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of the
Legislative Assembly of Manitoba
DEBATES
and
PROCEEDINGS
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MANITOBA LEGISLATIVE ASSEMBLY
Forty-Second Legislature

Member	Constituency	Political Affiliation
ADAMS, Danielle	Thompson	NDP
ALTOMARE, Nello	Transcona	NDP
ASAGWARA, Uzoma	Union Station	NDP
BRAR, Diljeet	Burrows	NDP
BUSHIE, Ian	Keewatinook	NDP
CLARKE, Eileen, Hon.	Agassiz	PC
COX, Cathy, Hon.	Kildonan-River East	PC
CULLEN, Cliff, Hon.	Spruce Woods	PC
DRIEDGER, Myrna, Hon.	Roblin	PC
EICHLER, Ralph, Hon.	Lakeside	PC
EWASKO, Wayne, Hon.	Lac du Bonnet	PC
FIELDING, Scott, Hon.	Kirkfield Park	PC
FONTAINE, Nahanni	St. Johns	NDP
FRIESEN, Cameron, Hon.	Morden-Winkler	PC
GERRARD, Jon, Hon.	River Heights	Lib.
GOERTZEN, Kelvin, Hon.	Steinbach	PC
GORDON, Audrey, Hon.	Southdale	PC
GUENTER, Josh	Borderland	PC
GUILLEMARD, Sarah, Hon.	Fort Richmond	PC
HELWER, Reg, Hon.	Brandon West	PC
ISLEIFSON, Len	Brandon East	PC
JOHNSON, Derek, Hon.	Interlake-Gimli	PC
JOHNSTON, Scott	Assiniboia	PC
KINEW, Wab	Fort Rouge	NDP
LAGASSÉ, Bob	Dawson Trail	PC
LAGIMODIERE, Alan	Selkirk	PC
LAMONT, Dougald	St. Boniface	Lib.
LAMOUREUX, Cindy	Tyndall Park	Lib.
LATHLIN, Amanda	The Pas-Kameesak	NDP
LINDSEY, Tom	Flin Flon	NDP
MALOWAY, Jim	Elmwood	NDP
MARCELINO, Malaya	Notre Dame	NDP
MARTIN, Shannon	McPhillips	PC
MICHALESKI, Brad	Dauphin	PC
MICKLEFIELD, Andrew	Rossmere	PC
MORLEY-LECOMTE, Janice	Seine River	PC
MOSES, Jamie	St. Vital	NDP
NAYLOR, Lisa	Wolseley	NDP
NESBITT, Greg	Riding Mountain	PC
PALLISTER, Brian, Hon.	Fort Whyte	PC
PEDERSEN, Blaine, Hon.	Midland	PC
PIWNIUK, Doyle	Turtle Mountain	PC
REYES, Jon	Waverley	PC
SALA, Adrien	St. James	NDP
SANDHU, Mintu	The Maples	NDP
SCHULER, Ron, Hon.	Springfield-Ritchot	PC
SMITH, Andrew	Lagimodière	PC
SMITH, Bernadette	Point Douglas	NDP
SMOOK, Dennis	La Vérendrye	PC
SQUIRES, Rochelle, Hon.	Riel	PC
STEFANSON, Heather, Hon.	Tuxedo	PC
TEITSMA, James	Radisson	PC
WASYLIW, Mark	Fort Garry	NDP
WHARTON, Jeff, Hon.	Red River North	PC
WIEBE, Matt	Concordia	NDP
WISHART, Ian	Portage la Prairie	PC
WOWCHUK, Rick	Swan River	PC

LEGISLATIVE ASSEMBLY OF MANITOBA

Thursday, April 15, 2021

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. Good morning, everybody.

ORDERS OF THE DAY

PRIVATE MEMBERS' BUSINESS

Speaker's Statement

Madam Speaker: I have a statement for the House.

I am advising the House that I have received a letter from the Official Opposition House Leader (Ms. Fontaine) regarding the official opposition's second selected bill for this session. As a reminder to the House, rule 24 permits each recognized party to select up to three private members' bills per session to proceed to a second reading vote.

Accordingly, at 10:55 this morning I will be interrupting debate to put the question on the second reading motion for Bill 213, The Reporting of Supports for Child Survivors of Sexual Assault Act (Trained Health Professionals and Evidence Collection Kits).

House Business

Ms. Nahanni Fontaine (Official Opposition House Leader): On House business, pursuant to rule 33(8), I am announcing that the next private member's resolution to be considered on the next Thursday of private members' business will be one put forward by the honourable member for St. Vital (Mr. Moses). The title of this resolution is Creation of a Paid Sick Leave Program.

Madam Speaker: It has been announced that the private member's resolution to be considered on the next Thursday of private members' business will be one put forward by the honourable member for

St. Vital. The title of the resolution is Creation of a Paid Sick Leave Program.

* * *

Ms. Fontaine: Will you call for debate this morning second reading of Bill 224, The Fatalities Inquiries Amendment Act (Overdose Death Reporting).

Madam Speaker: It has been announced that the House will consider second reading of Bill 224, The Fatality Inquiries Amendment Act (Overdose Death Reporting).

