



Province of Alberta

The 29th Legislature
Third Session

Alberta Hansard

Monday afternoon, March 6, 2017

Day 2

The Honourable Robert E. Wanner, Speaker

Legislative Assembly of Alberta
The 29th Legislature

Third Session

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Sweet, Heather, Edmonton-Manning (ND), Deputy Chair of Committees

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Anderson, Wayne, Highwood (W)	Malkinson, Brian, Calgary-Currie (ND)
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Hanson, David B., Lac La Biche-St. Paul-Two Hills (W), Official Opposition Deputy House Leader	Starke, Dr. Richard, Vermilion-Lloydminster (PC)
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Kazim, Anam, Calgary-Glenmore (ND)	van Dijken, Glenn, Barrhead-Morinville-Westlock (W)
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Loewen, Todd, Grande Prairie-Smoky (W)	
Loyola, Rod, Edmonton-Ellerslie (ND)	

Party standings:

New Democrat: 55 Wildrose: 22 Progressive Conservative: 8 Alberta Liberal: 1 Alberta Party: 1

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Legislative Assembly of Alberta

1:30 p.m.

Monday, March 6, 2017

[The Speaker in the chair]

Prayers

The Speaker: Welcome back. I'm glad to see that all of you had safe travels to and from.

I would ask you to bow your heads as we reflect and pray, each in our own way. Allow us to be a source of support to one another, and let us allow others who garner support from a higher authority to do so in peace. During times of debate, disagreement, and conflict let us take moments to listen, understand, and reflect. Let us be reminded that in the end our shared ultimate goal remains the same, to improve our province for future generations. Amen.

Hon. members and ladies and gentlemen, we will now be led in the singing of our national anthem by Mr. Joel Crichton. I would invite all to participate in the language of their choice.

Hon. Members:

O Canada, our home and native land!
True patriot love in all thy sons command.
With glowing hearts we see thee rise,
The True North strong and free!
From far and wide, O Canada,
We stand on guard for thee.
God keep our land glorious and free!
O Canada, we stand on guard for thee.
O Canada, we stand on guard for thee.

The Speaker: Please be seated.

Introduction of Guests

The Speaker: The hon. Minister of Infrastructure and of Transportation.

Mr. Mason: Thank you very much, Mr. Speaker. It's my pleasure to introduce to you and to all members of this Assembly a group of 37 brilliant grade 6 students from Norwood school in my constituency. They are accompanied by their teacher, Ms Susan Strebchuk. These students are participating in the School at the Legislature program this week and will be enjoying extensive tours of our building and the visitor centre, presentations by various officers and agencies of the Legislative Assembly, and many other activities during their stay with us. I would ask them to please now rise and receive the traditional warm welcome of this Assembly.

The Speaker: Welcome.

The hon. Member for Innisfail-Sylvan Lake.

Mr. MacIntyre: Thank you, Mr. Speaker. It's my honour to rise today and introduce to you and through you a number of students, staff, and chaperones from Spruce View school in the magnificent riding of Innisfail-Sylvan Lake. We have Ms Michelle Long, Mr. Ryan Johansson, Mr. Ryan Skage, Ms Kim Davies, and the class. If you'd all stand up, please, and receive the warm welcome of this Assembly.

The Speaker: Welcome.

Hon. members, are there any other school groups today?
Seeing and hearing none, the Member for Edmonton-Centre.

Mr. Shepherd: Thank you, Mr. Speaker. It's a pleasure to rise to introduce to you and through you to all members of this House Mickey Wilson, who for over four years has served as the executive director of the Pride Centre of Edmonton, providing important supports and services to Edmonton's LGBTQ-plus communities. He also travels to communities across our province, providing training and education to help various organizations better support and understand the same. He's a tireless advocate for justice and a true friend to some of the most marginalized among us, including LGBTQ youth, trans youth, and new immigrants to Canada from the LGBTQ community. I'd ask that he rise and receive the warm welcome of this Assembly.

The Speaker: Welcome.

The hon. Member for Calgary-Klein.

Mr. Coolahan: Thank you, Mr. Speaker. I'm pleased to introduce to you and through you to all members of the Assembly three individuals from the University of Alberta whose work is influencing innovation in many areas, including agriculture and environmental sciences, and I ask that they stand when I say their names.

Dr. John Wolodko is the Alberta Innovates strategic chair in bio and industrial materials and an associate professor at the University of Alberta. His research focuses on the development of sustainable green materials from agricultural and forestry feedstocks and microbial-influenced corrosion and wear materials, which we'll hear more about in my member's statement today. Dr. Stanford Blade is dean of the Faculty of Agricultural, Life and Environmental Sciences at the University of Alberta. He has contributed greatly to Alberta's understanding of innovation in the resource economy, and he was also the CEO of Alberta Innovates: Bio Solutions corporation, which co-ordinates science and innovation to grow prosperity in Alberta's agricultural, food, and forestry sectors. Cait Wills is the director of communications for the Faculty of Agricultural, Life and Environmental Sciences at the U of A, but more importantly she happens to be an old friend. I ask that they receive the traditional warm welcome of this Assembly.

The Speaker: Welcome.

The hon. Member for Calgary-Mountain View.

Dr. Swann: Thank you very much, Mr. Speaker. It's a real honour for me to stand today and introduce to you and through you to the members of the Legislature five women whose lives have been grievously and irrevocably touched by the ongoing opioid crisis in Alberta. After losing or nearly losing a loved one to the scourge of opiates, they have all become passionate advocates on these issues. Through their activities in groups, including Moms Stop the Harm, Get Prescription Drugs off the Street, and Changing the Face of Addiction, they hope to stem the tide of overdoses so that no one else has to suffer the pain and grief they have endured. They are here to listen to today's emergency debate on opioid-related deaths, and I ask them to stand as I introduce them so they can receive the warm welcome of the Assembly: Rosalind Davis of Changing the Face of Addiction, Susan Robblee, Amy Graves, Regan Magnus, Lorna Thomas. Thank you for joining us today.

The Speaker: Welcome.

Members' Statements

The Speaker: The hon. Member for Calgary-Klein.

Pipeline Corrosion Research Project

Mr. Coolahan: Thank you, Mr. Speaker. Alberta is the energy leader the world needs for the 21st century. That's why I'm very proud to rise today to speak about the way our research community helps to ensure safe and environmentally sustainable oil transportation. I'm pleased to speak about Genome Canada's recent announcement of \$7.8 million in funding to support an Alberta-based oil sands innovation research project.

Two scientists, Dr. John Wolodko from the University of Alberta and the strategic chair of Alberta Innovates: Technology Futures and Dr. Lisa Gieg from the University of Calgary, are co-leading a project that aims to decrease microbial decay in pipelines. Fixing this type of decay is like a diagnosis and treatment in the medical field. It is necessary, and it's important to not only the patient but also to everyone who is impacted. If we live in concert with our environment, keeping it healthy is a requirement for the oil transportation industry. This announcement is an example of the investment being made to support innovative research that promotes safe and environmentally sustainable oil transportation.

1:40

The expected cost savings resulting from this project are significant. It is estimated that corrosion of steel infrastructure costs the oil and gas industry \$3 billion to \$7 billion each year in maintenance, repairs, and replacement. Canada's energy transmission pipeline industry alone spends \$2.9 billion a year to monitor and maintain pipelines. This team will turn science into solutions and, in doing so, potentially reduce operating costs for the Canadian industry by \$300 million to \$500 million over the next 20 years. The financial impact of this type of research is significant, but the environmental benefits are priceless when this team is able to stop pipeline corrosion, saving the environment and the economy from the risk of pipeline leakage and spills.

Congratulations to Dr. John Wolodko and Dr. Lisa Gieg on the grant and helping to make our energy industry the best in the world.

Thank you, Mr. Speaker.

Provincial Fiscal Policies

Mr. Cooper: Mr. Speaker, the NDP claimed last week that they care about making life more affordable for Albertans, but the problem is that no one believes them. Their carbon tax will raise the cost on the average household in Alberta by \$2,500 a year. It has already caused . . . [interjection] Point of order, Mr. Speaker.

It's already caused a big spike in inflation this year, with higher gas and fuel prices raising the cost of everything. There's no question that this carbon tax hurts all Albertans but especially those in rural and central Alberta.

Life is already too expensive, and the NDP is making it worse, but they're just getting started. They're shutting down coal, destroying historic communities across Alberta, and putting livelihoods at risk. They've raised business taxes, personal taxes, gas taxes, beer taxes, and almost every fee in the book. The NDP is driving our province tens of billions of dollars into debt, with no plan to pay it back or even to stop borrowing. That's billions of dollars that will be sucked away from hospitals and schools just to cover the interest of this government's reckless borrowing.

Where are they spending this money? There's the \$9 million on the carbon tax ads that angered Albertans throughout the Christmas season and now \$10 million to tell Albertans how to change a light bulb. They're throwing out billions of dollars to kill coal, wasting millions of dollars to protect government-run laundry services at AHS, all at a time while wait times increase in our health care

system and violent criminals are getting off scot-free because of chronic delays in our court system. This is the type of waste and mismanagement that is making life more expensive and exactly why Albertans are ready to throw this government out.

The Wildrose will be here and ready to take the NDP's place. We will continue to be on the side of everyday Albertans. We will fight for a better, stronger, more prosperous Alberta, and we will fight every day in this Legislature to carry those forgotten by this NDP government.

The Speaker: The hon. Member for Calgary-Hays.

Government Spending

Mr. McIver: Thank you, Mr. Speaker. For the past two years every time members of the opposition call on this government to exercise even modest spending restraint, they tell us that they cannot without firing thousands of teachers and nurses. In fact, the government has worked very hard to convince Albertans that they must choose between billions of dollars of debt and gutting public services and that any reduction in spending automatically equals a cut to the front lines, which is why I was surprised to hear the Education minister declare last week that he's able to offer Alberta parents a legislated reduction in school fees due to internal savings that his department found over the last year.

Mr. Speaker, I have to ask: how many educational assistants and teachers did they fire? How many larger class sizes are they going to create? When the only path is through front-line cuts, where did he find the \$50 million? If that sounds ridiculous, that's because the NDP's logic is ridiculous. My colleagues and I on this side of the House have been saying for years that it is absolutely possible to find internal savings and efficiencies without gutting front-line services. It seems that the minister is finally in agreement. The only difference is that while we would use those savings to reduce the size of the deficit, the minister decided to spend it. He decided he should spend it bribing Alberta parents.

The truth is, Mr. Speaker, that borrowing money doesn't make life more affordable for Alberta families in the long term; it mortgages their children's future. It makes it more expensive because that money will eventually have to be paid back with interest. Even though the Finance minister says, "Albertans should not have to pay this back," well, Minister, there is no one but Albertans to pay this back.

The huge cost of interest would be much better spent on things like cutting the debt, on teachers, nurses, schools, and hospitals. Since this government has demonstrated that there is no interest in developing a plan to pay any of this borrowed money back, it will fall to the very children who attend these schools today to deal with the mess tomorrow. Not a very good education for our children, Mr. Speaker.

The Speaker: The hon. Member for Red Deer-South.

Red Deer Seniors' Birthday Celebrations

Ms Miller: Thank you, Mr. Speaker. Today I rise proudly to reflect on an event held in my constituency of Red Deer-South this past weekend. With the help of my colleague the MLA for Red Deer-North and the Golden Circle seniors' centre we hosted community celebrations for the birthdays of local seniors.

Seniors are an essential part of the cultural makeup of Red Deer and Alberta communities and cannot be overlooked. That is why this past Saturday, March 4, seniors with birthdays falling in the first quarter of the year were invited to partake in festivities and be commended for their unique role in our community. I was honoured to

meet with Albertans like Violet Elliot, who was celebrating her 100th birthday. From music of the '50s to cake and ice cream it was a day full of fun and entertainment, and I'm happy to say that it was a success.

Seniors are some of the most active people in our communities, and their past and current efforts to make lives better throughout Alberta are truly cherished. Our senior population devotes on average more than double the time of individuals aged 15 to 34 volunteering in their community, showing that seniors know the value of social activism, and we can all be thankful to them for that.

Mr. Speaker, while this government is working to make life better for our seniors by adding supports and building more long-term beds, these Albertans have already spent a lifetime working in and for our communities, and they deserve to be celebrated. Though this was for those with birthdays January through March, I am looking forward to working with the Member for Red Deer-North, the Golden Circle, and more community stakeholders to hold three more of these events to recognize the work and presence of seniors within the Red Deer community. I hope that people remain mindful of the great things this group brings to the province of Alberta.

Thank you.

The Speaker: The hon. Member for Edmonton-Centre.

Pink Shirt Day

Mr. Shepherd: Thank you, Mr. Speaker. In September 2007 Jadrien Cota of Berwick, Nova Scotia, arrived for the first day of grade 9 wearing a pink shirt. Sadly, what should have been an exciting day kicking off a fresh school year was marred by students who bullied him for his choice of clothing. Two other students at his school saw the incident, decided to do something about it, and after school they went and bought 50 pink tank tops. The next day they stood in the school foyer and handed them out to other students to wear in solidarity with Jadrien. In the face of oppression, hatred, and prejudice they chose to stand with the oppressed. Because of their example, every February we now celebrate Pink Shirt Day.

Mr. Speaker, 50 per cent of Albertan students report having been bullied in school. I myself was bullied in school. It causes real emotional and psychological damage that victims are often too ashamed to talk about. In fact, only 10 per cent of them find the courage to speak up. But, sadly, 28 per cent of Albertans believe that bullying is just a normal part of growing up.

Mr. Speaker, bullying is not normal, it is not acceptable, and it is not right. But while 80 per cent of Albertans say that they've witnessed bullying, less than one-quarter stepped in to intervene. That needs to change. We as adults need to set better standards, stand up to bullying behaviour in our homes, in public, and in our places of work, and teach our children that they should never seek to boost their ego at the expense of someone else, that might does not make right.

Mr. Speaker, I call on all of us in this House to not just wear a pink shirt one day a year but in our roles as representatives of Alberta to be better people, to stand up against hatred, ignorance, fear, and intolerance and for acceptance, inclusion, and true equity for all regardless of their ethnicity, gender, orientation, self-expression, or choice of faith. That is what it means to be Albertan, and that is the meaning of Pink Shirt Day.

The Speaker: The hon. Member for Barrhead-Morinville-Westlock.

Rainbow for the Future's Aid to Ethiopia

Mr. van Dijken: Thank you, Mr. Speaker. Today I am pleased to tell the members of this House about Rainbow for the Future, a

charitable organization based in my constituency of Barrhead-Morinville-Westlock. It's a story of a group of western Canadians reaching out across the ocean to benefit communities and improve the lives of individuals in Ethiopia.

In 1984 Canadians heard about the drought in Ethiopia that was causing millions of people to starve, and they took action. One man, Leo Seguin, started working with Westlock area farmers to organize grain drives. The Westlock growing project partnered with the Canadian Foodgrains Bank and Canadian Lutheran World Relief to feed over 400,000 people. Once the situation stabilized, Albertans like Leo didn't consider the job finished but, instead, dedicated themselves to helping the poor help themselves.

1:50

Rainbow for the Future was born in 2005. Their name signifies hope after experiencing dark clouds of turmoil, and it's about being a bridge, a conduit of love and compassion. To date the organization has raised more than \$10 million. Among other things they support irrigation-based development projects as a means to improve food security. Having food security allows communities to turn their attention to education, health care, and income generation projects, especially for women. Their philosophy is that small steps lead to big changes.

I look forward to participating in their sports for Ethiopia fundraiser on March 17 and 18 and will be playing in their 24-hour hockey tournament. Last year's event raised \$87,000. This allowed us to finish funding the Kuriftu orphans and vulnerable children's support project, the women living with HIV support project, and the construction of the Dode primary school. I am looking for pledges to support me in raising funds for the admirable work Rainbow for the Future does.

Thank you for your consideration.

