an iPhone box. Carfenanil is even more deadly. 'Carfentanily'—carfentanil was originally used as an anesthetic for elephants. It is so lethal the RCMP report an amount smaller than a poppy seed can be fatal.

History shows that losses of members of our communities due to these opioids has been on the rise. Data from 2013 shows 11 Manitobans were lost; in 2014, 13 Manitobans lost their lives; in 2015, over 20 Manitobans lost their lives, with fentanyl being identified as the cause or a contributing factor. In 2016, we expect fentanyl will be identified as having played a role in the loss of more than 24 Manitobans.

Madam Speaker, we are happy to report that, as a direct result of our supplying 245 naloxone kits in 2016, 31 Manitobans have been reported to have been saved from overdoses between January and December of 2016.

Madam Speaker, fentanyl and other illicit opioids have had significant impacts on communities and families, not only in Manitoba, but across our country. My community of Selkirk has been hit extremely hard by these illicit opioids. Our community is grieving the loss of several community members within the last few years.

Madam Speaker, while the fight against opioids is national in nature, the Manitoba government has taken significant steps in response to the commitments made in the national joint statements of action. Our government has made progress towards meeting several commitments to address the opioid crisis in Manitoba.

Madam Speaker, the best way to help Manitobans struggling with alcohol and drug addiction is to prevent them from becoming addicted to drugs or alcohol in the first place. Prevention and early intervention activities are critical to minimizing harm and reducing costs associated with substance misuse. This is why our government launched a social media campaign in November of 2016, at the same time information packages were sent to all schools in Manitoba. Our PC government will continue working collaboratively with our partners across the country, and here in Manitoba, as we focus on immediate and long-term solutions to address this very real public health concern.

Madam Speaker, as another effort to prevent further losses of Manitobans from opioids, the Provincial Naloxone Distribution Program was launched in January 3rd, 2017. Currently, there are 25 sites distributing naloxone. Sites are located in Winnipeg, and kits are now available in The Pas, Gillam, Thompson, Flin Flon, Selkirk and Pine Falls. More than 300 kits have been ordered by the distribution sites in January 2017 alone, and this is a significant step in our efforts to save the lives of those suffering from addictions.

Madam Speaker, we know that by merely making naloxone kits available we won't stop the crisis. We know that the kits can't save every life, but we do know it can help to save the lives of those who accidentally overdose when the antidote is delivered in a timely manner.

Madam Speaker, the dangers posed by these drugs extends to both users and non-users. As a result, the government of Manitoba's website was also updated to provide information to the general public and service providers on the dangers of fentanyl and where to and how to get help.

In our efforts to prevent further losses of Manitobans from opioids, on December 19th, 2016, we announced that Manitoba will provide naloxone kits to police officers. Winnipeg Police Service will receive 1,300 naloxone kits; 200 kits will be distributed to municipal and First Nations police services. Officers will be trained to use the naloxone

kits if they encounter someone on call who may be experiencing opioid overdose, or if another officer has been exposed while at work.

Madam Speaker, the evidence is clear. Our government has taken several initiatives to help combat this growing concern: a social media awareness campaign, an opioid surveillance working group, and the Addictions Foundation of Manitoba is offering community forums.

Madam Speaker, on a federal level, Manitoba has requested the federal government look at three courses of action to help combat fentanyl. We've asked the federal government to address the banning of pill presses; we've asked them to increase their scope of searches for the Canadian border services; and we've asked the government to work with China to decrease the flow of fentanyl into Canada.

Madam Speaker, as legislators, we need to recognize that drug dealers don't respect borders and the lives of Manitobans. We know that street drugs can be distributed in many forms. We know that pill presses are easily obtainable, with simple presses costing as little as \$60. We recognize that more complicated presses could easily be made or obtained, not only from outside of Canada but also across provincial and territorial borders. Manitoba has shown national leadership in calling on the federal government to implement a national strategy to help deal with the ever-increasing opioid crisis.

Our government called on the federal government to take immediate steps to stop the flow of fentanyl and other opioids into Canada. We must continue to work with the federal government on this national strategy in addition to building on the progress that has been made here in our province.

We invite all parties to join us in supporting the provincial government as it works in collaboration with our federal government and law enforcement agencies to help fight this growing opioid crisis.