I will therefore recognize the honourable member for Point Douglas (Mrs. Smith).

SECOND READINGS—PUBLIC BILLS

**Bill 224—The Fatality Inquiries Amendment Act
(Overdose Death Reporting)**

Mrs. Bernadette Smith (Point Douglas): I move, seconded by the member for Notre Dame (Ms. Marcelino), that Bill 224, The Fatality Inquiries Amendment Act (Overdose Death Reporting), be now read a second time and be referred to a committee of this House.

Motion presented.

Mrs. Smith: I'm honoured to rise in the House and speak to the urgent need for Bill 224, The Fatality Inquiries Amendment Act (Overdose Death Reporting).

I bring this bill forward in honour of all the Manitobans that have lost their lives and for the families who are left to grieve. Too many lives have been lost, and we, as a government, have the power to help save lives and identify and find counteractive drugs that can be used in overdoses, such as naloxone.

My constituency of Point Douglas has been one of the hardest hit by the meth and opioid crisis that has spiralled out of control under this government's watch. I brought forward this bill because in any crisis we need to know what we're dealing with before we can deal with it.

Bryce Koch, who is a harm reduction nurse here in Manitoba, wrote me a letter in support of this legislation, and I quote: We have the power to change policy to support people who use drugs using harm reduction practices. We have the capacity to establish

drug testing technology to detect poisonous substance before and after they are ingested. These will save lives. End quote.

Here is a professional working on the front lines asking for this bill to pass so that it may help guide his work as a harm reduction nurse, and he knows all too well that it'll help save lives.

Another group that has written to me in support of this bill is the Westman Families of Addicts. And I quote: Some of our members have lost loved ones in an overdose death and others live in daily fear that their loved ones' lives will also end in a tragic way. End quote.

This is why it's so important for all of my colleagues in this House to support this bill. What if it was your loved one? This could happen to anyone, and I'm sure that there's not one member in this House who has not known someone or who has or is—or who is struggling or who has lost their life to addictions.

Manitoba is the only province that does not provide regularly timed—timely data on overdose-related deaths.

I'll repeat that, Madam Speaker: Manitoba is the only province in Canada that does not report on these overdose deaths. This poor policy is painfully obvious and visible when you consider that Manitoba is the only province—

An Honourable Member: On a point of order, Madam Speaker.

Madam Speaker: Order, please. Order.

Point of Order

Madam Speaker: The honourable member for Rossmere, on a point of order.

Mr. Andrew Micklefield (Rossmere): The member has referenced two pieces of correspondence in the first few minutes. I would just like to ask if she could table that, please.

Madam Speaker: Could I ask the member if that was a private letter that she is referencing?

Mrs. Smith: Yes, Madam Speaker, it was written to myself.

Madam Speaker: The honourable Leader of the Official Opposition, on that same point of order.

Mr. Wab Kinew (Leader of the Official Opposition): I believe the rule requires that if a member reads from a private correspondence that they

then have to table the letter. However, since our colleague was merely making reference to the existence of correspondence, I don't believe that they have to table such a letter.

Madam Speaker: So could I just ask for clarification from the member whether she quoted from the letter or was just referencing the letter.

Mrs. Smith: Just referencing from the letter.

Madam Speaker: And therefore that is not a point of order, when a member is just referencing the letter.

An Honourable Member: On the same point of order, Madam Speaker.

Madam Speaker: The honourable member for point—Rossmere, on a new point of order.

Mr. Micklefield: Madam Speaker, I believe her words were: and I quote.

An Honourable Member: Are you reflecting on the Chair's judgment?

Mr. Micklefield: I'm stating—*[interjection]*

Madam Speaker: Order.

Mr. Micklefield: —that I believe the words were, Madam Speaker: and I quote.

And so I'm—I know that many times in this House when others have said, I quote, or have used materials that way, they have been requested to table. And I just make the same request.

Madam Speaker: The honourable Leader of the Official Opposition, on that same point of order.

* (10:10)

Mr. Kinew: Yes, thank you kindly for recognizing me again.

Again, you know, we do respect the fact that you have ruled on this point of order, and we're happy to let debate continue without any further reflections on the Chair. Again, we're not sure what the government's afraid of, but we're just starting the debate. Let's have the debate.

Madam Speaker: And on that same point of order, a couple of things.

The honourable Leader of the Official Opposition is accurate that when a Speaker brings forward a ruling, that ruling shouldn't be reflected up in a further point of order. But it has also been drawn to my attention that the honourable member for Point Douglas (Mrs. Smith) did say: and I quote.

So, if the member for Point Douglas is actually quoting from the letter, I'm going to ask her to please table those letters. There has been somebody that has heard her say, I quote.

So in order to resolve this issue, if she could table the letter she's quoting from, or if she's just referencing letters then she does not have to table them. But I understand that in one instance she was quoting from that letter, so I would ask her to table that, please.

Mrs. Smith: I will send those letters in as soon as I am done debating.

Madam Speaker: Thank you.

Mrs. Smith: I have no issue doing that.

Madam Speaker: Yes, thank you.

* * *

Mrs. Smith: This poor policy is painfully obvious and visible when you consider that Manitoba is the only province where data is not available on the federal government's opioid and stimulated harm infobase.