Oral Question Period

The Speaker: Hon. members, I'm sure you all read that memo that was sent out to you back in February. I'd just draw your attention to the point that I underlined in that note and remind you. Each of you, I'm sure, will abide by it. Please keep the volume down in this room.

The Official Opposition House Leader.

Government Policies

Mr. Jean: The NDP said last week that they understand it's their responsibility to make life better for Albertans. They've failed, every single one of them. Fresh off a carbon tax, Albertans have seen the annual inflation rate climb by 2.5 per cent, driven in large part by this government's new carbon tax. Natural gas prices are up 42 per cent. Thanks, NDP. It's more expensive to drive, to heat your homes, and to buy groceries for every Albertan. Can the Premier please explain how making everything more expensive is actually making life better for Albertans?

The Speaker: The hon. Deputy Premier.

Ms Hoffman: Thank you very much, Mr. Speaker. I'm incredibly proud to be part of a government that is working each and every day to make life better for Alberta families. That's why last week we brought forward legislation that's going to cut school fees for Alberta families. What did the opposition do? They sued the Ethics Commissioner. I think we know who has their priorities on the right side, making life more affordable for Alberta families. That's the difference. That's the choice.

Mr. Jean: I know it must be absolutely crushing for the Premier that the vast majority of Albertans think that the carbon tax is absolutely terrible. People who work in our energy and agriculture sectors drive trucks, and they use fuel. Moms and dads can't just hand in their car or turn their heat off in their homes, and the NDP has already rubber-stamped a \$50 carbon tax from Ottawa that will pull \$2,500 out of every single family's budget in Alberta. How can the NDP possibly justify not only their carbon tax but a 150 per cent increase in the carbon tax in just a few years?

Ms Hoffman: I'm so glad to talk about affordability, Mr. Speaker. Under previous governments tuition went up year after year after year, and under this government we froze tuition to make life more affordable for Alberta families. On this side of the House we're working every day to keep money in Albertans' pockets and to keep money in the local economy. On that side of the House all they care about is standing up, running in circles, and fighting among themselves. We're going to keep working to make life more affordable by cutting school fees, by keeping tuition affordable, and by keeping strong public services, and I will stand up for that each and every day.

The Speaker: Hon. members, on this side please keep the volume of your hitting the desks down, and on this side please keep the volume of your voices down. Thank you.

Second supplemental.

Mr. Jean: Thank you, Mr. Speaker. Let's look at the facts. The NDP has overseen the worst budget crisis in Alberta's history. To date they've tried raising taxes on everyone and everything, but that hasn't worked. In fact, Alberta is raking in nearly a billion dollars less in income taxes than they budgeted. The NDP have made it clear that they have no appetite to cut spending for the most expensive government in Canada by far, so that leaves only one other option, more tax hikes. With the NDP now leaving a PST, believe it or not, on the table, what new taxes should Albertans expect, and when will the NDP government bring them in?

Ms Hoffman: Let's keep talking about facts and affordability, Mr. Speaker. Under the former government rates for electricity skyrocketed. They were in constant chaos. It was a jack-in-the-box. Under this government we brought in a cap. They want to jack up your fees; we want to keep them affordable. They want to make sure school fees go up; we want to keep them affordable. They want to see tuition rise at postsecondary; we're not going to let that happen. The choice is clear. You've got a government that's standing up for ordinary Albertans, or you've got an opposition that only wants to stand up for themselves. We've made the right decision.

The Speaker: Second main question.

Mr. Jean: Thank you, Mr. Speaker. The Premier and the NDP seem – and, frankly, I think they are – totally out of touch with reality here in Alberta. If there's a new recovery, Albertans certainly aren't feeling it. In the past year 45,000 full-time jobs have evaporated, including 24,000 just in January. Downtown vacancy in Calgary is at more than 30 per cent, and we now have Ottawa promising to phase out our oil sands. How, then, can the NDP justify raising taxes, crippling small businesses, and driving our balance sheet off the cliff?

Ms Hoffman: You want to talk about Ottawa? Let's talk about Ottawa. Under this government Ottawa has approved us to move forward with two new pipelines to the west coast, Mr. Speaker. We're moving products. We're getting results. What happened in

the 10 years the member opposite was in Ottawa? No pipelines, no new access, no international markets. I want to say that we're working hard to make sure that we're diversifying the economy, getting new jobs, and making life more affordable, and I think it's time that the members opposite acknowledged the real progress this government is making.

The Speaker: The first supplemental.

Mr. Jean: Thank you, Mr. Speaker. I would like to talk about progress because in just two years the NDP has hammered Albertans with personal and business tax increases; increased regulations; Bill 6, of course; caps in our oil sands; coal shutdowns that are killing historic communities; lawsuits against power companies; record debt and record deficits; and the largest tax increase in Alberta's history. The new carbon tax alone will cost families \$2,500 each and every year and has already increased the price of everything for Albertans. How can anyone in this government stand behind these policies, that are obviously hurting Albertans and handcuffing our economy and our future?

Ms Hoffman: Thank you for the question from the leader of the Wildrose. Now, whether it's the Wildrose, Wildrose 2.0, Conservatives, Conservative Alliance, Conservative Reform Alliance, the answer will always be the same. They will always stand up for themselves and for the big insiders while we are on this side making life better for Alberta families, Mr. Speaker. That's why we have a government that's making life more affordable by bringing in modest salary increases to the lowest wage earners in Alberta. They want to cut the minimum wage. We're standing up for low-income Albertans, we're standing up for Alberta families, we're keeping money in their pockets, and it's time for the members on the other side of the House to stop saying the opposite.

The Speaker: I think we're on the second supplemental.

Mr. Jean: Thank you, Mr. Speaker. Alberta should be doing much better right now, but it's not, and NDP policies are to blame. The Premier promised 100,000 new private-sector jobs last April. Instead, 45,000 full-time jobs have disappeared in Alberta. After jacking up business taxes and bringing in a carbon tax, our number one competitor, the United States, is making drastic cuts to their taxes, building pipelines, and won't see any carbon tax any time soon. When can Albertans expect to see a plan to keep Alberta competitive instead of letting jobs and investment move out of the province?

Ms Hoffman: Well, one of the ways we keep Alberta competitive is by keeping Alberta families strong and supported and by making their lives better, Mr. Speaker. That's one of the reasons why last week we took real action to reduce school fees for Alberta families. Instead of the members opposite screaming angry rhetoric and sending angry tweets out late on a Friday night, we're actually making lives better for Alberta families. We'll continue to do that today and tomorrow and for the days to come because Albertans deserve a government that's on their side. It's clear that they have a choice between the guys opposite, who are busy arguing amongst themselves, and a government that's on their side.

The Speaker: Third main question.

Energy Efficiency Programs

Mr. Jean: I know, Mr. Speaker, that most of the NDP's inner circle come from out of province, but here's some free advice. Albertans

don't like carbon taxes, and they especially don't like it when you take their money to hire Ontario companies to install light bulbs and power bars.

There's no reasonable control and no restrictions on who can access it, and it's just the start of the NDP carbon tax fuelled boondoggles. I have an easy question for the Premier: how many NDP bureaucrats does it take to install a light bulb?

2:00

The Speaker: The Deputy Premier.

Ms Hoffman: Thank you, Mr. Speaker. The members opposite have no interest in energy efficiency or anything that will make life more affordable for Alberta families. That's why we were the last jurisdiction to finally catch up to the rest of Canada and bring forward an energy efficiency program, and I'm not going to apologize for putting money back in Albertans' pockets. This is the right investment in making their lives more affordable, and we're going to keep moving forward on those initiatives, that should have taken place decades ago, but the folks on the other side had no interest. Instead, we're going to actually take concrete action to make life more affordable for Alberta families.

Mr. Mason: [inaudible] and three Wildrosers to heckle her.

Mr. Cooper: Point of order.

The Speaker: Point of order noted.

Mr. Jean: Well, actually, Wildrose believes that Albertans spend their money better than any government's going to. The NDP believes they need to take people's money to show them how to spend it better. It's NDP elitism and condescension at its finest. Oh, and if you've already paid for energy efficiency this year in Alberta in your own home, you're out of luck. Albertans care about the environment. They don't need the NDP to tell them how to do it. How many more millions of dollars in boondoggles can Albertans expect to pay with this environment minister in charge?

The Speaker: The Deputy Premier.

Ms Hoffman: Thank you, Mr. Speaker. With the price on carbon we're investing every single dollar back in the local economy, and as a result we're going to have good, long-term jobs here in Alberta, and we're also going to have lower bills for Alberta consumers. The Dunsky report says that it will lower bills by \$6.3 million. That's money back in Albertans' pockets. The members opposite want you to pay more for electricity. This side is working hard to keep your costs down. The dichotomy is pretty clear.

Mr. Jean: Well, here are the facts, Mr. Speaker. There's absolutely no ceiling whatsoever on how much it's going to cost Alberta taxpayers, how many people will have to be hired, how many light bulbs, how many power bars, and how many shower heads people will receive, and who actually will qualify. It's a mess. But at least the NDP are helping out-of-province Ecofitt's bottom line by helping them expand their warehouse total by nearly a third nationwide. Here's a solution: scrap the carbon tax and respect the intelligence of Albertans. Does the minister really believe Albertans need some contractor from Ontario to show them how to change their light bulbs?

Ms Hoffman: As you probably have heard, Mr. Speaker, Alberta is the last jurisdiction to finally come out of the Dark Ages and move forward on electricity and retrofits, and that's one of the reasons why we've used some of the best folks from across the industry to

be able to help us do that. This company works in Nova Scotia, Ontario, Manitoba, Quebec, British Columbia, and they're going to be doing good work right here to help Albertans save money and put those dollars back in their pockets. This is good news for Albertans.

The Speaker: The hon. leader of the third party.

Provincial Third-quarter Fiscal Update

Mr. McIver: Thank you. Mr. Speaker, the Finance minister presented the third-quarter fiscal report, where he spent more time talking about green shoots than he did explaining why the fruits of those green shoots, an extra one and a half billion dollars in resource revenue, were not applied against the massive \$10.8 billion budget deficit. It's a great thing. We're starting to see some modest economic recovery in Alberta, but nothing this government has done since it took office has contributed in the slightest to the increase in the price of oil. To the Finance minister: why are you now taking credit for the price of oil on the way up, when you were running away from it ever so recently on the way down?

Mr. Ceci: Mr. Speaker, it's really great that the price of oil is slowly climbing, and people talk about it coming up, but it's going to be lower for longer, so in that regard we are doing the things that Albertans require in terms of addressing things like the biggest natural disaster this country has ever seen. We showed Albertans and all of the country that we have Fort McMurray's back. We had expenditures there. We are addressing that. I would really love to see oil go higher and higher and higher, but the base is going to be lower for longer. With that, we have to budget properly, and we are.

The Speaker: Thank you, hon. minister.

First supplemental.

Mr. McIver: Thanks, Mr. Speaker. In that same third-quarter update the minister bragged about the creation of 18,000 new jobs since July 2016. What he failed to mention is that 13 and a half thousand of those jobs are part-time. Given that he called his last budget the jobs plan – a failure – and approximately 100,000 mortgage-paying jobs have been lost since this government took office, can the Finance minister explain to the hundreds of thousands of unemployed Albertans why he is satisfied with switching out full-time jobs for part-time jobs?

Mr. Ceci: You know, Mr. Speaker, these are difficult times. We're coming through a two-year recession and just finally seeing the economy start to turn around, but it is quite tenuous, and we will have to do everything as a government to support Albertans through this time. But we're working always to create good jobs, we're working to diversify the economy, and we are investing in infrastructure. Those will get us through to better times. The opposite group here cut, cut, cut, and they figure that nirvana is going to happen with that. That doesn't get you there. It's a long, tough road, but we're supporting Albertans.

Mr. McIver: Tax, tax, tax doesn't work, Mr. Speaker.

The Finance minister also bragged about diversification in the Alberta economy. As examples he pointed to the uptick in drilling rigs and overall oil and gas activity as proof. Previously he said that economic diversification equals getting away from our reliance on the energy sector, but now that oil and gas is solely responsible for recovery, or largely, they couldn't be happier to champion the central role that it plays in our prosperity. Again to the Finance minister: now, does this mean your government is finally willing to

embrace the energy sector and work with the men and women that have depended upon it for so long?

The Speaker: The hon. Minister of Finance.

Mr. Ceci: Thank you, Mr. Speaker. You know, the oil and gas sector is incredibly important in this province and always will be into the future, but diversification is also important. The oil and gas roller coaster got us to the place we're at now. That group didn't do a lot to try and get us off the roller coaster. We are not going to be in this funhouse forever. They created it. We are going to be bringing jobs back through diversification, and that's the role of government.

The Speaker: The hon. Member for Calgary-Elbow.

Provincial Fiscal Policies

Mr. Clark: Why, thank you very much, Mr. Speaker. Last week I released Pathway to Prosperity, the Alberta Party's plan to get our province back on track. Our plan curbs government spending without hurting front-line services, reduces reliance on nonrenewable resource revenues, and not only balances in four years but also starts to pay back debt. That's quite a concept. As part of our analysis we modelled the NDP budget, and guess what? It never balances, ever. To the Minister of Finance. You claim you will balance the budget by 2024. Will you prove it by showing your work and including a detailed plan to balance in next week's budget?

The Speaker: The Minister of Finance.

Mr. Ceci: Thank you. Well, you know, you'll have to wait till next week's budget to see where things are at, but I can give you the answer about PST right now. We will not bring in a PST. We have a plan to thoughtfully reduce our spending over time. We have a plan to deal with the deficit without bringing in a sales tax. Our plan focuses on important things Albertans need, and we're going to do those. We're going to freeze tuition. As the Deputy Premier said, we're cutting school fees. That side would create more after school fees for kids. That side would raise tuition. They have before. We're not going to do those things. We're going to thoughtfully bring the deficit down.

Mr. Clark: So that's a no. You will never balance the budget.

Mr. Speaker, this government doesn't seem to understand that some day it's Albertans that will have to pay back the massive debt load the NDP has piled up. This means raising taxes or sacrificing public services or probably both. Their plans so far haven't worked. Their NDP tax increases have resulted in billions less in revenues because business is leaving the province, and further tax increases will make the problem worse. To the Premier: beyond simply crossing your fingers and hoping the price of oil goes up, what is your plan to put Alberta on a sustainable . . .

The Speaker: The Deputy Premier.

Ms Hoffman: Thank you very much, Mr. Speaker. Our plan is to continue to work to make life better for Alberta families each and every day. That's one of the reasons why we're bringing forward a reasonable, predictable salary increase to the lowest wage earners in this province, because everyone deserves to put food on the table if you're working full-time. That's one of the reasons why we're going to keep moving forward by protecting health and education. The members opposite want to cut those areas, and they want to cut the minimum wage. We're not going to do that. We're going to

stand up for Alberta families, make their lives affordable, and defend their jobs.

2:10

Mr. Clark: Mr. Speaker, our Pathway to Prosperity document also modelled the Wildrose plan, and I put that in air quotes because the Official Opposition hasn't actually put out any plans or shadow budgets or, frankly, much at all. But based on public statements and party policies, we know that they would make massive and devastating cuts to public services. Again to the Premier: do you have any estimates on how many teachers, nurses, Crown prosecutors, judges, court staff, social workers, or first responders would be laid off if the Wildrose or whoever they become cut \$8 billion or more from the provincial budget?

The Speaker: The Deputy Premier.

Ms Hoffman: Thank you very much, Mr. Speaker and to the member for the important question. We saw what was being proposed in the last election: billions of dollars of public-service cuts to the front lines. We see that there are folks out there talking about being able to cut 10 per cent from line items. I'm sorry, but 10 per cent from Health is major hospitals in everyone's ridings that would be negatively impacted. We're not going to do that. We're going to stand up for Albertans. The members opposite have a lot of areas they want to cut. The member who just asked the question has only three letters for an answer: PST. Neither one of those is the path that's going to bring Alberta forward.

The Speaker: The hon. Member for Stony Plain.