The lives we save could be those of a friend, an acquaintance, or a family member. Let's take action together today, Madam Speaker.

Thank you.

### Questions

**Madam Speaker:** A question period of up to 10 minutes will be held and questions may be addressed in the following sequence. The first question may be asked by a member from another party; any subsequent questions must follow a

rotation between parties. Each independent member may ask one question, and no question or answer shall exceed 45 seconds.

**Mr. Matt Wiebe (Concordia):** I listened intently to the member, and I listened acutely to when he talked about, in-depth about the process by which drug dealers are using pill presses to create lethal drugs that are on our streets.

I'd like to ask the member: How could this member stand in this House and vote against the regulation of pill presses in Manitoba?

\*(11:10)

**Mr. Alan Lagimodiere (Selkirk):** Well, Madam Speaker, I thank the member opposite for his question. We see this as more of a national problem to be addressed on the federal level. Banning pill presses in Manitoba would still allow pill presses to be available across the borders, Saskatchewan, Ontario, from the US, and banning it on a federal level will be more effective in the long run for us.

**Mr. Doyle Pivniuk (Arthur-Virden):** Can the member tell this Chamber what actions have been taken in Manitoba to take action on this issue?

**Mr. Lagimodiere:** As I have said, there have been significant measures taken in Manitoba to combat the illicit opioid problem that we're facing.

We started with an awareness campaign focused at informing students and people throughout Manitoba of the dangers of fentanyl and how the very first dose that you could take could be your last. We've also worked with the Addictions Foundation of Manitoba who has hosted a number of well-attended community forums, one being held last night in Selkirk. And we've increased the availability of naloxone to those who may encounter somebody suffering from an overdose.

**Mr. Wiebe:** Can the member across the way explain the difference between the federal legislation that's before the House and the provincial bill that was introduced not—just last week.

**Mr. Lagimodiere:** Thank you for the question. I'm assuming that the honourable member is referring to the pill press bill that's before the House right now. It is my understanding, Madam Speaker, that the federal government is looking at the requirement for registration of pill presses and follow up right across the country, and they will only be available to people who are licensed for the use of these pill presses.

As we've said already, pill presses are readily available on the websites; the honourable member opposite knows that. It is easily to obtain one for as—less than \$60 or more, and they can be readily made—

**Madam Speaker:** The member's time has expired.

**Mr. Kelly Bindle (Thompson):** Does the member know the outcome from the 2016 distribution of life-saving naloxone kits?

**Mr. Lagimodiere:** I thank the member for that question. It is my understanding that 245 kits were distributed in 2016 throughout Manitoba, and, as a result of the distribution of these kits, there have been reported to be 31 lives that have been saved from overdose because of the use of these kits.

**Mr. Wiebe:** It sounded like the member opposite potentially was close to understanding the difference between the federal pill press bill and the bill that was before our Manitoba Legislature, but he didn't quite connect all those dots. Maybe this will help a focus in terms of his knowledge.

Can the member talk about any meetings or consultations that he's undertaken with law enforcement about pill presses in Manitoba?

**Mr. Lagimodiere:** I thank the member opposite for the question. With regards to Manitoba, we have shown national leadership in calling on the federal government to implement the strategy to help deal with the ever-increasing opioid crisis. We've called for a ban on pill presses. We've called for increased border security for the examination of packages coming into Canada because of that 30-gram limit that was discussed and the fact that those letters previously could not be—could not or were not being focused on by the federal government. And we've asked for the decrease in importation of drugs into Canada.

**Mr. Rick Wowchuk (Swan River):** Why would a national framework to combat the importation of pill presses in the fight against opioid crisis be better than a provincial one?

**Mr. Lagimodiere:** I thank the member for the question. And we all know that criminals do not stop at our provincial borders. They do not respect life in Manitoba. And that is why a national ban to stop importation into a country would be seen as being much more effective than just stopping—or the banning of pill presses within Manitoba.

We've also said that these drug dealers have options—many, many options—available to them to

provide these drugs on the streets, pills just being one of the forms.

**Hon. Jon Gerrard (River Heights):** Madam Speaker, my question relates to the fact that in a recent article, it pointed out that, you know, if you're going to have a comprehensive plan for addictions and for opioid, you need to know something about the numbers that are happening. And, although we have a little bit of information, I have a recent article here which says a government spokeswoman says Manitoba's Health Department has no mechanism in place to track overdoses.