The aim of Bill 224 is simple. Bill 224 would amend The Fatality Inquiries Act to require the Chief Medical Examiner to post a report on a government website, setting out the number of drug overdose deaths in Manitoba for each month. The report would also need to identify the type of drug that is suspected of causing or contributing to each reported death.

Madam Speaker, this government is not only refusing to report on the spiralling opioid and meth crisis in this province, but they are failing to even acknowledge this crisis and address its root causes.

Consider the recently released 2021-2022 budget as an example: does not even include the word harm reduction. Nowhere in their Throne Speech, 100-day mandates, and now the 2021 budget, is there a single mention of the words harm reduction.

The Minister of Mental Health, Wellness and Recovery (Ms. Gordon) asked me when I was going to thank members opposite for creating a department for Mental Health, Wellness and Recovery.

Well, I'll thank them when this Premier (Mr. Pallister) allows that department to actually do something to address the increasing crisis of addictions in our province.

It's a matter of life and death. Manitobans are losing their lives to addictions in this province, and should be treated as a public health crisis. This is not only an issue of language either, Madam Speaker, it's

quite obvious that the key barrier to tackling the addictions crisis is the Premier.

As I've recently mentioned, there has been 259 fatal drug overdoses in Manitoba in 2020, the highest ever recorded in this province. We've been calling for these numbers since the pandemic began, and we knew the numbers were significantly higher and that there were more people losing their lives.

These numbers are staggering and might partially shed some light on why this government's mysteriously decided to stop publishing publicly available data on overdose-related deaths on provincial websites in 2018—right around the time the meth epidemic was starting in Manitoba. I wonder what could possibly have motivated that decision.

Since this current Premier took office, Madam Speaker, at least 1,003 Manitobans—and I repeat, 1,003 Manitobans—have lost their lives to overdoses.

Seems strange to put the words, at least—but such an important figure. But the truth is we honestly don't know. We don't know how many Manitobans have died due to overdose on this government's watch. We don't know which drugs they've died from. We don't know what trends look like from on a month-to-month basis. We don't know how to prepare and respond and react accordingly.

The barrier-free non-profits that provide supports and shelters to Manitobans who are experiencing homelessness don't even know what the numbers look like. They're left to figure it out on their own.

The medical professionals and nurses don't know what the specific trends look like on a month-to-month basis, even—they're tasked with combatting the public health crisis of worsening harmful opioid and meth crisis, meth use, and overdose-related deaths.

What we do know, Madam Speaker, is that this problem is getting worse. It needs to be addressed.

And to do that we need to know how many Manitobans are losing their life to overdoses each month, what drugs they're overdosed on. We need those statistics gathered by—we know that statistics have been gathered by the Winnipeg Fire Paramedic Service, that 2020 saw a more than 33 per cent increase in the number of patients who were administered life-saving naloxone doses.

Non-profits are asking for the data. Our nurses on the front lines are asking for the data. Manitobans are asking for the data.

Can you imagine, Madam Speaker, if we asked service providers to handle the COVID-19 pandemic without daily reports on case counts?

The idea is ridiculous, especially if a case of a government refusing to publicly motivated reasons to report useful data that they already have. That's exactly what's happening with this government's failure to report on overdose-related deaths.

What we do know comes only from piecemeal public statements made by the Chief Medical Examiner to the media: 2016, there were 142 fatal drug overdoses between April election and December. In 2017, there were 201 fatal drug overdoses. In 2018, the year the Premier (Mr. Pallister) and the former minister of Health made the indefensible decision to stop reporting this vital data on provincial websites, 202 Manitobans lost their lives to overdoses. In 2019, we saw 191 fatal drug overdoses.

Here's what the numbers from what—here's the numbers from what we know of them, get really—and that get really concerning; in only the first nine months of 2020, Manitobans endured 259 overdose-related deaths. These were suffered by mothers, fathers, children, sisters, brothers and friends. These are Manitobans.

We're still waiting on this Premier and the Minister of Health to release the most recent data on overdose-related deaths in Manitoba. We have nothing for the last three months of 2020 and nothing for 2021.

Madam Speaker, a lot has changed since September 2020, and our brave and diligent service providers need to know what they're dealing with. As the numbers climb and the government continues refused to act, families are grieving.

Perhaps the Premier doesn't see this as a problem worthy of his attention right now. Perhaps he sees—he still has an antiquated view of addictions and thinks that those struggling with it could just solve the problem if they pull up their bootstraps.

Whatever the cause for the government's inaction, it doesn't matter. I've heard too many heartbreaking accounts from those who have lost loved ones to overdose: stories of people who sincerely tried to reach out for help, help that wasn't there; stories of people who are sadly no longer with us. Their families want justice. They want action. Manitobans want action.

Our NDP caucus received a letter from the co-founders of Overdose Awareness Manitoba, which shared their serious concerns about the government's lack of adequate response to the addiction crisis.

Madam Speaker, Overdose Awareness Manitoba is a volunteer-based support and advocacy group for Manitobans who have lost loved ones to an overdose. They do their honest best. Since 2008, they have supported over 150 families in Manitoba who have lost their loved ones in tragic and totally preventable overdose deaths.