Rural Economic Development

Ms Babcock: Thank you, Mr. Speaker. Rural Alberta plays a critical role in building a strong, resilient economy that all Albertans can count on. From strength in oil and gas, forestry, and agriculture to tourism, rural Alberta has opportunities across many sectors to build on. In fact, municipalities and industry groups in regions such as my constituency of Stony Plain have long been partners in securing jobs and economic growth. To the Minister of Economic Development and Trade. The economic downturn has hit rural Alberta hard. How are we supporting our communities to help build a diversified economy?

The Speaker: The hon. Minister of Economic Development and Trade.

Mr. Bilous: Thank you very much, Mr. Speaker. I'll thank the member for the question. I know that she's been a very vocal advocate working with businesses in her constituency and municipal leaders. I can tell you that last year we launched our two-year community and regional economic support program, or the CARES program. What this program is doing is partnering with municipal leaders, with regional and community organizations looking at opportunities to develop business plans to further economic development that are local to those areas. I'm very proud of the amount of applicants that we had in the first intake. The second intake opens April 1, and I encourage community members and municipal leaders to look at this program.

The Speaker: Thank you.
First supplemental.

Ms Babcock: Thank you, Mr. Speaker. To the same minister: in these difficult economic times what is the minister doing to address

the unique challenges that we all see that rural Alberta faces to create good jobs in our communities?

The Speaker: The hon. minister.

Mr. Bilous: Thank you, Mr. Speaker, and I'll thank the member for the question. There are a number of different tools and entities that we're working with and working through. The regional economic development alliances: Alberta has 11 REDAs across the province, that are made up of municipal leaders, community leaders, and economic development organizations. That's one of the ways that we're working in rural Alberta and through these entities. We know that they have the expertise and the ideas. What they need from the government of Alberta is some support. I can tell you that REDAs were developed out of a need to stimulate long-term economic development and growth strategies in Alberta. We're working closely with them along with the Northern Alberta Development Council.

The Speaker: Thank you, hon. minister.
Second supplemental.

Ms Babcock: Thank you, Mr. Speaker. Given that Canada is one of the many countries moving away from coal-powered electricity and that Albertans whose livelihood depends on coal are concerned about their future, especially in my riding of Stony Plain, to the same minister: what does a made-in-Alberta plan look like for these communities?

The Speaker: The hon. minister.

Mr. Bilous: Thank you, Mr. Speaker. We know that Canada's transition away from coal is creating uncertainty in Alberta's communities. We know that, and I know that because I've recently visited a number of plants and communities. We've met with miners, with mom-and-pop shops, and worked closely with mayors and councils. My message to them is that we have your back. In 2012, when the Leader of the Opposition was in federal government, the federal government prohibited coal plants from generating beyond 2030 and actually stopped the conversion of these same plants to natural gas. What our government is doing is we've reversed that so facilities can continue to . . .

The Speaker: Thank you, hon minister.
The hon. Member for Airdrie.

Justice System Delays

Mrs. Pitt: Thank you, Mr. Speaker. While this government prioritizes their radical environmental agenda and changes every facet of Alberta's economy, our justice system is falling apart. Last week we learned that 15 cases in Edmonton were dropped due to the Jordan ruling and an attempt to triage charges. The accused are not going to trial, and victims are being robbed of justice. When victims of crime don't have confidence that they will see their day in court, it diminishes the will to come forward when a crime has been committed. What does the minister have to say to the victims of crimes where charges were stayed last week?

The Speaker: The hon. Minister of Justice.

Ms Ganley: Thank you, Mr. Speaker. We believe passionately that Albertans have a right to a strong and effective justice system. We never want to see a charge being stayed and a victim not getting their day in court as a result of a procedural matter. The decision in Jordan brought to the forefront backlogs that have been building

over many decades. Certainly, we've worked quickly to address that, and we will have more to say about that after the budget.

Mrs. Pitt: Mr. Speaker, I appreciate that Crown prosecutors are doing their best with the resources that they have, but given that included in the charges stayed last week were multiple counts of impaired driving over .08, assault with a weapon, and possession of a weapon with danger to the public, to name just a few, and given the fact that Edmonton's chief Crown prosecutor expects more charges to be stayed unless something is changed, when will we see action and an attempt to fix a broken system?

The Speaker: The hon. minister.

Ms Ganley: Thank you, Mr. Speaker. This government is moving forward to ensure that we have the necessary resources for the government. We are actively recruiting 15 Crown prosecutors right now, and more will be coming in the future. This government is doing a careful assessment of what resources are necessary for all our systems. We'll have more to say after the budget, and I hope the members opposite will support it.

Mrs. Pitt: Mr. Speaker, given that this government has been in power for almost two years and given that this problem has only grown during their term in office and given that there is a failure by the NDP government to fill Crown prosecutor positions and also fill other gaps within the system and given that there is also a responsibility of the federal government to appoint more Court of Queen's Bench justices, what assurances can the minister give that we will receive the appropriate level of judicial positions immediately to address a serious shortage?

The Speaker: The hon. minister.

Ms Ganley: Thank you very much, Mr. Speaker and to the member for the question. Well, as the House will be aware, the government has created a number of positions, including nine positions on the Court of Queen's Bench. I find it a little ironic that the opposition is taking this particular tack given that they voted against a budget that allowed us to hire front-line Crown prosecutors and that when the Leader of the Official Opposition was in the federal government, he never once advocated for more justices.

The Speaker: The hon. Member for Calgary-Lougheed.

Education Policies

Mr. Rodney: Thank you, Mr. Speaker. Based on minutes we've received from a meeting of the leadership of the ATA, SOS Alberta, and others, a stated objective is to direct children from the private system into the public system. This is a direct attack on educational choice by groups like SOS Alberta, who openly admit to not representing parents. To the minister, who allegedly mandated that a letter be sent to all school boards with a quotation from SOS: how is this not an abuse of government resources? Will you commit today in this Legislature that you will not slash private and charter school funding and allow parents to make educational choices based on their children's . . .

The Speaker: Thank you, hon. member.
The Minister of Education.

Mr. Eggen: Thank you, Mr. Speaker. You know, this government right from the beginning ensured that we funded enrolment for all forms of schooling across the province, \$110 million and counting all the way for each of the years. In direct contrast to the

Conservative opposition on the other side, who made cuts and made unreasonable and very unstable funding, we have stabilized the situation. Parents appreciate the work that we have done.

Mr. Rodney: No answer to either question. Albertans deserve to know.

Given that recently a union coalition pushed for the elimination of funding for independent schools and the union coalition controls tens of millions of dollars in dues, money that parents can never dream of matching, and given that in the last CBE trustee election a former NDP candidate won with \$20,000 of union money, much more than trustees would ever spend on their entire campaign, can the Premier ensure that the voice of parents will not be drowned out by big money from special-interest groups in the funding of trustee elections?

2:20

Mr. Eggen: Well, once again, you know, it's pretty rich, Mr. Speaker, coming from the Conservative opposition, that cut millions of dollars from education and continued to campaign on that in the last election. Well, you can see the result of doing that. The people of Alberta want to have the investment in public education. We want to make sure that we have the resources available for all forms of education. We did do so. They just cut.

Thank you.

Mr. Rodney: I'll just wait for that answer some other time.

Now, given that parents deserve to know the changes that are being recommended for the instruction of our children and given that the Education minister has embarked upon curriculum redesign in a manner that is alarming to Albertans clear across the province, in the spirit of openness and transparency when will the minister release the names of the committee members, the details on the groups that have been presenting, the documents that have been presented to the working committees, and as a show of common courtesy and simple respect why has this information not been readily accessible from the get-go?

Mr. Eggen: Well, you know, Mr. Speaker, it's a matter of common courtesy to ensure that the hard-working teachers that have been working on the curriculum – they deserve the respect that they have, working through volunteers and so forth. I would like to protect them from personal attacks from this Conservative opposition. That's why I'm reluctant to release the names.

The Speaker: The hon. Member for Lacombe-Ponoka.

Health Care in Central Alberta

Mr. Orr: Thank you, Mr. Speaker. Central Alberta region health care is no longer a priority on Alberta Health Services' top 20 list. The people of central Alberta are starting to wonder if they are less valuable than other Albertans. I understand that this is a 20-year problem, but the current government took the Red Deer central region hospital off the priority list. This hospital has not had a new bed in 17 years despite a population growth of 50 per cent or better. Can and will the Minister of Health provide a reason why this hospital was taken off the priority list, leaving 450,000 central Albertans with substandard health care?

The Speaker: Thank you, hon. member.
The Minister of Health.

Ms Hoffman: Thank you very much, Mr. Speaker and to the member for the question about ensuring that everyone, no matter where you live in this province, gets the right care at the right place

by the right provider. For decades we saw that there were drastic cuts in a number of areas throughout the province. I'm not one to say that things are perfect in Alberta. Far from it. That's one of the reasons why we're campaigning on making life better for Alberta families by making sure that we're investing and providing stable health care services and working with front-line providers. Mr. Speaker, it's important to us to ensure that every part of this province gets quality health care.

The Speaker: First supplemental.

Mr. Orr: Thank you, Mr. Speaker. Given that the government has created 15 different planning documents in the last 10 years, which included central Alberta every time except this last one, and given that metro areas have received 8,300 per cent more funding than central Alberta residents, the people of central Alberta are wondering why they are not equally valued. We are beyond planning. How does the minister suggest we move past 10 more years of planning and on to real, actual new beds and essential programs that other hospitals have had for years already?

The Speaker: The Minister of Health.

Ms Hoffman: Thank you very much, Mr. Speaker and for the important question. We are working to make sure that every part of this province gets the right care, and that means that they have the right investment in terms of deferred maintenance. We have significant deferred maintenance in this province because of drastic, irrational cuts that happened by Conservative governments. Instead, we're moving forward by increasing the infrastructure maintenance plan. By making sure that we invest in that Red Deer hospital, we've done things to increase opportunities for obstetrics and for operations, and there is a great corridor now between Calgary and Edmonton, with a central hub in central Alberta, in Red Deer, for cancer treatments as well. The members opposite want to cut. We want to make sure that we're protecting important health care services for all Albertans.

The Speaker: Second supplemental.

Mr. Orr: Thank you, Mr. Speaker. Given that this government does not have a really good track record on plans, Albertans are not trusting that the requirement for yet another plan or any plan to help the people of central Alberta will ever come to fruition. It appears Alberta Health Services would rather provide plans than essential medical services. Can the minister be up front and tell central Albertans if plans are a deliberate but deceptive denial of resources instead of providing fair and essential medical services to central Albertans?

Ms Hoffman: Thank you for the question. Mr. Speaker, we are making important investments and making sure that folks in central Alberta, just like people living in Sylvan Lake, have increased access to essential after-hours care. I'm so proud of the fact that we've been able to work with community, not treat community like an obstacle like happened so many times in the past when political games were played with communities that deserved to have better access to health care.

The members opposite want to cut. We want to make sure we're working in partnership to invest where it's needed to make sure that everyone has access to the very best care. You can't cut \$2 billion and increase access at the same time, Mr. Speaker. The members opposite know that.

The Speaker: The hon. Member for Highwood.

Prescription Drug Coverage for Rare Diseases

Mr. W. Anderson: Thank you, Mr. Speaker. Last year my colleagues brought forward the case of Haley Chisholm, a young girl from High River who needs a rare drug, Soliris, to survive. After much pushing, the ministry finally met with the family, and the solution was: try an alternate remedy. Five months later Haley has endured painful hospital visits and medical procedures, missed school, had multiple visits to the hospital, failed drug therapies, and her parents' unpaid absences from work. Haley's doctor has reapplied to the STEDT program and is now back to square one. When is the Health minister going to do the right thing and help Haley?

The Speaker: The hon. Minister of Health.

Ms Hoffman: Thank you very much, Mr. Speaker. You're right that I did meet with Haley myself, and my office continues to be in regular contact with her. The situation that she and her family are in is one that no Alberta family wants to ever have to experience, where you're worried about a child being sick. It's important to us that we ensure that health professionals are the ones determining treatment and the course for moving forward on prescribing drugs. But I also have raised with the family – and if members opposite want to do the same – that I understand that drug companies can provide compassionate coverage and regularly do, so that's an avenue that we're supporting them in, and I would encourage others, if they want to join us in that cause, to do so as well.

The Speaker: First supplemental.

Mr. W. Anderson: Thank you, Mr. Speaker. Given that precedent has been set and this funding issue should be taken care of provincially and given the precedent has also been set that the provincial minister should reach out to their federal counterpart and work together in a campaign with the drug manufacturer to provide this life-saving medicine, when will this minister take ownership and start the process of helping this poor child and provide this life-saving remedy through the specialized high-cost drug program?

The Speaker: The hon. minister.

Ms Hoffman: Thank you very much, Mr. Speaker. It is clearly a dangerous path for politicians to be determining who is getting what types of drugs. That's one of the reasons why there are experts in the profession who actually make the decisions and that there are committees that are applied to, with physicians that make those decisions around the best course of medical treatment.

When it comes to opportunities where things could be experimental and might have opportunities for benefit, again, drug manufacturing companies do sometimes take exceptional measures, when something isn't on label, to pursue that angle, and that's something that may want to be pursued further by the family, by the physician. Of course, we are going to support this family in making access available when we can.

Mr. W. Anderson: Mr. Speaker, given that on August 7, 2013, the then opposition NDP Health critic, currently the Minister of Education, stated in a press release that the "province must fund treatment to save young girl in St. Albert" and then stated that "this is another sad and stark example of the PCs' approach to health care... to diminish and delist services" and given that this government is always blaming the past government for its lack of empathy and inaction, the then Minister of Health at that time signed off on the funding for the drug for that girl and saved her

life. Again to the Minister of Health: now that you are in government, have you decided that other things are more important? Why won't this current Minister of Health do the right thing and give Haley back her life?

The Speaker: The hon. minister.

Ms Hoffman: Thank you, Mr. Speaker. It is very important that we work with the medical professionals who are in the best position to make determinations about prescribing and access to these types of medications, that may or may not be of benefit. I think it's a very dangerous path for somebody to stand up and assert that he knows better than medical professionals. That's one of the reasons why we're making sure that the actual expert panel on drug therapy has support to be able to make decisions, and it's up to those physicians that are governing these programs to make sure that they have access to the right areas.

I do want to remind everyone that there are opportunities for us to make sure that we look at – when there are manufacturers who are putting impediments, that might be able to increase access, that we support them in considering those options.

The Speaker: Thank you, hon. minister.

The hon. Member for Calgary-West.

Opioid Use Prevention and Mitigation

Mr. Ellis: Thank you, Mr. Speaker. The first step in dealing with addiction is admitting that you have a problem. Unfortunately, addicts remain in denial for years, but in doing so, they damage everyone around them. Premier, Minister of Health, associate minister, Justice minister, you all have a problem because Alberta has an opioid crisis and you are in denial. To the Premier: will your government take that first courageous step today and admit that Alberta has a public health emergency?

2:30

The Speaker: The hon. Minister of Health.

Ms Hoffman: Thank you very much, Mr. Speaker and to the member for the question. We have taken many actions to make sure that we're addressing the extreme situation that is happening in Alberta with regard to the opioid epidemic. That's one of the reasons why we're making naloxone kits available throughout the province, to make sure that anyone who wants one can get one. That's one of the reasons why we're moving forward aggressively on supervised consumption services, to make sure that real harm reduction strategies can save lives. I hope the members opposite will determine which side of the debate they want to land on that one, because this is a life-saving strategy.

I know that my colleague the associate minister will have more to say in supplemental answers, Mr. Speaker.

The Speaker: First supplemental.

Mr. Ellis: Mr. Speaker, thank you. Given that the federal government has set aside \$65 million in funding for provinces to respond to their fentanyl crises and given that Alberta will not even admit it has a crisis despite the deaths of 717 citizens in three years and given that Alberta could use that money to fund crucially needed programs to reduce opioid abuse, to the Health minister again: when are you going to request Alberta's share of that \$65 million?