Can the member tell us what the government is doing to have better statistics and better tracking of what's happening in this province?

**Mr. Lagimodiere:** I thank the honourable member for his question. And, currently, we are—there's a group that has been set up to study the effects of opioids within Manitoba, to provide us information on the number of deaths occurring from opioids, to give us information on how severe the problem is within Manitoba and to provide us with more information. That's how we can more effectively deal with overdoses within Manitoba.

Thank you, Madam Speaker.

**Mr. Wiebe:** In this member's private member's resolution, the member calls the opioid situation in Manitoba a crisis. Does he believe that this is a crisis, a public health crisis, in Manitoba?

**Mr. Lagimodiere:** Madam Speaker, I thank the member opposite for the question.

And it's interesting to note that provincial statistics show us that under the NDP, the crisis began appearing by showing that fentanyl was either the cause or associated with deaths of people within Manitoba, a factor of over 20 overdose deaths in 2015. This number was up from 13 deaths linked to opioids in 2014 and 11 deaths from 2013, a fact that the NDP took no initiative to address this concern, Madam Speaker.

**Mr. Andrew Smith (Southdale):** I'd like to thank the member from Selkirk for introducing this private member's resolution.

Just a quick question to the member: What steps has the government taken to increase the access to suboxone?

**Mr. Lagimodiere:** Very interesting question.



Suboxone is a drug that is prescribed for people who are opioid dependent. And, currently, in Manitoba, there are 37 authorized prescribers of suboxone. The College of Physicians and Surgeons within Manitoba are—authorized these individuals to prescribe suboxone. And I just heard a interesting story about a individual from a remote northern community, a single mother of two, who has commended the efforts to provide the drug, and her being able to have access to the drug has allowed her to move on with her life.

Thank you, Madam Speaker.

**Mr. Wiebe:** I see our time is running short, and I do have a number of more questions, so maybe I'll just throw them out to the member and he can do his best in 45 seconds.

Plans that this government has for long-term addiction treatment beds. What plans does this government have for a family advocate in hospitals for families of overdose victims? Does this member agree that investing in harm reduction, like self safe-injection sites, will stem the opioid crisis? What concrete steps has this member taken and who has he met with to actually move this issue forward rather than this very thin PMR that we have in front of us?

\* (11:20)

**Mr. Lagimodiere:** I thank the member opposite, and just want to state for the record again that our party recognizes that prevention and education and awareness are keys to fighting the current opioid crisis here and across Canada. Fentanyl does not give anyone a second chance.

Thank you, Madam Speaker.

**Madam Speaker:** The time for questions has expired. Debate is open.

#### Debate

**Mr. Matt Wiebe (Concordia):** I appreciate the opportunity once again to talk about this public health crisis that, as the member's PMR rightly states, is emerging in Manitoba, and I appreciate the opportunity for us to have a real conversation. And, once again, I come to this in the spirit of hopefully finding solutions.

However, when I look at this particular private member's resolution, I find it very thin, very lacking in detail, and, quite frankly, very disappointing in the sense that this House had an opportunity to take a concrete step to deal with this issue, a step that was

asked for by families, was asked for by front-line workers, was asked for by law enforcement, and this government chose to vote against that resolution, including the member opposite, which is a shame, Madam Speaker.

*Mr. Dennis Smook, Acting Speaker, in the Chair*

I also would like to say that I hope members opposite would take this opportunity to speak directly to this issue, to put down their prewritten notes, to speak from the heart. I know the member opposite—and I acknowledge his personal experience with addictions—and I know others have shared their personal experiences with addictions and with overdose. And I know that if you—if every member had an opportunity—I do hope we have an opportunity for every member to have a chance to speak to this particular resolution.

I know every member could relate some experience either in their own family, from a constituent that they talked to, maybe from an advocacy group that they've taken the time to sit down with and understand their position. Everybody has an opportunity, I think, to share from the heart rather than from prewritten notes that quite frankly are—miss the mark, to say the least.

I'm going to try very much to restrain myself here, Madam Speaker, because I do—I think that this particular private member's' resolution and the timing of it, especially after our opportunity to pass concrete legislation, is utterly tone deaf, and it just shows how out of touch this government is when we have an opportunity to pass concrete legislation and instead we get no plan of action, no new approach to collaboration, simply taking cheap political potshots rather than—and calling on the federal government to do something they're already doing, I might add, rather than proposing concrete steps, which I know that members opposite are aware of and understand better than they're letting on with this particular resolution.