This letter, which we'll be happy to provide if any member of the House would care to read it, notes another upcoming milestone. May will mark two years since Overdose Awareness Manitoba's petition for medically assisted detox and long-term treatment. This petition was read by members of our NDP caucus.

We hoped that the government would listen. We hoped that Premier would listen. Sadly, it's been two years and the government still has not provided Manitobans with the safe consumption site or medically assisted detox facility.

In fact, that they haven't even supported the detox beds that we currently have at Main Street Project, which have been scaled back by 50 per cent.

What the government is doing here is completely backwards. It's decades behind what scientists know. We should be doing more to address this public health crisis.

Of course, if this government isn't willing to tell the public how many people are dying from overdose-related deaths or due to what drugs, it's obvious that they don't care much about what scientists might tell them.

I urge all members in this House to support this bill and let's help save lives here in Manitoba.

Miigwech, 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.

* (10:20)

Mr. Andrew Smith (Lagimodière): I know that the member has referenced a letter or letters in support of this legislation, but I'd—wondering who else this member obviously consulted with in developing the bill?

Mrs. Bernadette Smith (Point Douglas): I thank the member for that question.

So, a number of families reached out to our office. And as the member knows, we've been asking for this number for, you know, over a year in the Chamber because families want to know how many overdose deaths have happened in Manitoba and what drugs have been used in their overdose deaths.

We've consulted with Overdose Awareness Manitoba, Manitoba harm reduction, Westman families. Many outreach workers have contacted my office, as well, who work on the direct front lines with people who are working—or people who are experiencing addictions and that are worried that many more lives are going to be lost and want this government to do—

Madam Speaker: The member's time has expired.

MLA Uzoma Asagwara (Union Station): Can the member please articulate to us what the benefits are of having timely and accurate data on overdose deaths?

Mrs. Smith: I thank my colleague for that question. And as my colleague knows, as a nurse who's worked on the front lines, that data is super important to guide best practices. Nurses, as one of them has written to me has said, that if we know what the drugs are then we can, you know, figure out the drugs to counteract the overdose so perhaps that we can save lives.

We are the only province, if you look on the federal database, that has not produced how many overdose deaths have happened. In all of Canada, Madam Speaker, we are the only province on that database that does not have up-to-date data on how many overdoses have taken place—

Madam Speaker: The member's time has expired.

Hon. Jon Gerrard (River Heights): I thank the member for Point Douglas for bringing this forward. The approach the current government has taken is absolutely awful when it comes to addictions. It's frightening.

I would ask the member: If we'd had month reporting and if there'd been a proper approach to preventing deaths, what proportion of these deaths do you think could have been prevented?

Mrs. Smith: I couldn't give the member an exact number, but we know, you know, that lives would be saved, absolutely. We know that people are using drugs in isolation. We know that there's been an increase in deaths due to the pandemic due to people, you know, not having a safe consumption site to go to, to have access to, you know, medically trained staff, to have access to social workers.

You know, this government likes to think that safe consumption sites are just for people to go and use drugs, but in fact these spaces are to help connect people with the supports that they need.

I've visited a safe consumption site in Calgary and one in Vancouver—

Madam Speaker: The member's time has expired.

Mr. Shannon Martin (McPhillips): Currently, under the legislation as it is today, a report into the death of a person as a result of poisoning, or the death of an otherwise healthy person—the duty of the Chief Medical Officer is triggered.

I'm asking the member: Does a death from a drug overdose not already fall within this category?

I'm just looking to ensure that there's no confusion between the member's bill and the current category for the legislation.

Mrs. Smith: Well, currently this government isn't giving us any data. We've had to FIPPA and other groups have had to FIPPA this information as well.

So what this bill will do, in fact, is force the government to make sure that reporting is happening monthly and that, the deaths that do occur, that the drugs that were used are also reported.

So that'll help guide medically trained staff to be able to combat these deaths in terms of, you know, we know that naloxone is an effect counteractive drug with some drugs that are used, but there's other drugs that we don't know that are out there that are using poisonous substances—

Madam Speaker: The member's time has expired.

MLA Asagwara: Thank my colleague, the MLA for Point Douglas, for providing such thorough responses.

I do have a question about the impact of the Pallister government lagging behind on publicly reporting overdose data. If my colleague could answer that.

What is the impact of the government lagging on providing this information?

Mrs. Smith: I thank my colleague for that question.

Well, we know the impact has been that, you know, nurses, front-line workers, medically trained staff don't have the exact data to be able to guide the work and, you know, move forward in terms of addressing this issue in a sustainable way.

We look at this government and there's been no real investments in addictions in this province since 2016. You know, over 1,003 Manitobans have died due to overdose, and that's been the impact. And there'll be many more deaths that haven't been reported in the last six months because this government hasn't, you know, given us up-to-date data.

We're not the ones that are calling for this. I'm simply the one that's bringing this bill forward on behalf of—

Madam Speaker: The member's time has expired.

Mr. Len Isleifson (Brandon East): I do want to thank the member for bringing this bill forward so that we can have a discussion about it.