The Speaker: The Associate Minister of Health.

Ms Payne: Thank you, Mr. Speaker and to the member for the question. Our government has been working very closely with our federal counterparts to ensure that we have a seat at the table on all discussions around funding for mental health and addiction. Make no mistake. Alberta will get a fair deal and a fair part of that, and we'll have more to say about that in the coming days.

Mr. Ellis: Mr. Speaker, given that B.C. was quick to declare a public health emergency after overdoses spiked in Vancouver and given that it has received \$10 million from the federal government to combat the opioid abuse and given that Alberta's stubbornness has meant that we are refusing to accept millions of dollars to fight our own crisis, to the minister: please tell Albertans what it will take for you to declare a public health emergency.

The Speaker: The hon. minister.

Ms Payne: Thank you, Mr. Speaker. Our government is working very closely with public health officials. We're meeting with experts in drug addiction as well as people with lived experience, who actually are some of the foremost experts in what it will take to help address this problem. We haven't declared an emergency because we have the tools that B.C. needed to call an emergency for. We are continuing to move forward on a variety of fronts. Is there more work to be done? Absolutely, and I hope that when we table our budget, the opposition will support the measures we're taking.

School Fees

Mr. Nielsen: Mr. Speaker, we know that school fees can be a major burden on Alberta families and even more so in these difficult economic times. Some of my own constituents in Edmonton-Decore have told me that they struggle to pay these fees and often have to make difficult choices with their family budgets in order to do so. This is unacceptable. To the Minister of Education: how extensive are school fees in Alberta?

The Speaker: The hon. Minister of Education.

Mr. Eggen: Thank you, Mr. Speaker. That's a very good question. We heard from parents loud and clear that the school fees were simply too high right across the province. For many years this conservative opposition allowed out-of-control school fees to take place, and we are there to clean up the problem. We ran on a platform to reduce school fees, and now we are acting on that promise. We're looking for ways to reduce instructional supply and material and busing for students as well to their designated schools. We're happy to work with everybody to ensure that we have a more equal and affordable education system for . . .

The Speaker: First supplemental.

Mr. Nielsen: Thank you, Mr. Speaker. Given that the opposition had the chance to reduce school fees and instead let them grow, to the same minister: do these fees vary across the province, and on average how do these fees compare to those being charged in the rest of the country?

The Speaker: The hon. minister.

Mr. Eggen: Thank you, Mr. Speaker. Yes, this is part of the issue. Over many years, because school boards were trying to of course deliver the best education possible but not getting stable, long-term commitments for funding from the conservative opposition, the fees started to turn into a bit of the Wild West, quite frankly. So we're

here to clean it up. I've looked across Canada, and certainly there are much more reasonable ways by which we can have school fee reductions and make differentiations, say, between field trips and basic instructional fees. We don't want anything to get in the way of a strong education for every student regardless of how much money they have in their pocket.

The Speaker: Second supplemental.

Mr. Nielsen: Thank you, Mr. Speaker. I know that noon-hour supervision fees and those charged for technology like computers are also quite high. To the same minister: what are some other examples of the most concerning school fees currently in this province?

The Speaker: The hon. minister.

Mr. Eggen: Well, thank you. Again, there are so many different school fees. It needs to be rationalized, Mr. Speaker, for one thing. Part of this legislation, which I hope that everybody will support, will be in order to make sure that we get a grip on new fees being charged and to make sure that, you know, instead of maybe ridiculing this bus fee thing, they can think about actually supporting it. That would be a good idea. I'm here to clean up the Conservative mess that happened over a long period of time. They should have the decency to listen and support this bill.

The Speaker: The hon. Member for Chestermere-Rocky View.

Education Policies

(continued)

Mrs. Aheer: Thank you, Mr. Speaker. Albertans do not trust this government. Just look at the mishandling of the PPAs, the unwanted carbon tax, and the way they mistreated 3,500 students when they closed Trinity Christian and Wisdom home-schools. Now this government will not release the names of the organizations that are influencing the unprecedented rewrite of kindergarten through grade 12 curricula. To the Premier: when will this government get its head out of the clouds and start being honest and transparent with its intentions for our education system?

The Speaker: The Minister of Education.

Mr. Eggen: Well, thank you, Mr. Speaker. I was very interested in having questions like this because, you know, we have many, many teachers, postsecondary institutions, school board trustees, everybody working as volunteers to build the curriculum. The curriculum has been sitting idle between eight and 30 years now. It's high time that we did this work, and – you know what? – let's judge the work that they do based on the results that they have and not make personal attacks on the individuals that are writing this curriculum as volunteers.

Mrs. Aheer: I think Albertans asking for information about organizations is not personal attacks.

Given that in response to the 13 labour unions, advocacy groups, and school boards that called for the defunding of independent schools last week, the minister said very clearly that he supports the current funding model and has no plans to defund independent schools but that since this weekend the minister waffled on his stance and said that the funding model will likely be changed during this term and given that we've asked the minister about his intentions before and each time he has refused to give a straight, yes-or-no answer, to the minister: are you going to change the current funding for independent schools during this term of government? Yes or no?

The Speaker: The Minister of Education.

Mr. Eggen: Thank you, Mr. Speaker. Certainly, you know, it's interesting. Every two months or so the conservative opposition likes to resurrect this thing to try to whip up their base and get votes, score cheap political points, but we are actually doing the work to ensure that education is delivered right across the province, that it is funded in private schools and in home-schools and in public schools, too. We have raised that level of funding to meet enrolment, and we're very proud of what we have done. Quite frankly, this opposition likes to go around chasing their tails on cheap political points while we actually get the job done. [interjections]

The Speaker: Folks, tone it down. Tone it down.

Mrs. Aheer: To the minister: are you going to change the current funding of independent schools during this term of government? Yes or no?

Mr. Eggen: Well, certainly, as I said on Friday, we review all forms of funding every year. We call it a budget, because that's what we do, because we're responsible for public funds. So, you know, that's the way it goes. Certainly, I've worked very hard with all forms of education and lots of different choices. That is a reasonable thing to do. One thing I can tell you that I am going to do: I'm going to cut school fees because they're too darn high.

The Speaker: The hon. Member for Vermilion-Lloydminster.

Government Spending

Dr. Starke: Thank you, Mr. Speaker. In last week's throne speech and the previous week's update to Albertans the government congratulated itself on its self-described measures to cut targeted reductions and reduce the growth of government spending, but the numbers tell a different story. Total expenses for this fiscal year are projected to be 5.2 per cent higher than originally budgeted and 9.8 per cent higher than last year's actual expenses. To the minister: if you're doing such a great job of cutting government spending, why are expenses up nearly 10 per cent?

2:40

The Speaker: The Deputy Premier. Please proceed.

Ms Hoffman: Thank you, Mr. Speaker. I'll be happy to start, and then, of course, the Finance minister will follow. Let's look back at what happened in past years in the Health budget, for example. We saw increases that were close to 10 per cent each and every year, and certain line items went up even more than that. That's one of the reasons why we sat down with doctors in a respectful way and found ways to save Alberta taxpayers \$500 million over two years. That wouldn't have happened under the last guys. Instead, they would have just had rash, drastic cuts. We're working with people. They used to do mean things to people.

Dr. Starke: Well, again, Mr. Speaker, the Health minister's budget is \$200 million overspent. That's not restraint. Given that this government preaches financial restraint but then has cost overruns of nearly \$800 million, some 50 times the amount of their so-called savings they announced in the throne speech, to the minister. Your last budget forecasted an increase in total expenses of 4.4 per cent, and we know you missed that target. What is your target for this year, and why should Albertans have any faith at all that you're going to meet your objective?

The Speaker: The hon. Minister of Finance.

Mr. Ceci: Thank you very much, Mr. Speaker. You know, we are bending the cost curve down. Of course, just two weeks ago I cut CEOs' salaries at ABCs, saving \$16 million for Albertans. I cut \$250 million out of the budget in 2015 and 2016 again, and we've got more coming in 2017. That gang couldn't shoot straight. They never could. We're targeting, and we're cutting, and we're saving Albertans money.

Dr. Starke: Well, Mr. Speaker, they may well be targeting, but let me tell you that they are missing the mark on every single occasion. With regard to your statement about the reductions in CEO funding, Minister, I'd like to know: what's the actual amount that you're actually going to spend? It's not \$250 million. I actually read your press release, which you didn't. What percentage of your total expenses does that actually represent, Minister, or do you even know? [interjections]

The Speaker: Quiet, please.
The Finance minister.

Mr. Ceci: Thank you very much, Mr. Speaker. You know, it sounded like that side was defending perks and golf course memberships, the kinds of things that were present in ABCs before we got here. We are cutting that. I said: \$16 million. I also said that we cut or amalgamated 26 ABCs for a savings of \$33 million. Those are the kinds of real savings we're achieving. You never did over there, and you won't do it again. [interjections]

The Speaker: Quiet, please.

Notices of Motions

The Speaker: The hon. Member for Calgary-Mountain View.

Dr. Swann: Thank you very much, Mr. Speaker. It's my honour to rise and today provide notice that at the appropriate time I'll move the following motion.

Pursuant to Standing Order 30 be it resolved that the ordinary business of the Legislative Assembly be adjourned to discuss a matter of urgent public importance; namely, the growing number of deaths from opioid use and abuse, including the use of fentanyl, which now constitutes a state of emergency.

The Speaker: Hon. member, I want to remind all of the members again. When there is one of the members speaking, try not to get out of your chair while the Speaker is speaking to the member present.

Tabling Returns and Reports

Mr. Clark: Mr. Speaker, I rise to proudly table five copies of Pathway to Prosperity, which I referenced earlier today in my question. It is the Alberta Party plan to get our province back on track by curbing government spending without hurting front-line services and reducing reliance on nonrenewable resource revenues. It not only balances the budget in four years but actually starts paying back Alberta's debt as well.

Thank you, Mr. Speaker.

The Speaker: Are there any other reports or returns, hon. members? I have one, I believe. I rise today to table five copies of a letter I sent to the Speaker of Quebec on behalf of all of our members, expressing our deepest sympathies to the people of Quebec for the tragedy that occurred on January 29, 2017.

In addition, I'm tabling five copies of Speaker Chagnon's response.

Tablings to the Clerk

The Clerk: I wish to advise the Assembly that the following document was deposited with the office of the Clerk: on behalf of the hon. Ms Ganley, Minister of Justice and Solicitor General, pursuant to Standing Order 52.09(1), response to the Standing Committee on Resource Stewardship recommendations from the final report, review of the Alberta Property Rights Advocate office 2014 annual report.

The Speaker: Hon. members, I believe there were two points of order. Is that correct? The Opposition House Leader.

Point of Order

Interrupting Members' Statements

Mr. Cooper: Yes. Thank you, Mr. Speaker. During Members' Statements earlier today, while, in fact, I was on my feet, members of the government side took some objection, I suppose, with some of the things that I may or may not have been saying. I just wanted to point out that on March 13, 2016, the Government House Leader rose in this place to speak about Members' Statements and the long-standing tradition inside the Chamber of Members' Statements going uninterrupted and allowing members to speak about the issues that are important to their constituents for that period of time. His words, sir:

In [the] future I would ask that people be allowed to give their members' statements without being interrupted by [any] other members.

Then, Mr. Speaker, in your ruling following you noted:

Speaker Kowalski did [the same] on April 5, 2006, at page 733 of *Alberta Hansard* for that day, the principle that members should have the opportunity to speak on any subject they wish without being interrupted.

Mr. Speaker, if you're looking for a standing order, I think you will find that even though the words that they may have used are not unparliamentary, when they're interjecting during Members' Statements, it is likely to create disorder in the Chamber. So if we're going to utilize a standing order, it would be 23 (h), (i), and (j) "uses . . . insulting language of a nature likely to create disorder." The words they may have used were not insulting, but certainly the act of interrupting a member's statement, something well established in this House, clearly is out of order.

Perhaps I'm willing to provide a little bit of grace today, being the first day after an extended period of time away from this Chamber, but I would ask, Mr. Speaker, that you would find the government members out of order for interrupting Members' Statements.

The Speaker: The Government House Leader.

Mr. Mason: Thank you, Mr. Speaker. Well, I suppose it's a good reminder on the first day, actually, of full business, the first day back, that members are not supposed to interrupt other members through heckling or applauding or other methods during the course of a member's statement.

It's also a good reminder, Mr. Speaker, that an equally important rule is that no points of order are permitted during Members' Statements. So I would remind the hon. Opposition House Leader of that.

2:50

The Speaker: Any other points with respect to this item?

I would say that the practice, as I've said at least three or four times in this House, and the point being made is: let's keep the courtesy. I happen to like no interruptions for two minutes. It's the

one time that I can hear members speak. So allow me, allow all of us to at least preserve that one practice. Please, everyone, pay attention to that.

The second point of order.

Point of Order

Language Creating Disorder

Mr. Cooper: Mr. Speaker, I rise to speak to an incident that took place during question period while the Leader of the Official Opposition was asking a very important question about how many NDP bureaucrats it takes to change a light bulb. [interjection] I'm not sure why that was funny. The Government House Leader made some comments that certainly were not adding to the decorum inside the Chamber. I, unfortunately, don't have the benefit of the Blues, and I'm not entirely sure if they were heard by yourself, but they perhaps were a response to Wildrosers and either how many it takes to change a light bulb or how many heckles they have. This certainly did not create order inside the Chamber. I'd hope that the member would be willing to withdraw those.

And just so that we're clear, if there's a question about how many Wildrosers it takes to change a light bulb, the answer is one because the Member for Rimbey-Rocky Mountain House-Sundre can do it on his own.

Mr. Mason: Spare me, Mr. Speaker. Spare me.

The Speaker: Hon. members, on the point of order I didn't hear the specific point, but I can tell you that your heckling continues. In fact, I received a note from a couple of our members that are here today that, you know, if we're going to get through this next three months with some degree of decorum and professionalism, I've got to tell you again that the volume and the comments are not respectful. I would leave it up to you individually to govern yourselves differently.

I use this time to rise on a point of privilege which took place in the last session.

Privilege

Obstructing a Member in Performance of Duty

The Speaker: Hon. members, I'm prepared to rule on a purported question of privilege raised in December. The Government House Leader raised the purported question of privilege on December 12, 2016, during question period immediately following the Member for Calgary-Elbow's second supplementary question that day. The Government House Leader gave oral notice under Notices of Motions later that day of his intention to raise a question of privilege under Standing Order 15 regarding supposed allegations made by the Member for Calgary-Elbow about the minister of what was then Human Services. The Government House Leader made arguments to support his purported question of privilege later that same afternoon. These comments can be found on page 2507 of *Alberta Hansard* from that day.

The Member for Calgary-Elbow and the Official Opposition House Leader made their arguments on the following day, December 13. Their remarks are found on pages 2584 and 2586 from the December 13, 2016, edition of the *Alberta Hansard*.

Hon. members, since the purported question of privilege was raised and argued, I've taken the time to review *Alberta Hansard* and the parliamentary authorities on the matter. On December 12 the Member for Calgary-Elbow made a comment during the preamble to his second supplementary question, the substance of which is as follows: the minister's "inaction means that whoever murdered Serenity is walking free today." I will note that *Alberta*

Hansard has recorded the member saying “inaction” on page 2500 and not “negligence” as was suggested by the Government House Leader as indicated in *Hansard* for December 12, 2016.

In his arguments the Government House Leader said that the Member for Calgary-Elbow made an inappropriate allegation against the minister of what was then Human Services. The Government House Leader also raised concerns about the impact of the member’s comment as in his view it “places [the] minister in a very, very difficult position and may in fact threaten his very safety.” He argued that the statements “represent a direct interference in the ability of members on this side of the House to do their job,” which, he submitted, “must be treated as a contempt of Parliament.”