Madam Speaker, we're losing another opportunity to actually tackle this crisis, to actually fight this opioid crisis, and, you know, and the member in his private member's resolution talks about working collaboratively. Well, I've taken absolutely every opportunity to put down my sword, to talk collaboratively with members opposite, to ask the government to move more quickly on this.

I gave them, and our opposition party gave them, credit for the steps that they have taken,

asked them to do more in the spirit of working together and working collaboratively, and again we find ourselves, you know, going down this road of political gamesmanship over a real crisis and a real issue that's affecting our community.

This government is truly out of touch with the citizens of this province, and this is the best example I can think of to talk about the inability to respond to a crisis and to respond to an issue that's affecting our constituents when, you know, even the simplest of tools, you know, even the most basic pieces of legislation can't get through and are blocked by this government simply because of the party that's introduced them.

We, you know, we move forward in the spirit of this bill coming forward, the pill press bill coming forward in Alberta by the Conservative Party or the Wildrose Party.

**An Honourable Member:** No, it's the Progressive Conservative.

**Mr. Wiebe:** It was the Progressive Conservative Party in Alberta, and when a good idea comes from wherever it comes from, it's time for us as legislators to say this is something that we can act on.

I think, again, the member opposite missed the mark when talking about the federal bill. You know, we—and again, I took the opportunity to commend the federal government for moving on this issue, for taking the steps that they can take to ban the importation of pill presses into our province. Absolutely, this is an issue that the federal government has jurisdiction over and has power to do something about and they've taken that step to do that.

They've taken the step to address the flow of illicit drugs into our country, particularly from China, where carfentanil is manufactured and brought into our province, and the federal government is taking the steps that it can take.

That, by no means—that does not mean that those two things are mutually exclusive, that we cannot also move in the province to ban interprovincial trade or to stop those pill presses that are already here in our province to give law enforcement those tools that they're asking for to fight this crisis at the ground level.

You know, the member himself called this—in his opening remarks—called this resolution simple. You know, he himself said this is a straightforward

resolution. Well, it's straightforward to the point of having nothing in it. There's no concrete action. Lobbying the federal government, you know, talking to our federal partners, slamming the official opposition, well, that—boy, that really helps in this crisis. That saves lives, you know.

I talked publicly last week about my own family's situation and experience with this crisis, and, quite frankly, it's still very raw and it's very personal, and I did so simply to highlight my own experience, but to talk about the experience that I've now heard from so many families. I've taken the time to sit down with families who have lost loved ones and heard their particular point of view, and what struck me was that these families are, in most cases, using their experience and trying to use it in a positive way.

And, in fact, you know, when I met with the families, I said to them that, you know, this isn't a political issue. I'm happy to raise this on your behalf in the Legislature, to talk about it at every opportunity I get, but I said I'm not going to make this a political issue. I'm not going to say this is, you know, our party has all the good ideas and the other party isn't doing anything.

And, certainly, when we introduced this last year in this House, the bill on pill presses, we thought this is one idea, and again the families came to us, not—these aren't political people in the sense that they're partisan. They're—they've found themselves in a situation where they're trying to take their hurt and their pain that they've experienced and turn it into something positive to honour their loved ones and to make a difference.

And so we sat down with them and we said, you know, what are some ideas, what—you've gone through this experience. What are the ideas that you can bring forward? And that's the spirit in which we bring this forward.

So to say that I'm disappointed in this particular private member's resolution is an understatement, and especially when, you know, we have had some of these concrete steps, and I will bring these concrete proposals forward to the government at every opportunity in the Legislature. We will continue to work on this in this spirit, but this does—this particular private member's resolution does a disservice to the families that have been affected by this crisis. It's an example of when we let politics get in the way of our ability as legislators to get something done.

So, as I said, I hope that members opposite will put down those pre-written notes from the Premier's office and will just tell us their own personal experiences, will share their own personal hurt in their families and with their friends, their constituents and others that they've talked to, and talk about ways that we can actually address this crisis, that we can make a difference, and we can come together in a non-partisan way and actually get something accomplished.