The question that the member was just asked by her own party about lagging behind causes me some concern. This bill is intended to quickly disclose data about overdose occurring in Manitoba, and yet the member from Point Douglas has set the disclosure time with a three-month delay.

So, I'm wondering if she could explain—if the member could explain why it included a three-month delay?

Mrs. Smith: We're giving the government a bit more time to get that data. We know, you know, through working with the Winnipeg police and with families, that families—it takes time for toxicology reports to come. It goes to the University of Manitoba and then that report comes back. And sometimes it does take over 30 days, so we're asking for it to be monthly, but within three months after they've got that report.

So it's not that we're, you know, saying that there's a delay. We recognize that sometimes, you know, there's a backlog in terms of the toxicology report coming from the University of Manitoba.

This bill is simply to, you know, make sure that there's accountability—

Madam Speaker: The member's time has expired.

Ms. Malaya Marcelino (Notre Dame): Thank you, member for Point Douglas (Mrs. Smith), for bringing forward this very, very important bill.

I would just like to ask, how will this bill help Manitobans struggling with addictions and their loved ones?

Mrs. Smith: Well, we've heard from, you know, family members that if this government would report and we would see the amount of opioid deaths or addictions that people are succumbing to, that perhaps this government would see those numbers and start to actually, you know, put some resources to help save Manitoban's lives.

Manitobans don't know the true number right now. You know, there's—as I said, nurses don't know the true number, front-line workers don't know the true number. And this bill would ensure that this government is held to account to ensure that there's proper resources allocated.

And, you know, nurses and front-line workers are calling on this government to address this as a public health crisis—not an addictions, but an actual public health crisis.

Madam Speaker: The member's time has expired.

Mr. Smith: Can the member from Point Douglas explain how the legislative change that is being proposed today differs from the information already contained in the VIRGO report, something that the government is currently using to report on these issues?

Mrs. Smith: Well, one only has to look at the federal government website to know that we are the only province that is not giving up-to-date data on overdose deaths in our province. How are we supposed to help move forward and help our professionals, you know, work towards addressing this public health crisis if we don't have the actual numbers of deaths that are happening in Manitoba, as well as the drugs that were used?

* (10:30)

We need this and this data to inform, you know, drugs that would—could help counteract these deaths, and really help guide the work of the professionals who are working to ensure that these deaths don't continue to happen in our province.

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

The time for this question period has expired.

Debate

Madam Speaker: Debate is open.

Hon. Cameron Friesen (Minister of Justice and Attorney General): I am pleased to rise this morning and put some words on the record in response to the member's private member's bill on over death-overdose death reporting.

Madam Speaker, I think a good place to begin in terms of response to the member's bill, is to cite, once again, that our government became the first government to name a Mental Health, Wellness and Recovery minister in this province in terms of signalling a desire, intent and focus on this important area.

I think nothing speaks louder than a move to actually name a minister. We are so pleased to have this new minister in her role. We are so pleased to be able to co-ordinate the efforts in terms of the government's overall strategy in terms of responding to mental health and addictions, and to do that with that minister.

The member makes a claim and—she made the accusation there's been no real investments in mental health and addiction since 2016. And so I am very pleased to use the time allotted to me to talk about the very real investments that this government has made to combat drug overdose, to address addictions in our community, which is undeniably on the rise.

We are all concerned about what we see. We are all concerned, not only about the ubiquitous nature of drugs like meth in our communities, understanding the very destructive effects of meth in lives, in families, in communities. We know police are concerned; we know other jurisdictions are concerned, both in Canada and internationally.

And so we must act. And that is why our government has been acting. And so I'm pleased to speak to that member and to talk about the real investments that our government has made.

I want to remind that member that our government doubled access to the take home naloxone kits. By the member for Point Douglas's (Mrs. Smith) own words, she acknowledges how important naloxone is on the front line of combating overdose. It is a very, very important tool that is used to temporarily reverse the life-threatening overdose of opiates.

And when it comes to our government, we both increased the access, and then we did it again and we doubled the number of kits that are available for

people to take home. Not only that, we train individuals in order—to—so that they know how to prevent overdose for themselves or others.

Madam Speaker, I had a chance at the Selkirk opening of a RAAM clinic to speak to a former addict who was proudly carrying his naloxone kit on his hip, and telling me how he worked in the community with his own friends to teach them how to use the kits, to teach them how to get the kits, to teach them how to use—how to work with public health to be able to reverse an overdose. And he told me he had been able to, you know, be present to help reverse those effects by someone.

But not only that, our government has made drugs like acamprosate available to paramedics. We became one of the first provinces in Canada to give other life-saving drugs to paramedics on the scene so that at the moment of overdose, when there's that interception, people's lives can be saved.

Madam Speaker, these are real investments that the government has made.

Madam Speaker, I want to talk about the real investments coming from the VIRGO report.

The VIRGO report received from our government was a comprehensive look at our entire mental health and addictions and recovery framework in this province—what was in the private sector, what was in the non-profit sector, what was government providing, what was public health doing.

And the overwhelming conclusion of the VIRGO report is that while there are good people doing good things across Manitoba, when it comes to mental health and addictions, the work is often uncoordinated; people fall through the cracks.