Hon. members, Joseph Maingot on pages 230 to 231 of the second edition of his book *Parliamentary Privilege in Canada* articulates the privileges and immunities of members pertaining to freedom from obstruction, interference, and intimidation in their parliamentary duties. Maingot writes that

Members are entitled to go about their parliamentary business undisturbed. The assaulting, menacing, or insulting of any Member on the floor of the House or while he is coming or going to or from the House, or on account of his behaviour during a proceeding in Parliament, is a violation of the rights of Parliament. Any form of intimidation . . . of a person for or on account of his behaviour during a proceeding in Parliament could amount to contempt.

Maingot provides additional insights on page 224.

Parliamentary privilege is concerned with the special rights of Members, not in their capacity as ministers or as party leaders, whips, or parliamentary secretaries, but strictly in their capacity as Members in their parliamentary work. Therefore, allegations of misjudgment, or mismanagement, or maladministration on the part of the minister in the performance of his ministerial duties do not come within the purview of parliamentary privilege.

Hon. members, a very similar issue arose in this Assembly in 1998. On April 29, 1998, the then Member for Spruce Grove-Sturgeon-St. Albert asked the following question. First supplemental:

Given that people are on the verge of blocking off highway 794 in protest, what is it going to take for the minister to do the right thing? Make it safe. Plan it this year. How many deaths does it take? What’s the magic number?

Second supplemental:

My final question, Mr. Speaker: why do you put partisan politics ahead of the safety of people? Are the lives of the people in Westlock more important than the lives of the people in Sturgeon?

On November 16, 1998, the then minister of transportation and utilities reported that his privileges as a member of the Assembly were breached because the statements and the questions implied that he as a member and a minister of the Crown did not care about the lives of Albertans.

In his ruling on the purported question of privilege Speaker Kowalski noted that it is the role of the Speaker to ensure that the language members use complies with the rules of what is parliamentary language. But he added, quoting *Maingot*, second edition, pages 254 to 255, as follows:

Language spoken during a parliamentary proceeding that impugns the integrity of Members would be unparliamentary and a breach of order contrary to the Standing Orders, but not a breach of privilege.

Ultimately, Speaker Kowalski found that a question of privilege is

a very serious matter. In order for a prima facie case to be established, it must be shown that there has been an interference or an obstruction in either a member’s ability to perform his or

her functions or the ability of the House to carry out its functions. This type of obstruction does not appear to have occurred. Rather, these statements, although clearly unparliamentary and inappropriate, appear to be of the nature that can arise during the heat of debate in question period.

Speaker Kowalski’s ruling can be found on pages 1908 to 1909 of *Alberta Hansard* for November 17, 1998.

3:00

Hon. members, I would also note two similar questions of privilege that arose in this Assembly involving language that was allegedly unparliamentary. The first of these was raised on May 24, 2001. In his ruling on the matter Speaker Kowalski found that the language used in a question posed by the Member for Edmonton-Highlands was likely unparliamentary, but it did not give rise to a valid question of privilege. That ruling can be found on pages 808 and 809 in the May 28, 2001, *Hansard*.

On April 19, 2007, an additional similar purported question of privilege was raised, the basis of which is found on page 638 of *Alberta Hansard* for April 18, 2007. Again in his ruling Speaker Kowalski quoted the passage from *Maingot*, which I already noted, which states: “Language . . . that impugns the integrity of Members [may] be unparliamentary and a breach of order . . . but not a breach of privilege.” Furthermore, while Speaker Kowalski concluded that “it is unseemly to cast aspersions on members,” he ruled that there was no prima facie question of privilege. Speaker Kowalski’s ruling is found on pages 679 and 680 of the April 19, 2007, edition of *Alberta Hansard*.

As were other Speakers, I am acutely aware that there must be a balance between this fundamental right of the freedom of speech and the responsibility of members to use language which befits the office of a Member of the Legislative Assembly of Alberta, which also complies with parliamentary rules and practices. In this instance it could be argued that the language used was intemperate and unparliamentary, and it certainly caused disorder. Clearly, the remarks that the Member for Calgary-Elbow made could have been the subject of a point of order, but no point of order was raised. As noted, parliamentary authorities are clear. Uttering words that are unparliamentary is a breach of order, but this is not enough to constitute a question of privilege.

Furthermore, the standard applied in adjudicating a question of privilege in which it’s purported that a member has been obstructed in his or her duties is that the member has been obstructed strictly in his or her capacity as a member in his or her parliamentary work, not in his or her role as a minister or caucus leader or other role. I found no evidence that the member had been obstructed in such a way. Therefore, I can find no prima facie question of privilege.

Allow me to conclude by cautioning the hon. member and all hon. members of this Assembly to please be careful that the words they use conform to parliamentary rules and practices. Do unto others as you would have done unto you. I realize that rhetoric has become a part of this question period – hon. member, could we wait until I’m finished, please; thank you – but members must appreciate that the words they use should not lower the public’s estimation of the Assembly.

This concludes the matter.

Emergency Debate

The Speaker: I believe we have a Standing Order 30 application. The hon. Member for Calgary-Mountain View.

Dr. Swann: Yes, Mr. Speaker. Thank you. I can circulate it to the members and proceed at your will.

The Speaker: Hon. member, at this stage we are arguing the importance of the urgency of the matter.

Opioid Use

Dr. Swann: Thank you, Mr. Speaker. I rise today to ask you to approve my motion under Standing Order 30 to adjourn the ordinary business of the Legislature to discuss a matter of urgent public health importance – namely, the growing number of deaths from opioid abuse, including the use of fentanyl – which now constitutes a state of emergency.

To be clear, I am not asking the Assembly to declare a state of emergency. Rather, I'm categorically stating that a state of emergency exists, and that it is up to the Assembly to urgently debate this issue in this Assembly. The issue is being debated everywhere but here, Mr. Speaker. It's happening at the federal level, at the municipal level, in the media, in our health and justice systems, by our police, fire, and ambulance services. MLAs on both sides of the House are touched by personal stories which are being sent to our constituency and our caucus offices. And Albertans are talking about it around their dinner tables.

It is time for this Assembly and this government, which has jurisdiction over the areas of health, justice, social services, and emergency management, to have the courage to talk about it here. It is time to put aside pride and partisanship and discuss how, together, we're going to stop this scourge and make lives better or even possible for Albertans. We will leave it up to the government to determine if it is going to keep being reactive or show stronger leadership for what matters. After hearing this debate, should the government decide that calling a state of emergency is needed in order to tackle this epidemic, then I would encourage it and applaud it and thank it for this leadership.

Now, in terms of the specific requirements for this motion I am confident that the Speaker will find it is in order. Standing Order 30(1) states:

After the daily routine and before the Orders of the Day, any Member may request leave to move to adjourn the ordinary business . . . to discuss a matter of urgent public importance when written notice has been given to the Speaker at least 2 hours prior to the afternoon sitting.

This is clearly a matter of urgent public importance given that it is, in fact, a genuine crisis which is putting public health and safety at risk. As well, proper notice was given to the Speaker. It clearly meets these criteria.

Beauchesne's section 387, on page 113, says:

It must deal with a matter within the administrative competence of the Government and there must be no other reasonable opportunity for debate.

Certainly, the government has the administrative competence to deal with whether or not a state of emergency exists.

Furthermore, should the government want to act on the matter, the Emergency Management Act also gives the Lieutenant Governor in Council the power to formally declare a state of emergency should she be satisfied that "an emergency exists or may exist." In that context, an emergency is defined as a public health risk that exceeds the capacity in technical, human, and material resources. End quote.

In terms of opportunities for debate there is no proposed legislation or motion before the Assembly that would provide us with another opportunity to debate this matter.

Beauchesne's section 387, page 113, also says:

In making his ruling, the Speaker may, on occasion, take into account the general wish of the House to have a debate.

I believe the Speaker will find that at least on this side of the House there is a general wish to have this debate. There are also people in

the galleries who have joined us to hear the debate and would like to see it proceed.

Beauchesne's section 389, page 113, says:

The "specific and important matter requiring urgent consideration" . . . must be so pressing that the public interest will suffer if it is not given immediate attention.

The current opioid crisis is ending lives, destroying families, disrupting communities at an incredible rate, and clearly is a matter of public interest, approaching more than two deaths a day and a greater number of deaths than motor vehicle injuries, motor vehicle deaths, and homicides combined. Clearly, failing to recognize this as an emergency or refusing to talk about how to address it will cause the public interest to suffer.

3:10

Beauchesne's section 390, on page 113, also says:

"Urgency" within this rule does not apply to the matter itself, but means "urgency of debate", when the ordinary opportunities provided by the rules of the House do not permit the subject to be brought on early enough and the public interest demands that discussion take place immediately.

Given that this is the first day of regular government sitting, obviously it is the first opportunity for us to debate this. This is also our first opportunity since the government released the report called Opioids and Substances of Misuse, fourth-quarter report, to discuss the shocking data that it contained. I don't know how we could in good conscience just let that report hang over us without taking the time to take a critical look at what has been reported and what it means for the future.

It is fitting and right that we take this opportunity to debate a matter of such urgent importance instead of throne speeches, which were on the agenda for today. Likewise, I would draw your attention to the fact that despite the release of this alarming report, the government only gave the issue one sentence in the throne speech. Finally, perhaps now would be a good time for the government to tell Albertans more about what it plans to do in response to this opioid crisis.

There is also the matter of precedent. The Speaker has previously permitted debates to occur on similar matters under Standing Order 30. As recently as November the Assembly held an emergency debate on the deaths of children in government care. I would argue that the need to discuss the opioid crisis is equally or more serious and urgent, and it is getting worse.

Finally, under SO 30(7):

(a) the matter proposed for discussion must relate to a genuine emergency, calling for immediate and urgent consideration.

With regard to whether this is or isn't a genuine emergency, the facts speak for themselves, Mr. Speaker. In fact, if these numbers were related to an influenza epidemic, a public health emergency would already have been declared. There's been a steady increase in fentanyl-related deaths for four years. Our last fourth quarter shows 343 deaths, a 33 per cent increase over 2015. That is not counting roughly 150 unspecified opioid-related deaths that have still to be characterized by the medical examiner.

In 2016 there were 2,267 emergency medical service responses in Alberta to opioid-related events. Eighty-four per cent of these events occurred in the following large urban settings: Calgary, Edmonton, Grande Prairie, and Medicine Hat. There is a continual backlog in the medical examiners' office, causing lengthy delays in confirming suspected opioid-related deaths. This week I got a letter from a gentleman whose stepson's death occurred 11 months ago. He has yet to hear from the Chief Medical Examiner. His is one of many stories I've heard over the past year, and I'm sure my colleagues have heard similar stories.

There is also a rise in overdose deaths in Alberta's correctional facilities and remand centres, eight deaths last year compared to one in 2015 and 27 near deaths that presumably were overdoses reversed by naloxone. We don't know about those 27 near deaths because the medical examiner hasn't finished the deaths and doesn't cover the near deaths.

Police services have expressed frustration at the lack of co-ordinated wraparound health and social service supports. There's a clear lack of strategic leadership for large-scale, co-ordinated, and well-funded intervention with police, health, social services, and even our education institutions.

The Speaker: Hon. member, I want to urge you to speak to the matter of urgency and then to the substance of the debate.

Dr. Swann: Fair comment, Mr. Speaker. Thank you.

The list goes on. The opioid crisis is literally a matter of life and death for those who are facing it, and we need to talk about it. Therefore, with respect, I'm asking you and my colleagues in this House to recognize that the growing number of deaths from opioid abuse in this province, including the use of fentanyl, is a genuine emergency requiring our urgent consideration and debate.

Thank you, Mr. Speaker.

The Speaker: The Government House Leader.

Mr. Mason: Thank you very much, Mr. Speaker. I'd like to respond to the request made by the Member for Calgary-Mountain View. I believe that everyone in the House today shares the view that the spread of fentanyl and the deaths that have occurred as a result as well as the spread of other high-strength opioids are extremely alarming. In fact, I would say that this has undoubtedly created a public health crisis right across Canada and here in Alberta. I know that it's an issue that the government is very committed to tackling, whether that be through greater efforts at education, better intervention and treatment, or better supports to help break the cycle of addiction.

Mr. Speaker, the hon. member has dealt in part of his remarks today with the requirements for consideration of an emergency debate on this matter, and I will leave those decisions to you with respect to that rather than present arguments for or against here but will only indicate that I believe that it is fair for all members of the House to be given an opportunity to be able to weigh in on this important issue. For that reason, I support the request from the hon. member to set aside the normal business of the House in order to discuss this critical issue.

Mr. Cooper: Well, Mr. Speaker, in light of that, it sounds like we may have some agreement around the Chamber. I'll keep my remarks very brief. I think the Member for Calgary-Mountain View did a fine job of laying out just the urgency of the debate. I think a very good case could be made that this crisis, in fact, on its own merits – it would be reasonable to have an emergency debate on the fact that this is very clearly an emergency in our province and should be dealt with at the earliest possible time, which, of course, is today. Given that we've heard from the government and given that he has clearly laid out that *House of Commons Procedure and Practice* states, "Finally, the Speaker may take into account the general wish of the House to have an emergency debate and grant a request for an emergency debate," it appears to me that we are certainly going to have a general wish of the House today. I would encourage you, sir, to rule in favour of proceeding with Standing Order 30.

The Speaker: The hon. Member for Calgary-Lougheed.

Mr. Rodney: Thank you very much, Mr. Speaker. Clearly, the fentanyl crisis is baring its ugly face in every community across the province, and we're currently facing at least a death a day from fentanyl itself and double that if we include other opioids. We have people in the gallery today who know how truly tragic that is, and that's why our Progressive Conservative caucus stands united with all other opposition parties and, hopefully, the government as well to urge them to hold an emergency debate on the provincial response to the opioid crisis.

I have abbreviated my remarks. I will give you all the citations right now. First of all, this is not before the House in any form of a bill debate, and the most reasonable opportunity is right here and right now. According to *Beauchesne's* 387 to 398 – and I'll only read a sentence. Regarding motions to adjourn the House to discuss an important matter, Standing Order 30(7)(a) states, "the matter proposed for discussion must relate to a genuine emergency, calling for immediate and urgent consideration." If the skyrocketing number of opioid-related deaths in our province does not constitute a genuine emergency, I don't know what does. We're seeing an increase in deaths caused by fentanyl which is 57 times higher than we experienced just a few years ago.

Beauchesne's 390 states that a motion for emergency debate must meet the test of urgency; that is, "when the ordinary opportunities provided by the rules of the House do not permit the subject to be brought on early enough and the public interest demands that discussion take place immediately." Mr. Speaker, when it comes to the well-being of Albertan families – and the lives of Albertans are at stake – nothing could be more urgent than this. Opioid addiction has been raised in question period in previous sessions, as you know, many times, and we have yet to have a proper debate and focus the attention of this House on the crisis and those it affects every day. There is no government motion on the Order Paper asking for a debate on this very important issue, which there certainly must be. There was no mention of the immediate and continuing pressing issue of fentanyl in Alberta in the throne speech last week, but I'm sure you noticed that, Mr. Speaker.

On to *Beauchesne's* 389, which states that the matter "must be so pressing that the public interest will suffer if it is not given immediate attention." I assure you, Mr. Speaker, that this issue, if not dealt with in a real and comprehensive way immediately, will be nothing short of suffering to the public interest. In fact, it is much more pressing than that. It is, indeed, a matter of life and death.

3:20

From *Beauchesne's* 387: "Most decisions based on these conditions are bound to be subjective and few clear cut decisions can be made. In making his ruling, the Speaker may, on occasion, take into account the general wish of the House to have a debate." Now, Mr. Speaker, as you may well know, thousands of families of current and, I dare say, present and future victims of opioid addiction are depending on your decision, sir. This matter is urgent enough to proceed. Our guests here today will attest to that.

I urge you to consider that this very important matter has escalated since – another quotation from the Premier herself, who declared on December 13, 2016, page 2578 of *Hansard*: "The rise of illicit opiates, including fentanyl and the more powerful carfentanyl, has created a public health crisis here in Alberta and, quite frankly, across the country." I don't think it needs to be much more clear than that. In *Hansard*, page 116, on March 14, 2016, the Health minister called fentanyl "a deadly threat," and on May 19, 2016, page 1054 of *Hansard*, the Health minister said, "The situation with fentanyl is something that we are dealing with in Alberta very seriously. We've been doing so for many months." It has been a year since that statement.