\* (11:30)

So I appreciate the opportunity to once again rise on this issue, and thank you, Mr. Speaker.

**Hon. Kelvin Goertzen (Minister of Health, Seniors and Active Living):** I want to thank my colleague, the member for Selkirk (Mr. Lagimodiere) for raising this issue, to have it discussed at the—on the floor of the Legislature again, which I think is important.

I want to start by mentioning the member for Concordia (Mr. Wiebe) and the loss in his family, and I think together with all members we extend our condolences to you and to your family, sir. There are many I know in this House who have either spoken or maybe haven't had the opportunity or are not comfortable speaking about the loss that they've had for addiction. And I think, in many ways, this House can be a partisan place but there are times when it feels more like a bit of a family, as a whole, when political lines fall away and we have shared experiences and I'm sure that all members of the House would in some way be able to speak about how their life has been touched by addiction.

I've done that in the past regarding my father. I won't reiterate that, it's a matter of public record now. But I think all of us have something that's touched us. And I appreciate the member for Concordia sharing a difficult story. He also mentioned to me a little bit of the background which I won't put on the record, but I think we might be able to have more conversations about how we can address that particular situation so it doesn't happen more generally because the little we've been able to speak about it so far, I think there are probably different things that can be discussed.

I do want to say as well that I've had the opportunity to speak with many families who have either lost loved ones as a result of opiate addiction or other addiction, or have nearly lost loved ones as a result of an addiction, and I would concur with the

member for Concordia that those conversations, as difficult as they are, they are important to have. They are heartfelt; they are an important part of families trying to find meaning in sometimes situations that don't feel that there are lots of answers. And so I was, I look forward to continuing those discussions with families to look for some of the ideas that we need to deal with addiction.

I wish I could say in this House as the Minister of Health, as a member, as an MLA for Steinbach that addictions has an easy and a quick solution. I wish I could say as the minister, and I'm sure past ministers under different governments and at different levels of government wish that they could stand in their respective spots and in their respective legislatures and say that they have solutions to addictions.

And one of the challenges that members will know is that addiction is multi-faceted, that often, and most often I would say, it isn't about the physical addiction to the drug; there are many other underlying issues that are involved, that it's as much an issue of the heart as it is a—it's a physical addiction to the drug. The physical addiction to the drug is often the symptom of larger challenges that individuals deal with; it's why we often hear that there's a correlation between mental health and addictions, that there's significant correlation. But that it isn't always the case.

And so there's a number of different things that you need to try to do to try to address a situation that can often have a number of different root causes. One of the things, of course, that we wanted to do early on in our time as government is to try to increase public awareness about fentanyl and carfentanil, which I am sorry to say continues to be a significant issue in Manitoba, Mr. Acting Speaker.

And we wanted to bring forward the education campaign because we knew that there were certainly some situations where individuals were trying things that they didn't realize was fentanyl; they may have known it was an illicit drug of some kind but didn't realize exactly what it was or the harm that it could be, and thought it was important to do all that we could to get the information out there so that young people—but not exclusively young people—would have a clearer understanding of the danger that they are taking, or the dangerous activity they might be taking; maybe, in fact, considerably more dangerous than even they know. And I think that that's had some effect. I—it's difficult to put that in

terms of numbers, because you don't know what you have prevented by providing education. But we're certain that we've certainly prevented some from trying something that might've been fentanyl, either knowingly or unknowingly. So that was an important step, I think, that had to be taken and should continue to be taken in terms of providing information.

The broader distribution of naloxone in Manitoba, while not a solution, as I said, I don't think the right thing—anything that we would qualify as a solution but important steps. And the distribution of naloxone province-wide, I think, was an important step to prevent those from dying from an overdose where it could be prevented. I do have concerns, and I've raised those concerns publicly, that we don't want to have the sense out there that naloxone is somehow a cure-all, because it's not. And we don't want it to be seen as a safety net, because it is not. And so that remains as a concern, but, on the balance of harm reduction versus concerns that people might look at it in the wrong way, we thought it was the right step to make. And I still believe it was the right step to make.