And that is why, when we launched our safer lives, safer streets action plan, that the focus of these investments that we have made, 42–48 million dollars already in just new initiatives, new funding, new investments to help Manitobans who struggle with mental health and addictions. When we launched that, the focus became on co-ordinating the work, making sure that there was a continuity or a continuum of services so that people wouldn't fall through the cracks.

And, Madam Speaker, while no one would say we're there yet, because we have serious challenges in this province, we do know that it is working. From talking to those who deliver services right in neighbourhoods, from talking to public health, from talking

to people who work for the Department of Health, from talking to addictions experts, we know that the capacity that we've built is helping to make a difference.

I was pleased to be—to have the opportunity with the member for Assiniboia (Mr. Johnston) to tour the Bruce Oake centre—the recovery centre when it was still being built.

And, Madam Speaker, we are so pleased to have donated \$3.5 million to be able to expand mental health and addictions treatment in Manitoba. Fifty new treatment beds will come online, and our Province is proud to be supporting that investment, to make sure there is more capacity.

But previous to that, Madam Speaker, we've been building the network of RAAM clinics in this province. Most recently, I had the opportunity last fall to be in Portage la Prairie with the member for Portage la Prairie (Mr. Wishart) and others from Southern Health to announce Manitoba's newest RAAM clinic.

This Rapid Access to Addictions Medicine clinic is the—is great evidence of the way we can create a better experience for people who are at risk because of drugs. And we are hearing that the time it takes to register, to receive drugs, life-saving drugs, and in therapies, to receive counselling, to receive other supports; that time it takes has gone down. The complexity to receive that help has gone down.

We're proud of the new addictions beds at the AFM facility, providing 16 new beds. That is real investment, I would point out to the member for Point Douglas (Mrs. Smith).

Our AbilitiCBT is that online, free, confidential mental health virtual therapy that has already provided supports to more than 6,000 Manitobans. Madam Speaker, that is real investment.

I remember in 2019 announcing the expansion of our partnership with Strongest Families Institute that provides mental health and other supports to children and youth online, and does so sooner, so that we don't wait for problems to become worse.

Because under the NDP, that is exactly what the VIRGO report indicated: that the resources in government, the resources in the province were such that they were too few, people waited too long and people fell through the cracks. And our view and our aim is to have that better mental health and addictions care sooner, wherever you live in Manitoba.

Now that member knows that, of course, there is reporting that goes on. Right now she speaks to the need to report. And, of course, the gathering of statistics is important and the gathering of statistics goes on. And we all know that COVID-19 has interrupted some normal courses of action right across the country, not just in Manitoba. So we also know that gathering statistics is important.

This government has made more information available proactively on its website than ever before in the Manitoba—in Manitoba's history. We have the most transparent and accountable reporting system: more reports that you don't have to do a FIPPA for, more things proactively disclosed. And I would encourage all members to go and check that Manitoba government website to see what kinds of materials are there for people to see.

Madam Speaker, there's so much that's going on in this province that is evidence of real investment, to speak to the member for Point Douglas's point. The Downtown Community Safety Partnership is hard at work right now creating a whole new interface, a whole new infrastructure to train individuals to be able to interact more respectfully and more proactively with people who are living in our downtown core and elsewhere, to offer real supports and real encouragement—and more than encouragement, programs and therapy, and be able to co-ordinate the efforts better.

* (10:40)

Madam Speaker, there's so much I can speak to, and I know that others will want to speak this morning about the important investments that our government is making.

Let me just speak to one, and that is, I was so proud to be part of a government that expanded our supportive housing units in the province. Last year, we stood with Tamarack Recovery, with Riverwood Church Community and Siloam Mission and announced 70 new recovery housing units.

That's exactly the kind of capacity, Madam Speaker, you need to make sure that people who are coming out of emergency detox don't fall through the cracks; they have somewhere to go. We are so pleased to have the partnership that is building capacity. We are so pleased of the investments our government has made and will continue to make all over the province of Manitoba.

MLA Uzoma Asagwara (Union Station): I'm honoured to be able to rise today and put a few words

on the record in support of the MLA for Point Douglas's bill.

This is a really important bill and I'm really, really grateful that our colleague on this side of the House has brought this forward.

And, you know, I'm glad that she articulated in her speech that she's bringing this forward on behalf of the families and communities who have raised these issues with her—Bill 224, The Fatality Inquiries Amendment Act (Overdose Death Reporting).

So, something that really stands out in regards to why this bill is being brought forward, is the fact that we are the only province—I'm sure if you were to ask the Premier (Mr. Pallister) he would say, actually, we're the only province in the galaxy that's doing what we're doing here in Manitoba, and we're doing it better than any universe in the galactic, but we're not asking the Premier.

I'm talking about this and so I'm going to put actual facts on the record: we are the only province that doesn't provide regularly timely data in regards to overdose deaths.

This is deeply problematic, especially given the fact that, during this pandemic, we have seen, across pretty much every jurisdiction in the country, but certainly here in Manitoba, a market increase in overdose-related deaths.

This is something that is—at this point, it's inexcusable; it's inhumane for a government to not take every action possible to literally save lives. And timely reporting of overdose-related deaths would do just that. It would help save lives.