Lastly, from *House of Commons Procedure and Practice*, page 695:

An application was approved for an emergency debate on “the sudden and unexpected revelation of events which [had] taken place in the past, in that they might precipitate a course of conduct which, if allowed to continue unchecked, would certainly classify itself as an emergency and a matter of urgent consideration”.

Many feel that the system has failed Albertans who are addicted to opioids, and we need to do everything that we can do to ensure that this problem does not get any worse.

We can start that right now, Mr. Speaker. It is a public health crisis. We must deal with it in this Assembly as a state of emergency. Earlier today all opposition parties stood together to call on the government to take a proactive and co-ordinated approach to dealing with this issue. Our province is already in an emergency when it comes to the opioid crisis, and it’s time we treat it as such.

The Speaker: Point of order noted.

Mr. Mason: I can wait till he’s done if you would agree.

Mr. Rodney: One sentence. Mr. Speaker, I ask that you rule in favour of this motion, and I urge the members of the Assembly to vote to move forward with this very important debate, that indeed is a matter of life and death.

Thank you.

The Speaker: The Government House Leader raised a point of order. Is that correct?

Mr. Mason: Thank you very much, Mr. Speaker. The House leader for the third party indicated in his remarks that there was no mention of the fentanyl crisis in the throne speech. I just want to correct that because it does in fact refer to it on page 15 of the speech. I just wanted to put that on the record.

The Speaker: Hon. members, we’re dealing with the urgency requirements, not the substantive.

The Member for Calgary-Elbow.

Mr. Clark: Thank you very much. I will be brief. I will not repeat citations made previously, but I wanted to briefly rise and be on the record in support of the call for an emergency debate. The opportunity in the urgency is to show Albertans that we genuinely care about this issue, show Albertans that this is, in fact, a crisis, and here in the Assembly, for all of us to show leadership and, ideally, talk about solutions. It is an opportunity to hear from all members of the Assembly about proposed ways that we can address this issue. To the question, just briefly and finally, of urgency: with the 343 deaths last year that we know about plus the 150 as yet unspecified deaths and likely many more deaths as a result of fentanyl, carfentanyl, and other opiates, this meets the very definition of urgency. I would encourage you, Mr. Speaker, to support the call for an emergency debate.

Thank you.

The Speaker: Hon. members, hearing the debate, I am prepared to rule on the request for leave for this motion to proceed in accordance with Standing Order 30(2). The Member for Calgary-Mountain View has met the requirements, providing at least two hours. His motion reads as follows:

Pursuant to Standing Order 30 be it resolved that the ordinary business of the Legislative Assembly be adjourned to discuss a matter of urgent public importance; namely, the growing number of deaths from opioid use and abuse, including the use of fentanyl, which now constitutes a state of emergency.

The relevant parliamentary authorities on the subject are pages 689, 696 of the *House of Commons Procedure and Beauchesne’s* paragraphs 387 to 390.

I have listened carefully to the argument, and my sense is that the House has an almost, possibly unanimous desire to treat this and does see this as a matter of urgency. I am for the record going to cite some of the same statements that have been made by various members. The Standing Order is clear that the question must be specific, must require urgent consideration. It must deal with a matter within the administrative competence of the government, and there must be no other reasonable opportunity for debate. *House of Commons Procedure and Practice* further notes, on page 695, that “the Speaker may take into account the general wish of the House to have an emergency debate and grant a request for an emergency debate.”

The motion by the Member for Calgary-Mountain View raises an undoubtedly serious and pressing matter. The first meeting at the first regular sitting day of the new session: this is also the first opportunity for debate to take place.

With respect to the requirement for urgency, the following can be found in paragraph 390 of *Beauchesne’s*, sixth edition:

“Urgency” within this rule does not apply to the matter itself, but means “urgency . . .”

Hon. members, please don’t speak while I’m speaking, particularly on this matter, that I know you are all concerned about. Thank you.

. . . when the ordinary opportunities provided by the rules of the House do not permit the subject to be brought on early enough and the public interest demands that discussion take place immediately.

I note that the Leader of the Official Opposition has Motion 501 on the Order Paper. Even though that motion refers to opioid addiction, I don’t think the debate would necessarily be devoted to that subject. Of course, there is the Speech from the Throne debate and, early in this session, the budget debate, but I sense from the hon. members this afternoon that there is a desire on all sides of the Assembly to discuss this issue as it is so important. For these reasons, I find that there is a matter of urgent public importance in this case, and the request for leave is granted.

The rules governing the procedure, once the chair finds the request for leave to be in order, are as follows: Standing Order 30(3) requires that the question be put to a vote of the Assembly. If there are any objections to the question, then the chair will ask “those Members who support the motion to rise in their places.” If 15 or more members rise, the debate will proceed, and each member who wishes to speak will have 10 minutes until all who wish to speak have done so or until the hour of adjournment. If at least five members rise but fewer than 15, “the question whether the Member has leave to move adjournment of the ordinary business” is put immediately and if necessary is determined by division. If fewer than five members rise, the debate will not proceed. Finally, the standing order states that an emergency debate will not entail a decision of the Assembly.

Now, to the question: shall a debate on the urgent matter proceed? All in favour, say aye.

Hon. Members: Aye.

The Speaker: All opposed, say no. The motion is carried. The debate on this matter will now proceed.

The Member for Calgary-Mountain View.

Dr. Swann: Thank you, Mr. Speaker, and thank you to the members of the Legislature. This is a debate that’s long overdue here and recognizes the deep sadness, grief, and anger developing at the inadequate and fragmented response to five years of increasing

deaths due to addictions and mental illness, especially of our young adults and First Nations. Most members and professionals have been surprised, I included, at the devastation this has taken and at how quickly and quietly it has overtaken our health care, our justice system, our social services system. Surely there is enough statistical evidence and anecdotal stories to suggest this is indeed a public health and safety emergency in this province.

3:30

Our two major municipalities are having their own discussions on how to better tackle this issue. Edmonton's mayor, Don Iveson, is quoted as saying that there's no doubt this is a serious and escalating crisis, so the time will may come for that declaration to be issued. End quote. Calgary's mayor, Naheed Nenshi, is reported saying that we lost more people to opioid overdose last year than the combined deaths from homicide and car collisions. We're not talking about this enough. We've got to do something. End quote. The Calgary Police Service is holding a public discussion on opioids March 7, this week, expressing frustration at the lack of co-ordinated social and health services. Health stakeholders are holding a public panel discussion this week, March 9, at the University of Alberta, Edmonton Clinic Health Academy, on opiates.

As an MLA I'm hearing these concerns raised almost on a daily basis from constituents, advocacy groups, and professionals in the medical, policing, and social services systems. As a physician I can confidently say that the current levels of opioid addiction overdose are beyond anything I've ever experienced in a lifetime of medical practice and constitute indeed a threat to public health and safety.

Assuming that these last-quarter reportings, that showed 343 deaths related to fentanyl, which was a 33 per cent increase over the previous year, similarly constituted only 57 per cent of all opiate-related deaths, as was reported in previous quarterly reports, then another 43 per cent of deaths have actually occurred this year than has been reported and are still awaiting final medical examiner confirmation. That would mean roughly 500 deaths last year, Mr. Speaker. We're approaching two deaths per day in this province. I happen to believe that the provincial health officer cannot be expected with the resources she has to manage this extraordinary multi-disciplinary, multidepartmental crisis. Consideration should be given to reinstate the provincial mental health and addictions officer that was let go last year. It's critical to have someone in place with a mental health and addictions leadership background.

I'd also like to see a clear, comprehensive plan for mental health and addictions, specifically on the opiate crisis, that is related to a collaborative stakeholder consultation; adequate, shared resources; more open communications between these organizations; and a close monitoring to see what is working and what is not working in our systems of care. I hear too many reports that people are not getting help, are pushed from place to place, do not have a clear plan, and do not have the emotional or mental support to go through the very difficult, painful family challenge of getting off opiates.

I also believe that resources beyond those currently being used are needed and that the federal government has recognized this. It means that we have to recognize other resources outside of Alberta, which is the definition of an emergency, when current resources fail to meet the needs of the emergency.

While we don't necessarily understand all the dimensions of this epidemic, we must address the urgency. We must acknowledge that we do not have the resources or expertise currently or the co-ordination of resources needed to bring this under control. Five years surely has shown us that. With the recognition that we need resources, consideration should be given, as we have in other natural disasters, to call an emergency under the Emergency Management Act if not the Public Health Act. This would

demonstrate (a) that we now appreciate the unpredictable devastation of this evolving and increasing crisis. It would demonstrate (b) that we will develop a comprehensive plan and more effectively manage and mobilize the resources we have within this province as well as seek other resources from outside the province – why? – because we recognize that this is a national crisis needing federal, provincial, and municipal collaboration, because unprecedented numbers of people have died, and the rate has increased progressively over the last five years despite the welcome distribution of free naloxone that saves lives every day.

It's not enough to save lives. We have to get ahead of this and get people off the drugs. Harm reduction elements are important – the tremendous and growing cost and the failure of our current approach with tremendous loss of money and morale in our police service, in our social service, in our front-line health workers, who see the same people coming in again and again without getting the appropriate supports they need.

Finally, "why" includes the need for strong and expert leadership focused on developing the plan that includes policing and the justice system; human services; our education, including the post-education system; and, of course, Health, which should be leading the charge and co-ordinating this effort as well as nongovernmental agencies, some of whom are represented in the gallery today; and the professionals outside the health system that are dealing with this: social workers, psychologists, counsellors.

What is needed? The government of Canada signed on November 19, 2016, a joint statement of action to address the opioid crisis with eight provinces and the Northwest Territories but not Alberta. Why is that? Why was Alberta not at the table?

More money needs to be directed at various sites and harm reduction approaches, especially supervised substitute therapy, and approaches to more focused leadership and a plan that includes all stakeholders. I believe, Mr. Speaker, that new and expert leadership focused on co-ordination and integrating the partnering of these various organizations and stakeholders with experts in mental illness, addiction, as well as the police, social services, and schools is essential. Clearly, enhanced funding for supervised injection sites and opiate replacement therapy are needed. Other harm reduction programs are needed beyond the big cities, where we know that we have much stronger resources available to deal with poverty and homelessness, including their families in a comprehensive approach to their care.

Doctors, too, are fundamentally involved in this crisis. They have been involved in prescribing too many opiates, failing to monitor the opiates and other psychoactive drugs, and according to the college's triplicate prescription program requiring all doctors prescribing opiates to register these, there's been a failure of doctors to check on individual patients on whether they're taking more drugs than they should be or continuing to take opiates from more than one physician. That is the responsibility of the medical profession and the college. To its credit the college has finally brought in this week standards for opiate prescribing. Now they must monitor and enforce more stringently, confronting the painful truth that most addicts were begun on prescription opiates.

My final comments, Mr. Speaker, have been said.

The Speaker: Thank you, hon. member.

I have a request. The hon. Associate Minister of Health.

Ms Payne: Thank you, Mr. Speaker. I want to start by thanking the Member for Calgary-Mountain View for his passion and his advocacy on this issue. I know that he comes to this with his full heart and a deep caring for the future of Alberta.

Over the past year I've met with Albertans who've been touched by this crisis of opioid use and overdose that we are experiencing. I've met with doctors who realize that the prescription practices of the past decades have helped create this problem. I've met Albertans with chronic pain who are deeply concerned that their needs will be lost in the work to solve the problem. I've met with members of Alberta Addicts Who Educate and Advocate Responsibly, or AAWEAR, who said clearly that they need a seat at the table. They've said: nothing about us without us.

3:40

I've met Albertans who've lost loved ones to overdose: sons, daughters, brothers, husbands, wives, neighbours, and coworkers. I think most if not all of us in this House have either lost someone they know or know of someone who has. There are hundreds of grieving families in Alberta. I know that every day those families want to see their government taking more action to prevent deaths and to spare other families from enduring this grief, and they are right. We absolutely must do more.

I'm going to touch on the language used by the Member for Calgary-Mountain View. I know he has called for a public health emergency in the past. Today he is calling for a provincial emergency, and I understand that sentiment. I would like the member to know and this House to know that the use of emergency powers is something that this government has seriously considered and that we continue to review. We know that more action is necessary. We do not believe at this time that activating our provincial emergency response system will provide new ways that we can help Albertans who use substances. We do not believe that substance use is something that can be fixed in the 30 days provided for in the Emergency Management Act or in the Public Health Act. It would not be helpful for the province of Alberta to enter an indefinite period of emergency in response to what is fundamentally a crisis of social isolation and stigma.

More help is coming. It will build on the work that we have already done in several key areas. Health and Justice staff are working side by side to track this problem in detail, providing important information to law enforcement and public health officials. Officials from across this government are working together to collaborate within individual departments and individual ministries to address this problem.

I recently met with both the mayor and the chief of police in Calgary. In both meetings we discussed our desire to work together to share data and to find collaborative solutions. The issue of wraparound services came up, and that is something that all of us are agreeing is an important piece of solving this puzzle. I know that the federal Health minister is also very interested in a national opioid data program.

I would like to assure the House that Alberta is a leader in Canada in providing timely and accurate data on opioid misuse. In fact, when I was at the Opioid Summit in late November, which the member referenced, many of the provinces across our great land were looking to Alberta as a leader on this issue, and we heard from experts in all fields and all areas of addiction and support that the work we are doing is on the right track.

Is there more to do? Absolutely.

We are working closely with the College of Physicians & Surgeons of Alberta. We are very pleased to see the college's updated prescription guidelines. These will help doctors and patients make the best decisions about appropriate prescribing of opioid painkillers. We know that the college is also aware of the need for more doctors to be able to treat substance use, and we are working with them to help bring more treatment options into primary care. We've also heard the challenges around data sharing

for doctors and pharmacists and are working with the colleges to address those issues.

This government has moved quickly to make naloxone as widely available as possible. This is a short-term intervention, the definition of a Band-Aid. Naloxone is meant to save a life at the last possible moment. We know that the take-home naloxone program, the kits, have reversed hundreds of potentially fatal overdoses. Today any Albertan who wants a kit or is concerned that they might need one can get one easily, for free, without a prescription. Any Albertan who knows someone or thinks they might know someone who may be at risk of an overdose can obtain this life-saving kit. They can get it at a community pharmacy in communities across our province, or they can get it from a local harm reduction agency. Recently we made sure that all of our first responders across Alberta will have access as well.

Beyond naloxone, we have made opioid replacement therapies like Suboxone and methadone easier to access, with new clinics that have opened in Cardston and new clinics that will be opening soon in Grande Prairie and the central zone. Clinics already exist in Edmonton and Calgary, and in those communities an Albertan can receive this treatment inside of a week. Is that good enough? No. Reducing these wait times and expanding access outside of urban centres is a priority for this government.

We are also working to reach out and connect with Albertans who use substances even if they are not yet ready to enter treatment. Treatment only works when an individual is ready for it, and we need to make sure that treatment is available when people are ready. We are also needing to make sure that those people are able to live another day to make another choice. Offering supervised consumption services is one of the most critical life-saving measures available. We are working in partnership with outstanding community agencies to provide these services in a way that provides wraparound social and medical care and provides access to counselling and treatment. We are doing this in partnership with the local residents, local government, and law enforcement. I would like to do this in partnership with members opposite as well, and I would strongly urge them to support supervised consumption services.

Our government committed to moving forward with supervised consumption services in the throne speech and to working with communities to open these life-saving services. The issue of supervised consumption services has been intensely studied, and the evidence is crystal clear: supervised consumption saves lives. Communities across Canada are developing applications to the federal government, and the federal Health minister has made it very clear to me that she wants to make these services available to Canadians as quickly as possible.