We have spoken and been pleased that the federal government has taken some action on some of the things that we've raised and the issue of banning pill presses nationally, I think, is important. That bill is—my understanding is it has passed Parliament; it might be on its way to the Senate now, in Ottawa. And we think that is the most effective way to deal with pill presses. I will give the member for Concordia (Mr. Wiebe) credit for bringing forward the discussion around the banning of pill presses. We believe, and still believe, that a better way to do it is to do it nationally. But that doesn't mean that I don't appreciate the fact that he brought forward the discussion and to have that discussion, because, in many ways, that discussion here in the Legislature may have helped us in Ottawa when we brought our case to Ottawa. And he should feel good about that, Madam Speaker, and I commend him for that.

We also looked for greater powers for Canada Border Services to give them the ability to look for lightweight packages less than 30 grams that can contain a significant amount of fentanyl or carfentanil, which they didn't have the ability to look for before. I'm pleased that the federal government has taken action on that—the discussions that they're having with the Chinese government to try to stem the importation of opioids, while a long-term

problem, is still an important discussion to be having.

There's also discussions happening, at a higher degree than there has been in the past, with doctors—a greater understanding with doctors about the long-term impact of the prescription of opioids. And I know that doctors have—I believe, in Canada a vast majority have prescribed opioids with the clear intention of relieving pain for their patients. But, obviously, Canada has a much higher rate of prescription of opioids, at a much higher dosage, and that puts us as an outlier to most other countries. And there's a problem, and it is, I think, being addressed now, both nationally and locally, and there's a greater understanding, and there needs to continue to be a great understanding about the potential harm.

Opioids have a place in terms of pain reduction for those who are going through something where they need that pain reduction, and we don't want to send the signal to them that that medication would not be available to them. But we also have to be clear that there might be times when it's being prescribed with no malfeasance but where there is not an appropriate reason for that prescription. That discussion is happening at the medical level, and I think that that's important; that it is happening there.

We continue to have discussions with our Chief Medical Examiner. I, too, have expressed frustration about the ability not to get information as quickly as we'd like. I recognize that the Chief Medical Examiner—they have, as they do across Canada, have their own protocols that simply the presence of a drug isn't always the reason for a death. And so they have their own criteria that they have to go through before we can get confirmed data on the reason for a death before it is classified as an overdose. But, certainly, I would like to see that enhanced as well in terms of real-time information.

\* (11:40)

And I also want to say that communities have an important role as well. All of us have to be reaching out to our friends and our neighbours when we see that they might be having a difficulty and challenges, and it really does start at home in many ways. Never the ultimate solution, but it is only the greatest impact that happens, happens at the community level and on an individual-to-an-individual level, so we need to continue to work there.

I'm limited by 10 minutes. There's much more I could say, but I know that other members will have comments as well.

Thank you very much, Mr. Acting Speaker.

**Mr. James Allum (Fort Garry-Riverview):** Well, Mr. Acting Speaker, I'm—I can't say I'm pleased to get up and put a few comments on the record today because I'm filled with a variety of emotions that was expressed, I think quite well, by my friend from Concordia. He has had a personal family connection to an issue that's having devastating effects in our neighbourhoods, in our communities, in our cities and towns and in our province and then across the country, and we find ourselves today debating a resolution that has no substance, no action, and no basis for coming forward to the House without a full and comprehensive action plan associated with it.

In my community in Fort Garry-Riverview, the impact of opioids has been both tragic and very, very difficult for families. Arlene Last-Kolb, among others in my community, has lost her son Jessie and, since then, has become a remarkable advocate for trying to get a handle on the opioid crisis in our neighbourhood, in our city and in our province.

The Health Minister says that families are trying to do something productive, and I think that's partly true, but I also think it's, for Arlene, as it is for so many other parents, it's about making sure that what happened to their family doesn't happen to any other family, and that's at the heart of this. The whole debate around opioids is about saving lives, Mr. Acting Speaker, about saving lives.

We can't bring back those who aren't with us anymore. My friend from Concordia and I had the families here in the last session, and the government didn't react to a resolution that called for a comprehensive strategy around opioids. In fact, they left the family sitting there who were unable to understand what just happened on the floor of the Chamber that day when the government refused to work together in collaboration with all members of this House, and I include my friend from River Heights, who's been a strong advocate, again, to really work together as a House to address an issue that goes beyond mere political posturing that often happens here and goes right to the heart of what it means to build healthy families, healthy communities of which, I think, is a goal that we all share.

I have to tell you that I'm incredibly disappointed with the resolution put forward by the

member for Selkirk (Mr. Lagimodiere). He's new to the Chamber, elected just a year, and I'm sorry to see him manipulated in the fashion that he's being manipulated today.