This is what we've heard from families. This is what I heard from families on the steps of the Legislature not long ago, people who are grieving—openly grieving the loss of loved ones who have died due to overdose—259 people from September to January 2020.

We've heard this from organizations—formalized organizations who provide supports to folks who are struggling with problematic substance abuse and addictions, informal networks of people who are actively working in their communities to keep their loved ones and their neighbours and their community members safe and alive. This is what we're hearing from them.

And when I think about this bill, when I read the content of this bill, when I recognize why it is this bill is brought forward, I think about a quote that a friend

of mine said in an interview months ago now. She's out in Toronto. She had lived in Winnipeg for quite some time, moved out to Toronto. She's a public health expert, population health expert and specialist, Black health expert, health policy leader.

Sané Dube said, in this interview talking about the impacts of COVID-19 and how you develop strategic plans to address issues, she said, and I quote, that you can't fix what you don't measure. That's what Sané said.

And she was talking about strategic public health interventions. And that's what this bill is about. It's about using data that you have measured, that you have gathered, to form—to inform the strategies used in a public health crisis. And that's what this is. This is a public health emergency and crisis that we're seeing right now.

So what we're asking for is actually something the government should have been eagerly and ready to provide. The data that public health workers, experts—and that's not necessarily nurses and doctors, you know, that's also peers; as folks who are actively using drugs, actively using substances, navigating our communities, providing supports and resources, doing the work on the ground at a grassroots level that needs to be done to save lives.

This government should have been eager to provide this information so that all of those folks within our communities and systems, who are out there doing this work, can do it in the most informed way possible.

I think about organizations like the Manitoba Harm Reduction Network. I think about the nurses in Manitoba, in Winnipeg, who actually test drugs at different events. When we were going to events, they would test the drugs of folks who were attending different events to make sure that their drugs were safe so that people knew what they were taking.

And reporting on overdose deaths in a timely manner would allow for us to better understand what substances people are using that's resulting in them overdosing; dying; where we need to intervene, in terms of education, information, ensuring a safe supply. That's something that's been compromised during this pandemic, is folks having access to a safe supply of drugs so that they don't die.

So reporting these—this accurate data on overdose deaths would do a variety of things to ensure that we're providing the best care possible.

And, again, that's not just in the formalized health-care system. Health care and public health intervention isn't just about what happens in the very few beds that the minister is proclaiming that they've created as a government for treatment. It happens in a multitude of ways and this information is critically important.

I think about Sunshine House. I know that my colleague, the MLA for Notre Dame, is—has a great relationship with the folks at Sunshine House. I know that my colleague, the MLA for Point Douglas, does as well.

You know, they're an organization that does incredible work making sure that their space, their hub is a place for folks to be safe, to get information, to access public health resources and, you know, that's an organization that would, as well, benefit from this kind of reporting.

I think about the peer supports that I've already mentioned, folks in community who are doing this work on the ground every single day—not being compensated, by the way. They just do this because they care about their communities.

I think about the moms-who-stop-the-harm network, you know, a network of Canadian families whose loved ones have died from drug-related harms, and the work that they do and how this information would support them.

So, ultimately, you know, this is—this shouldn't even have to be a bill that my colleague has brought forward. This should be something the government was more than ready and willing to do.

The more information we have, the better informed our decision making and strategic planning will be. It is a fact. It is obvious. It is common sense at this point.

It's inexcusable and, like I said before, inhumane that the government would resist this. It doesn't make any sense, and quite frankly, we're wasting time. We're wasting time when we could be providing the information.

The government should be providing the information and we can just get to saving lives. We can get to developing the plans that are needed to ensure that people are safe.

And I think the last thing that I'll say is that the resistance that this government has shown to providing this critically important information is a

reflection of this government's attitude toward substance use and addictions.

And I think about the comments when I was working in health care, as a psych nurse, as an addictions specialist.

And I think about the comments that the Premier (Mr. Pallister) has made in regards to folks who are using substances and the incredibly harmful impact that that had, not just on individuals but collectively, in terms of addressing stigma related to substance use, in terms of folks feeling like they can access the resources they deserve—the shame that that creates, the harmful narrative that perpetuates when the leader of a province goes out in the public and shames people who use drugs, shames people who have unmet and unaddressed mental health needs, shames people who have experienced adverse childhood experiences, shames people who have childhood trauma that's never been addressed, shames people who have family members who they love, who are navigating addictions and substance use.

* (10:50)

It's that attitude, it's that stigmatizing perspective that does so much harm and that infiltrates the opportunities that we have as legislators to just do the right, provide the data so that people can stay alive. It's that simple.

And the last thing I'll say is that—you know what, I'm going to apologize to the Manitobans who had to listen to that terrible rhetoric, including the folks who have reached out to me and expressed their concern.

This bill is important. This bill has to get passed. Thank you, MLA Point Douglas, for bringing it forward.

Mr. Andrew Smith (Lagimodière): It's an honour to speak this morning and put some words on the record with respect to Bill 224.

We, on the side of this House, take very seriously opioid deaths, and want to improve the health and well-being of individuals struggling with mental health and addictions.