I look forward to hearing from the Official Opposition and the third party on this, much like I look forward to the continued debate on this issue here in this House and to plans, concrete plans, to address this crisis. I've met with members opposite as well as many community groups, and my door is always open. I look forward to hearing their ideas.

Thank you.

The Speaker: The Member for Calgary-West.

Mr. Ellis: Thank you, Mr. Speaker. In just three years the number of fentanyl-related deaths in Alberta has surged from 117 to 717. I think I can illustrate the magnitude of those deaths in a way that we as Members of the Legislative Assembly can relate to. Losing 717 Albertans in just three years would wipe Bashaw off the map, it would turn Boyle into a ghost town, and the homes of Consort would be empty. I know that's a bit alarming, but it's true.

Now, try to imagine the pain and suffering of the thousands of families and friends of each of the dead. It's almost too much to comprehend. The 717 dead Albertans are just a tally of the fentanyl-related deaths. We don't even have accurate figures for the opioid-related fatalities, which is a related and growing issue.

I am proud that so far our work to combat this scourge has been collaborative in this Assembly. For instance, after I encouraged the Minister of Justice to increase the funding for ALERT, the provincial government stepped up, and they did do the right thing. We also put aside partisan politics to unanimously approve Bill 205, which controls the pill presses used to manufacture the deadly concoctions sold on Alberta streets.

But while Bill 205 was designed to halt the production of tens of thousands of fentanyl-laced pills, I warned the government that Albertans would still die without a comprehensive, co-ordinated approach for dealing with our opioid crisis. I had thought that action would have already occurred, and I'm disappointed that it has not. Once again I'm urging action, further action. We are in the midst of a crisis, and we need to treat it as such. More needs to be done, full stop.

I'm not accusing our government of indifference or even inaction. What I'm saying is that we need to do better. The first step in dealing with the addiction is admitting that we have a problem. Premier, Minister of Health, Associate Minister, Justice minister, you have a problem. We all have a problem. Please admit it. Take the appropriate action to deal with it.

3:50

What is that action? Well, we must follow in the footsteps of our neighbours in British Columbia and declare a public health emergency. I often talk about former Police Chief Hanson's motto of education, prevention, and intervention. Declaring a public health emergency will allow front-line responders such as police and paramedics as well as the whole health system, the justice system, and municipalities to address this crisis using a multipronged approach. We need a crossministerial body established to quickly implement new models of prevention and care. We need real-time data that will allow law enforcers to address an evolved and a very evolving situation which occurs rapidly. We need full commitment to educate the public on the serious dangers of all opioids, the terribly toxic recreational ones that appear quickly on the streets and the opioids that Albertans obtain legally for bona fide health problems. If this government does not declare a public health emergency and instead continues to deal with our opioid crisis in a reactive, piecemeal fashion, more and more Albertans will die.

The federal government is taking action, and it's listening to advice. After Bill 205 passed in the House, I reached out to the federal Health minister, and I asked her to do the following: prohibit tools used to manufacture drugs, prohibit the ingredients for creating fentanyl and other illicit opioids, expedite approval for the nasal spray version of naloxone. I'm pleased to note that Minister Philpott has either taken action or is in the midst of taking action through Bill C-37 on all of my recommendations.

You can likely understand, then, why I find it strange that our own province is so hesitant to take advice on the need to implement a comprehensive plan to combat the opioids that are killing our citizens in ever-increasing numbers. I'm absolutely baffled why this government chooses to double down and dig their heels in the sand and not call this what it is, a public health emergency. The federal government has even made \$65 million available to the provinces for opioid programs. B.C. called it a public health emergency and received \$10 million of that funding. Alberta has yet to secure a penny. Yet AHS's own figures allow us to conservatively estimate that opioid abuse is costing \$5 million a year in emergency room

visits alone. That doesn't take into account hospitalizations or treatment or enforcement or naloxone, and I could go on and on and on. If only for the sake of receiving this money and earmarking it to the positive opioid abuse initiatives, why would our government not declare this emergency? I'm clearly frustrated, Mr. Speaker, but I will not give up.

Once again I'm calling on this government to build on the collaborative efforts that we have seen so far in the Legislature on this issue. Please declare a public health emergency, launch proactive, multiministerial attacks on opioids. Working with experts in the field, this government can focus on increasing access to long-term treatment of opioid addicts. Far too often we incarcerate an addict for the night and release him or her back onto the street, back into their addiction, and the cycle goes on and on and on. It's time for a different approach. It's time for real help, help that will pull them out of their addiction. Albertans continue to die, and it is time for us to find proactive, all-encompassing solutions.

To the Premier, to the Health minister: please do not make any more excuses. Albertans are not buying it. Again, please declare a public health emergency today.

Thank you, Mr. Speaker.

The Speaker: The hon. Minister of Justice and Solicitor General.

Ms Ganley: Thank you very much, Mr. Speaker. This is an issue that affects all Albertans. I don't think it can be overstated, the devastating impact that fentanyl and other opioids are having on our communities, on our families, and on all of our loved ones. What's necessary to address this crisis, as my hon. colleague the Associate Minister of Health has pointed out, are actions, and that's why the government is taking action.

Have we solved the crisis yet? No. I don't think that anyone would say that we have, but as my colleague has outlined, the government is taking steps to ensure that we move forward. We're investing money in treatment beds, in replacement therapies, in naloxone, and we're advocating for supervised consumption sites.

Mr. Speaker, the evidence is clear, and our law enforcement professionals, many of whom I've spoken to in detail on this issue, support this. This is not a problem that we can enforce our way out of. We have to attack the demand side. It's true that there is an enforcement element, and we do have that role. This government has taken action on that front as well. After the former Conservative government, the federal government, cut funding to ALERT, this government, this NDP government here in Alberta, stepped in to fill that funding to ensure that we had that integrated model, the best in the country, to help us on the enforcement side. These actions were taken as a result of listening to Albertans. We listened to community groups. We listened to the Alberta Association of Chiefs of Police, to front-line police officers, and to mayors throughout the province.

Mr. Speaker, we know we won't solve this problem overnight. We know that it is a complex problem with multiple influences that we will need a long time to work on, and one of the things that we think is necessary to address this is good data. That's why we've asked the office of the Chief Medical Examiner to continue doing significantly more work. They were the first we know of to develop a test for carfentanil in blood. In cases previously noted as multiple drug toxicity, our medical examiners are going back to re-examine those deaths to determine if opioids were the primary cause. This is complex and detailed work. In many cases, with the volume of drug in the blood, multiple different drugs could themselves have caused the death, so we need to be sure that we're taking our time to get it right and to ensure that we have good, solid, concrete data to roll out the door for Albertans.

This increase in work required additional resources, and that's why this government stepped up. I announced just a few months ago a million dollars in additional funding. This will fund, Mr. Speaker, two new medical examiners and one research officer, who will be able to help co-ordinate the data to ensure that we have the best information available in the country. We've also just completed a new toxicology lab that will help us to get a handle on this problem. We know that saying that we have better data and a better understanding of the problem will not come as comfort to those who have lost loved ones to this crisis, but we do know that it's a necessary precursor to continue moving forward and to continue addressing this crisis.

This crisis requires investment, Mr. Speaker. It requires investment in front-line resources throughout the province, and I hope that when it comes time for budget, when it comes time to make and pay for those investments, all of us will remember that this is the cost we are talking about.

Mr. Speaker, we've been working closely with police services. I've been in constant contact with the Alberta Association of Chiefs of Police, and in fact I raised this issue with them just in February. We've been working with police and communities on the need for supervised consumption services. I have found that our police partners are very supportive, that the evidence indicates that this is the way to go. EPS certainly has been very publicly supportive of such supervised consumption services provided they have wrap-around supports to ensure that people have access to alternatives, not only that they survive to make a better choice in the future but that we make those better choices available to them.

4:00

In addition, we've been working with our federal counterparts. In fact, at the Justice table I was the first provincial Justice minister to raise the issue of fentanyl in January of 2016 at our Quebec FPT.

Mr. Speaker, it's clearly the case that this is a challenge. The government is willing to step up and meet that challenge, and I'm glad to see that all members in this House support our efforts in that direction.

Certainly, with respect to opioids in correction facilities we have a huge concern for the safety of our front-line staff and for the safety of the inmates in those centres. We have been working, Mr. Speaker, with advocates for those who are incarcerated. We have been working with the union to ensure that our corrections professionals have the necessary tools to deal with this because it can be very challenging for them. We have naloxone available on all sites. Our officials indicate that there isn't an increase in the frequency of drugs coming into the centres, but because fentanyl is very deadly, that's a huge concern for us. We take a number of steps, including examination for drugs, weapons, and other items when the inmate is admitted, drug screening, the use of drug dogs, regularly scheduled rounds, and we're also reviewing the effectiveness of body scanners for inmates coming into our correctional facilities.

Mr. Speaker, to conclude my comments, we can't overstate the impact that this is having on our families and communities. We know and our partners throughout the justice system know that this is an issue that needs to be addressed by way of support for the addict, by way of ensuring that people survive to make a better choice, and that we support them to make that better choice in the future. It's a complex issue that requires a complex and co-ordinated response, and that's why we're working so closely both between the ministries of Health and Justice but also with our partners in the health care field, in the corrections field, and in policing.

At the end of the day, this is a problem that requires action, and those actions are ones that the government is taking. We have not

solved the problem. We will need to continue to take further actions in the future, and this requires that we invest resources. These lives are worth that investment, Mr. Speaker, and I hope, again, that when it comes time to debate the resources necessary to achieve those outcomes, everyone will, at the end of the day, remember that the costs can be measured in lives and that those investments are absolutely critical.

Thank you.

The Speaker: The hon. Member for Airdrie.

Mrs. Pitt: Thank you, Mr. Speaker. It is with a great sense of urgency and seriousness that I rise today to speak to the emergency debate on the fentanyl crisis here in Alberta. Today all parties in the opposition have risen above partisan lines to call on this government to do their job. Fentanyl, according to the data provided, has risen to a point where there is almost one death per day. It is clear that the government's strategy to deal with this is just not working. This government has taken a singular, narrow-minded approach, which involves primarily the use of naloxone. This is a Band-Aid solution, and it has done nothing to help address the serious addiction treatment problems or to help get any of these drugs off our streets.

The Wildrose cares about saving lives, Mr. Speaker, the lives of individuals suffering from addictions. The Wildrose cares about safe and strong communities. Albertans care about these things, too. This is why we believe the government needs to take this issue seriously, that they need to have a well-thought-through, unified, and co-ordinated plan across all government ministries. This is certainly something that we feel the NDP government has failed at.

As the shadow minister for Justice and Solicitor General I've been appalled at this government's silence as to how they plan to tackle this problem from an enforcement side. In fact, the only leadership Albertans have seen from this cabinet and the minister is the willingness to hire more medical examiners to conduct autopsies on victims. We need action now.

The fact is that criminals are importing cheap sources of fentanyl from overseas in order to cut their costs. They create knock-off versions of oxycodone, heroin, and they're even adding fentanyl to other drugs such as marijuana. The problem with this is that drug dealers are not chemists, and the quality, the consistency, and potency of these drugs are unable to be tested. Fentanyl is a drug which is 100 times stronger than morphine, and even more scary are some of the derivatives like carfentanil, which is up to 1,000 times stronger than fentanyl. Every time people use these drugs, they are playing a dangerous game of Russian roulette.

Those who are lucky enough to survive the odds are causing other challenges. This drug and its derivatives are so powerful and so addictive that people will do anything to get it, which leads to increased crime, thefts. Both major cities' chiefs of police have stated that crime is linked to a number of factors. Both are seeing a direct correlation between fentanyl and our crime surge. Now, ALERT, the Alberta law enforcement response teams, has been doing a good job of taking pills and dealers off the street, but they can't stop everything. We need to ensure that all police forces are properly equipped and that the government is approaching this from a co-ordinated position: all ministries, all stakeholders.

Now, this is why we believe it is necessary to declare a public health emergency. There are several reasons for this, and I will attempt to highlight some of the most relevant. First and foremost, there is an aspect of raising public awareness. It is absolutely crucial that we recognize that this is not just an issue affecting those living on our streets or chronic drug abusers. This is hurting all Albertans in all walks of life, all demographics. The stigma needs to go away.

This does not just mean the general public, either. This means awareness amongst health care professionals.

When we are talking about a drug that can cause an overdose with two tiny flakes, it is important that we keep our first responders alert and aware that this drug is out there and it's dangerous. Outbreaks only get worse when they also pick off first responders. This is something that's already happened in B.C. a few times, putting police officers, paramedics, and firefighters in the hospital due to skin contact with this deadly drug. We as Albertans risk a similar experience here if we take our own first responders for granted in this ongoing epidemic.

Second, a declaration will result in real-time opioid statistics being published on a frequent basis. This is very important. Currently there is no mandate for the government to report, and there is no sense of urgency to report the data in real time. Every life is important; they deserve to be counted. This drug has claimed several lives. If this is a tool that will help law enforcement and health professionals come up with solutions, then the government has an obligation to declare a public health emergency.

Thirdly, this will allow for a co-ordinated response from the government, allowing all ministries to collaborate in a deliberate effort. This means including the ministries of Justice, Health, Community and Social Services, aboriginal affairs, and all others. We need to be assured that there is a plan in place so there will be measurable results. These results are not simply counting how many naloxone kits have been distributed. This is not a success that is measured in costs. Naloxone is an important tool that will allow vulnerable individuals the opportunity, as has been said before, to make a better decision on another day. But it is just a tool. Solutions include bringing everyone together.

4:10

This is an emergency. There's been a 33 per cent increase in the rate of overdose deaths linked to the drug from just 2015, and a shocking 110 per cent rise from just two years ago. Calgary had a death toll of 149 people, people with families, just in 2016.

Wildrose released a combatting fentanyl 10-point plan last year. We provided several solutions to help this situation. In here we gave several recommendations, and it's worth noting a few of them now. Point 5: "Increased funding for addictions and detox programs within the province." This is crucial. Many people, especially those who choose to seek help, cannot access it. Point 6: "Ensure that all ambulances and hospitals have adequate supplies of naloxone available." Point 8: "Urge the federal government to amend the Criminal Code to ensure the harshest possible prosecution [and punishment] for fentanyl trafficking or creation." Point 9: "Urge the federal government to enact federal laws or regulations regarding the import, export, sale, and possession of commercial pill presses in Canada." We have done some of these things here in Alberta. We need to do more outside of just this province.

Today we have heard from families who have been devastated by this crisis. All of us have spoken with these people here today in the gallery, who are very brave for being here, pushing this issue. These families have been devastated by this crisis, the seriousness in which it should be taken. We have an obligation as legislators to stand up for these families and for others across this province and take action to address a situation where almost one person per day is dying.

There are obstacles to monitoring activity as federal and provincial authorities have no real-time data collection of opioid-related hospital visits, coroners' toxicity reports, arrests, border seizures, drug and urine tests, or reports from addictions counselors, probably because they're not totally accessible.

The Wildrose is urging the government to answer our call from spring of last year, renewed today: implement a public state of emergency, please.

Thank you for your time.

The Speaker: The hon. Member for Edmonton-Centre.

Mr. Shepherd: Thank you, Mr. Speaker. It's an honour to have the opportunity to rise in the House and participate in this debate today on a very important and crucial issue. I, too, would like to acknowledge the families that have joined us here today. I appreciate that you've come here to share some of your stories and recognize some of your own pain in trying to seek that this does not happen to other families in our province, and I honour you for joining us and being part of this here today.

I first had the opportunity to meet families and friends of people who had died from overdoses at the international overdose day here in Edmonton back in August of 2015. It was my honour to speak on behalf of the government as part of that. There I saw many people whom I had the opportunity to first meet just shortly after my election in 2015, when I had the opportunity to tour Boyle Street Community Services, a truly amazing social agency operating right here in Edmonton-Centre.