We know this isn't a serious resolution, and he smiles when I say that. I actually genuinely feel that. I've been around this Chamber a little while. I've seen when it happens, and we know it's not a serious resolution because it includes a criticism of the official opposition in the WHEREASes part of the resolution.

Well, how is that reaching across the floor? How is that building relationships? How is that asking us to work together in order to address a really, really serious difficult issue in our communities?

It's not, so we know that it's not a serious resolution, and so I'm deeply disappointed in the content of the resolution and I couldn't be more disappointed that in the RESOLVED section, continue to work in partnership with the federal government and law enforcement agencies. Yes, we should work with the feds; yes, we should work with law enforcement.

Where's families in this resolution? Where are they in the resolution part of it? Why aren't they included in the THEREFORE BE IT RESOLVED section of the resolution? Where is it? Families left out; that's not right; that's not right.

Now the member from Emerson thinks this is a joke making snide comments to the side as I'm trying to speak. It's not a joke. I've said before—and there he is, he's laughing again—I've said it before: you can criticize us all you want for the steps that we didn't take previously although a lot of action went to—and I want to compliment the former member from St. James, Deanne Crothers, who was the minister of Healthy Living at the time, who had done extraordinary work to try to bring things together in the face of a mounting crisis in this province.

And so I can't understand why this is so limited, so shallow and so unbecoming of a resolution designed to address such a critical issue. Like the Health Minister, I'm frustrated too.

My friend from Concordia put a resolution on the floor of this Chamber just a week ago about banning pill presses in this province. As he said, it's not the be-all and end-all solution; it's one tool among many in order to address the crisis. It's something that we could all have rallied around to deal with, and instead, what we got was not only the

government making excuses why they didn't support it, they actually voted against it.

And so I remind my friends in the backbench of the government side—and I'm trying to help you all the time—is that you need to actually have some backbone here. You need to take it to your governing members. You need to take it to your Minister of Health. You need to take it to your Premier (Mr. Pallister) and say, we won't stand for this. This is a critical issue in our neighbourhood and our communities, and we're going to try to work together with everybody in the House to address an issue.

And, again here, I hear them—I hear them making remarks. I hear them chirping from the sidelines. I couldn't be more frustrated with their willingness to allow themselves to be manipulated by a hyper-partisan Premier and a hyper-partisan Cabinet that wants to avoid taking real action on real issues in order to make sure that we're doing everything humanly possible to save lives. How hard is that for you to get that through your heads? Saving lives; that's what this is about.

So criticize us all you want. If you want to say, you didn't do enough, fine. But let's get on with doing some real action, not this. Not this thing that's not worth the paper that it's written on. It's a shameful, hyper-partisan attempt to create divides in this House instead of actually—actually—working in collaboration together in order to address a serious—serious—issue that is affecting families all across this province.

*Madam Speaker in the Chair*

And so, in my frustration, I think on this side of the House is that we actually want to do stuff that helps people. That's what we're about. That's what New Democrats are about—about trying to help people, putting others first in order to ensure that we all—all of us together—enjoy the very best that our lives, our short lives on this planet have to offer.

And so, Madam Speaker, I know this isn't a serious resolution. I want to vote for something that takes concrete action, that does real things, that makes a real difference in our communities and for the families affected by it. And so, all of you who think that this is something that's going to make a difference, your obligation is to articulate it, stand up in your place and say how this will make a difference. How will it? I want to know. Will one of you stand up and say how this is going to make a difference in our families and in our communities?

**An Honourable Member:** He already did that.

**Mr. Allum:** No, he didn't.

**An Honourable Member:** He did.

**Mr. Allum:** No, he didn't, sir. I have to disagree with you on that.

**Madam Speaker:** Order, please. Order, please.

**Mr. Allum:** My friend from Concordia asked several questions in which he put it to the member: had he reached out to anyone? Where are the families here? If this is so important, why aren't they here today? Were they connected with—did they—anyone talk with them to see whether this is something that they think would make a difference for other families affected?

\* (11:50)

But they're not here. Families are left out as usual with this government, and I couldn't—I have to say, Madam Speaker, as I wind up my comments today, I started with disappointment; I'm frankly embarrassed for the member to be manipulated this way, and I'm frustrated and frankly, I'm getting a little angry with a government that puts hyper-partisanship over the well-being of our families and our communities.