I think most members in this House know someone or know of someone who struggles with addictions throughout their lives. If you do, then you know the devastating effects it can have on their mental health, their physical health, their personal relationships, their work life, and all those around them. In short, Madam Speaker, someone's addictions

affects every aspect of their lives and the lives of those in the greater community.

Growing up, I knew some people who did struggle with addictions, but it was my uncle's addictions that stands out most to me.

From a young age he found himself constantly struggling with addictions to alcohol and later to other substances. Family members didn't know how to deal with this and, given the stigma at the time, it made the situation that much more challenging. He struggled on and off throughout his life and was never successful in battling his inner demons.

It wasn't until I was older that I saw the actual devastating effects it had on his life. Growing up, he always seemed like a fun uncle, but for some reason he was rarely around at family gatherings and rarely involved in the lives of my brother and I.

There were gaps of years where he would seem to just not be around, and out of nowhere we would receive a random call—phone call one night, or he'd show up at a family gathering unannounced, like a wedding or a funeral.

My parents and extended family were not too keen on sharing all the details of his addiction with the children in the family, so it wasn't until I was a teenager that I learned the extent of his problems. He led, what might be called by some, a transient lifestyle, having no stable connections and no stable job.

While sober, he was outgoing and gregarious, but when he was not sober he became a very different person—defiant, angry and withdrawn.

And this was at the best of times. His addictions often landed him in the wrong place at the wrong time, leading him to a host of legal problems, broken relationships and eventually claiming his life.

It's been the better part of a decade since we lost him to an unfortunate accident. And although I will spare the details, his addictions were indirectly responsible for his passing.

There is a lot about his story that I still don't know, either because family members don't want to talk about it or, most likely, they simply are unaware.

Anyone who has a family member with addictions will know there's a lot about their loved ones' stories that remain a secret.

Madam, Speaker, I know that, sadly, my uncle's story is not unique and there are many similar stories right across this province. We, on this side of the House, take the issue of addiction seriously.

This government is continuing to build a comprehensive recovery-oriented system of care for the greatest chance to lift up Manitobans who are living with the struggles and challenges of mental health and addictions.

This government is investing in solutions that strengthen our communities and strengthen the health of all Manitobans.

Our government believes in the advice of the top medical professionals, and that is why our addictions strategy has been based on the findings of not just the VIRGO report, but the Illicit Drug Task Force and the Community Wellness and Public and Safety Alliance.

We have invested \$48 million in initiatives to help Manitobans who struggle with mental health and addictions. These include enhanced access to school-based mental health and addictions supports by expanding existing school-based clinical—

Madam Speaker: Order, please.

When this matter is again before the House, the honourable member for Lagimodière (Mr. Smith) will have six minutes remaining.

DEBATE ON SECOND READINGS— PUBLIC BILLS

Bill 213—The Reporting of Supports for Child Survivors of Sexual Assault Act (Trained Health Professionals and Evidence Collection Kits)

Madam Speaker: In accordance with our rule 24, and, as previously announced, I am interrupting this debate to put the question on second official opposition selected bill.

The question before the House, then, is second reading of Bill 213, The Reporting of Supports for Child Survivors of Sexual Assault Act (Trained Health Professionals and Evidence Collection Kits).

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

Recorded Vote

Hon. Kelvin Goertzen (Government House Leader): I request a recorded vote.

Madam Speaker: A recorded vote having been called, call in the members.

Mr. Doyle Piwniuk, Deputy Speaker, in the Chair

Mr. Deputy Speaker: Order. The one hour provided for ringing of the division bells has expired. I am now therefore directing the division bells to be turned off and the House to proceed with the vote.

The question before the House is Bill 213, The Reporting of Supports of Child Survivors of Sexual Assault Act (Trained Health Professionals and Evidence Collection Kits).

Division

A RECORDED VOTE was taken, the result being as follows:

Yeas

Adams, Altomare, Asagwara, Brar, Bushie, Clarke, Cox, Cullen, Eichler, Ewasko, Fielding, Fontaine, Friesen, Gerrard, Goertzen, Guenter, Guillemard, Helwer, Isleifson, Johnson, Johnston, Kinew, Lagassé, Lagimodiere, Lamoureux, Lathlin, Lindsey, Maloway, Marcelino, Martin, Michaleski, Micklefield, Morley-Lecomte, Moses, Naylor, Nesbitt, Pedersen, Reyes, Sala, Sandhu, Schuler, Smith (Lagimodière), Smith (Point Douglas), Smook, Squires, Stefanson, Teitsma, Wasyliw, Wharton, Wiebe, Wishart, Wowchuk.

Nays

Deputy Clerk (Mr. Rick Yarish): Yeas 52, Nays 0.

Mr. Deputy Speaker: The motion is accordingly passed.

Mr. Deputy Speaker: The hour being 12 p.m., the House is recessed and stands recessed until 1:30 p.m.

LEGISLATIVE ASSEMBLY OF MANITOBA

Thursday, April 15, 2021

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The Legislative Assembly of Manitoba Debates and Proceedings
are also available on the Internet at the following address:

<http://www.manitoba.ca/legislature/hansard/hansard.html>