**Hon. Jon Gerrard (River Heights):** I rise to talk to this resolution which deals with trying to reduce the devastating effects of illicit opioids. Let me start out by saying that I think it unfortunate that the resolution was worded in a politicized way; we want to all work together and achieve something that's better and, in fact, reduce opioid addiction, reduce opioid deaths in this province.

The greater availability of naloxone is an important and a good step, let us recognize that. The—making the pill presses illegal in Manitoba, and not just blocking at the border, would have been a positive step as well. We should be trying to move together. And it is good that there's recognition of the positive steps that the federal government is taking to stop the importation of pill presses at the border, to decrease the flow of fentanyl and carfentanil into Canada, and looking at additional measures. Obviously, the Minister of Health Jane Philpott, very concerned about this situation and ready to help, as she has done recently with some extra funding for BC and, you know, maybe Manitoba could get that as well.

But I think that the other thing which is disappointing about this is that, you know, we really

need a comprehensive approach, and we need a comprehensive approach not just to addressing fentanyl overdoses, but more broadly, other opioid overdoses and deaths and addictions and their related deaths in a comprehensive package. And we don't have yet from this government. They've been in power, in government almost a year and one would have expected, given the pressing nature of this, that we would have had something.

Let me start by the recent report that Manitoba Health has no mechanism to track overdoses. That's disappointing. There is some evidence coming from the medical examiner on overdose deaths, and that is helpful. Interestingly, we are told, that last year, that there were about 150 total overdoses, and I think it was overdose deaths, I believe this is, and I think it was about 20 that were fentanyl related, perhaps some more; we're still waiting for those final results. But it puts it in perspective that the overall number of deaths is much, much larger than just the fentanyl-related deaths and that we need to be concerned in addressing this problem of addictions and deaths from overdoses, not just with fentanyl, but with crystal meth and with other addictive substances, indeed including alcohol.

There are a variety of things that we should be addressing as part of this comprehensive strategy. We should be better addressing in this province mental health and have a plan to prevent and reduce the amount of mental health problems in this province because mental health can be, in some circumstances, one of the factors leading into, or, risk factor for addictions.

We should be addressing what we know about nutritional issues and the importance of nutrition. We should be focusing on social conditions which can lead to addictions. It is well known that alcohol use, for example, under the age of 13, that those who started under the age of 13, about 40 per cent of those may go on to have some problem with addictions. And so that's a very high number, and so targeting that knowledge and addressing this alcohol use under a very early age, so that we make people broadly aware that this is something that needs to be looked at.

We know that individuals with attachment disorders—these are attachment disorders, attachment

developing very early on in a child's life—that people with attachment disorders are more likely to have problems with addictions. And so having a strategy which focuses on understanding attachment disorders, on addressing parenting early on so that we can have fewer problems with attachment disorders in our society—we know that parents who have substance abuse are more likely to have children who have substance abuse and addictions problems. And knowing that, we should be able to target and do better treatment of adults so that, in fact, we are reducing the number and the risk factors for children.

It is interesting that in Nelson House they have been effective in working with and supporting families, better supporting children so that they stay with their families, as well as having a better understanding of the interrelationship with—of substance abuse with problems and with circumstances in the community. And what they have done is cut substance abuse by approximately one half. And that's really an amazing result from a community which has focused in on risk factors for substance abuse. And we need to learn from that and share that information and that approach so that we can be doing better province-wide.

You know, one of the interesting factors that we came across as we were involved in producing our brain health report was that breastfeeding for three weeks or more is, interestingly enough, associated with a dramatic reduction in subsequent substance abuse in adults. Don't know precisely why this is, but it was a carefully done study, I think, in Denmark, a number of years ago. And, you know, here is something that we can look at as part of a comprehensive strategy addressing 'riks' factors and protective factors as, in fact, this appears to be for breastfeeding.

I have met parents who had their children taken away. They had problems with—

**Madam Speaker:** Order, please.

When this matter is again before the House, the honourable member will have two minutes remaining.

The hour being 12 p.m., this House is recessed and stands recessed until 1:30 p.m.

**LEGISLATIVE ASSEMBLY OF MANITOBA**

**Tuesday, March 7, 2017**

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