On that tour I met Marliiss Taylor, a nurse and community advocate who for over 20 years in Edmonton has been running the Streetworks program. Now, Streetworks' original goal was to combat HIV, but over time they expanded their work and became the first organization in Canada to equip workers with naloxone kits. But all along the principle that Streetworks has been committed to has been the principle of harm reduction, the recognition that substance use is a chronic medical issue, that it's not a moral issue but a medical condition, one that touches almost every family in every community in our province.

Members today have spoken of the need to remove the stigma around substance use. I absolutely agree. It's regrettable that in past years some politicians, including, I think, some past federal politicians, have failed to do that. They took actions which furthered the stigmatization and which prevented the implementation of important services that could be saving lives.

Now, harm reduction focuses on practical strategies that work to reduce the negative consequences associated with substance abuse, allowing workers to build relationships of trust with those who are suffering from substance use so that they can help them address the root causes and the drivers of their substance use and begin to help them on the difficult road to recovery.

After having met Marliiss, I was very happy a short while later to have the opportunity to bring up her name with Minister Hoffman – pardon me; I apologize – with the Member for Edmonton-Glenora, the Minister of Health. It was the opportunity to help connect Marliiss with her, and I was overjoyed when in October 2015 Marliiss was appointed to the board of Alberta Health Services, bringing a strong voice to advocate for those suffering from substance abuse.

That same month I had the opportunity to meet with Marliiss and fellow members of a group called AMSISE, Access to Medically Supervised Injection Services Edmonton, at my office. They shared with me their proposal to embed safe consumption services in existing community agencies here in Edmonton. They explained how these sites could help to combat the incredible costs that substance use visits on individuals, families, and our health care system and how safe consumption sites could drastically reduce those effects by greatly reducing substance users' likelihood of overdose, by reducing their exposure to criminals, by reducing their need to commit criminal acts, by reducing the spread of infectious diseases,

and by reducing the stigma and isolation of substance use, a crucial step in addressing its root causes and helping users on the road to recovery.

Now, being familiar with the incredible results that have been seen through similar work at Vancouver's InSite clinic, I was very excited by AMSISE's proposal. I made every effort to give them the opportunity to connect with our government, and in February 2016 I had the honour of bringing them in to share their proposal with some of our fellow MLAs and the Associate Minister of Health. Last October I was incredibly proud to see the minister announce funding of \$230,000 to support AMSISE in engaging our local communities as part of their application for a federal exemption to operate those sites here in Edmonton as well as another \$500,000 to help other communities conduct needs assessments for safe consumption services in their areas.

Mr. Speaker, there is overwhelming evidence that these service sites save lives, providing users with social support, medical care, and the opportunity to live long enough to make better choices. They also provide a vital on-ramp for the wraparound services that can change people's lives.

Mr. Speaker, I also note that AMSISE began developing their proposal over five years ago. They were unsuccessful in getting any support from previous governments. They were unable to get support to move these projects forward. It's been four months since we announced our support, and to the best of my knowledge I have heard nothing from the Official Opposition or the third party. Now, I recognize that our previous Prime Minister and some federal politicians that our opposition continues to vocally support went out of their way to make these important, scientifically proven, life-saving interventions next to impossible to provide, but it's my sincere hope that members on all sides of this House will have the courage to take a clear stand in support of these crucial investments because saving lives is far more important than trying to preserve or burnish our political reputations.

4:20

Investing in harm reduction – specifically, safe consumption sites alongside opioid replacement therapy, needle exchanges, and additional treatment beds, which we have invested in and continue to invest in – is one of the most effective tools we have to address the challenges posed by fentanyl and opioid use. I recognize, Mr. Speaker, that the initial sites that are proposed are within the downtown core and are targeted at those who have the most need. I recognize that we need to see more of these sites, and I look forward to seeing this federal process go forward. I look forward to, hopefully, AMSISE receiving the federal exemption so that they can start these sites, that we can prove their efficacy and see more of these sites open up throughout our province, around our city, because we know that when people use alone, they are at their most dangerous. When we provide them with safe places where they can get support, away from stigma, we have the opportunity to save lives, to help connect people with services and supports that can help them make better choices.

I appreciate the concern that's been brought forward by members on all sides of this House today. I recognize the desire to want to do something publicly to declare support. I agree that we need to work to remove that stigma, work to bring this out more to the public, and we can do that. We are doing that here today. I've been doing that since I was elected to this office. I was very pleased to see at international overdose day last year that Dr. Verna Yiu of Alberta Health Services was there to speak and indicate their support for harm reduction and addressing these problems here in our province. But, Mr. Speaker, I have not heard anything today that requires a provincial emergency to be called to accomplish. These are things

we can all do. We can work together, we can be collaborative, we can raise awareness, and we can continue to take the important steps that our government has been taking.

Mr. Speaker, none of us want to see any more lives lost. I look forward to continuing to work with my government colleagues, to work with members across the aisle, and I look forward to hearing them give their vocal support for important services like safe consumption sites as part of harm reduction and part of a comprehensive plan to address this issue in our province.

Thank you.

The Speaker: The hon. Member for Grande Prairie-Wapiti.

Mr. Drysdale: Thank you, Mr. Speaker. Many of my hon. colleagues may be surprised to learn that Grande Prairie has had a difficult struggle with fentanyl and other deadly opioids, but I'm very proud of the way our first responders, the RCMP detachment, medical personnel, and social agencies have dealt with this devastating epidemic. In fact, our community's attempts have been so successful that Grande Prairie has seen a reduction in the number of fatalities in the past year.

Fort McMurray's efforts to tackle the crisis have also proved positive. As proof let me review the numbers of deaths in our major northern cities over the past two years. In 2015 Grande Prairie lost 18 of our citizens to fentanyl-related overdoses. The drug also killed 17 people in Fort McMurray. But in 2016 each city saw the number of fatalities drop to nine. That's a 50 per cent reduction in Grande Prairie and slightly more than that in Fort McMurray. The reason we are seeing this change for the better is due to the concerted efforts of many local agencies in northern Alberta; for instance, health units have made special attempts to generate awareness of the dangers of fentanyl and other deadly synthetic opioids.

The RCMP and the Alberta law enforcement response teams, known as ALERT, also waged aggressive antidrug campaigns. In Fort McMurray ALERT managed to wipe out an entire drug operation, which took thousands of pills off the streets. Grande Prairie's Mounties established a special police unit to combat the drugs in our area. HIV North also mobilized to distribute naloxone kits to smaller rural communities in northern Alberta. I have to credit the provincial government for announcing plans to open an opioid dependency treatment clinic in Grande Prairie this spring. All of these initiatives have helped the north to at least gain some control over a terrible crisis that has been tearing apart our communities.

Grande Prairie, which saw its crime rate spike in recent years, has even seen a decrease in criminal activity. The positive turnaround in the north shows us what can happen if this kind of co-ordinated approach were to occur on a provincial scale. Of course, it'll take the government of Alberta to implement the framework, and I hope that that happens. If the provincial co-ordination does not take place, fentanyl will continue to take a toll throughout our province, and it could even regain its foothold in the north.

While I've been pointing to some progress up north, fentanyl and other deadly synthetic opioids are devastating small communities. Red Deer, for instance, has lost 39 citizens to fentanyl-related deaths in the past two years, and we know that a number of First Nation reserves faced severe crises over the past few years, to the point of declaring their own states of emergency in order to stem the carnage. Like all other communities, the leaders of the reserves had to create a framework from scratch when they were forced to take action due to their desperate circumstances.

Fentanyl is also prevalent in small-town Alberta, where crime has climbed alarmingly. Taber is an example of a small rural town that has been dealing with a steep increase in drugs and other crime. It

is especially hard for communities like Taber, which is only a short distance from Calgary, because its residents fall prey to criminals bent on stealing their vehicles and ATVs to make money for their next fix or to drug dealers seeking new customers. As the Taber chief of police noted, break and enters and property crimes fuel the drug trade. As we have seen an increase in fentanyl and crystal meth usage in southern Alberta, we can draw a nexus to Calgary. Like so many communities, the Taber police service took matters into their own hands by launching a public awareness campaign on fentanyl that went viral in its community. Taber also found its own school resource officer who teaches students about the dangers of drugs.

I've outlined a few of the occurrences around rural Alberta in an effort to demonstrate the efforts communities and regions are making to combat this crisis and to underline that this crisis is occurring throughout Alberta, not just in our large cities. But if mid-size and small communities can implement measures and programs that make a difference locally, can you imagine how powerful a provincial response would be? Mr. Speaker, I urge our government to call a public health emergency and start taking this step today for all Albertans. If they do not take this step, they are doing all Albertans a disservice because everyone is suffering in some way from this crisis, whether they know it or not.

Thank you, Mr. Speaker.

The Speaker: The hon. Member for Edmonton-Whitemud.

Dr. Turner: Thank you, Mr. Speaker. I was going to say that I'm pleased to rise, but this is an important subject. I do want to honour the attendance of those in the gallery on this. Our hearts go out to all these families who have lost loved ones.

The rise of illicit fentanyl in our communities has created a public health crisis here in Alberta and across Canada. Just as the Member for Airdrie mentioned, this is a crisis in my riding of Edmonton-Whitemud. We've had several deaths from fentanyl overdose in that area. You know, the stereotype about Edmonton-Whitemud is that it is the nicest part of Edmonton and that it is generally well off. That hasn't protected us in Edmonton-Whitemud from the scourge of this drug.

You know, I attended the opening of the Alberta and the Great War exhibit just last Thursday evening. I toured the exhibit, and I couldn't help but think that there's a similarity in this. I mean, we talk about the death toll, but think about the families who got those telegrams after those brave soldiers in the First World War were killed or were a casualty. It's a very analogous situation now for our first responders who have to contact families here in our ridings to let them know that there's been a death. I think that, you know, we all need to recognize the impact of this.

4:30

I really want to commend the MLA for Calgary-West on his private member's bill, that was unanimously passed by all members of this Assembly to try to limit the production of illicit pills. I think that this was a shining example of the kind of co-operation that this House can come to that's going to have some impact.

I want to turn to my experience as a physician. I've actually been on the front lines of illicit substance abuse for many, many years. I had an experience about eight years ago in which we had several patients show up in the hematology ward here in the University hospital: some from Fort McMurray, some from Grande Prairie, some from Red Deer. They all were common. They were young people that had a profound shortage of white blood cells. Now, ordinarily that means you've got leukemia, and I've got to give you chemotherapy, and I'm going to hopefully fix your leukemia. But, in fact, what was going on was that these individuals had been

poisoned. It was men and women, and it wasn't the classical substance abuser profile.

These men and women had been exposed to a chemotherapy agent called levamisole. Levamisole caused a profound leukopenia in these patients. The Member for Vermilion-Lloydminster will know all about levamisole since it's a veterinary product. But that medicine was only detected because our toxicology lab at the University of Alberta hospital was the first one in North America to actually detect it in urine. We were able to recognize that this epidemic of leukopenia was coming from contaminated cocaine, crack cocaine. We were able to actually alert public health and get the word out to my fellow physicians that if you saw a young person with a low white blood cell count, you should get the testing done.

Now, the Alberta OCME is believed to be the first toxicology laboratory in Canada to positively identify carfentanil in human blood, and this was just developed last October. The new toxicology lab is going to increase testing capacity for drug-related deaths from opioids like fentanyl as well as carfentanil. With this help we're going to be able to provide interim reporting as well as quarterly reporting of opioid deaths. This is a really important advance and is an example of how the province of Alberta is responding to this crisis. As the Minister of Justice indicated, the government is supporting the OCME by hiring two new medical examiners and a research officer, and this is going to help support the data collection that is shared with Alberta Health.

I wanted to mention one other thing that's going on that's quite important, and it was alluded to in previous remarks. We need to be able to have greater use of the pharmacy information network and Netcare. These are things that physicians should be using before they prescribe medicines. I think we need to come to some understanding with physicians in general that that's a requirement. It's a standard, and as was indicated by another member, the College of Physicians & Surgeons of Alberta has said that.

Now, I want to turn back to my own experience. There are many Albertans with acute or chronic pain that cannot abstain from opioids. Some high-dose narcotic treatment is essential, particularly in palliative care or if you've got diseases like sickle-cell crisis, osteoporosis, phantom limb pain, vertebral disc disease, fibromyalgia. These are people that need to have opioids, so you can't expect that everybody that's on opioids is going to be abstaining. We've got to come up with some systems with medical supervision and with appropriate documentation by physicians and nurses as well as pharmacists on the use of these medicines.

Basically that's the message that I wanted to get across. I think that Alberta is approaching this in a multipronged way. I've very impressed with the way that our police and other first responders are responding to it. I'm impressed with the way the pharmacists as well as the College of Physicians & Surgeons of Alberta are responding to it. I basically think we need to continue to support that sort of activity and, hopefully, overcome this scourge.

The Speaker: The hon. Member for Drayton Valley-Devon.

Mr. Smith: Thank you, Mr. Speaker. I want to start off by recognizing the people in our gallery for being here today and thanking you and all of the members that have spoken to this opioid crisis. We've heard many impassioned arguments today, and I want to thank the members for their combined wisdom on this issue.

[Ms Sweet in the chair]

Now, earlier today I heard someone refer to this crisis as a war, and I think that's an appropriate term. The impact that this war, this crisis, will continue to have on our society is just going to devastate the lives of so many Albertans, and in many ways it does feel like

a war. I think it's up to us as legislators to try to find the concrete and the workable and adaptable solutions to address this crisis. That's why today all of the political parties in opposition gathered together. The Wildrose, the Progressive Conservative Party, the Liberal Party, the Alberta Party: that's why we gathered today, to jointly call on the government to declare a public health emergency to deal with the fentanyl crisis.

This crisis may appear to have exploded on the scene in just the last couple of years, but as is often the case, that's not the truth. It's come to us with a history that's quite complex. The path of opioid abuse and addiction can be traced to the rise of drugs like OxyContin. OxyContin, a slow-releasing pain reliever, became the drug of choice for many when patients and users discovered that it produced a heroin-like rush when crushed and consumed. It was a prescription drug that could be purchased over the counter, and it's left a trail of addicts and pharmacy burglaries and dislocation of society for Canadians to have to deal with.

As society took measures to try to deal with the misuse of OxyContin, desperate addicts looked for other options, and they soon turned to other opioids like fentanyl, a commonly prescribed drug to treat chronic and serious pain. Fentanyl is relatively cheap, it's a powerful drug, it's easy to manufacture, and it's toxic in very small amounts. It's up to 50 times more potent than heroin, I'm told, and a hundred times more potent than morphine. I was surprised, as I've educated myself on this, that two milligrams is enough to kill the average person in less than 15 minutes and that an overdose of fentanyl shuts off the oxygen to the brain and the heart and can kill you in minutes.

Many addicts begin their addiction when they're prescribed fentanyl to address their pain issues, and we've seen an increase from January 1, 2014, to December 31, 2016, that the quarterly opioid dispensations from community pharmacies have increased by 23 per cent to approximately 1,034,000 in the fourth quarter of 2016. We've seen a continued increase.

4:40

Carfentanil. Some of you have mentioned it. It's another opioid, 10,000 times more powerful than morphine. It is so potent that an amount the size of a grain of sand can kill a person.

The use of fentanyl and other opioids has grown. It's grown considerably in the last few years, and it's meant that we've had to address and try to deal with this crisis. Last year approximately 2,000 Canadians died as a result of opioid overdoses. In 2015 in Alberta 257 deaths were related to fentanyl. In 2016 in Alberta 343 drug overdose deaths were related to fentanyl. From January to December 2016 there were 149 drug overdose deaths related to fentanyl in Calgary and 109 in Edmonton. Since January 1, 2014, a total of 717 Albertans have died from an apparent drug overdose related to fentanyl. It can be cut into other drugs, like cocaine and alcohol and methamphetamines.

The causes of an opioid addiction are complex, but, then, issues around addictions are generally very complex. Some Albertans are drawn into addiction by being prescribed an opioid like fentanyl by a doctor in order to control their pain. Others fall into a drug addiction as they try to address psychological and social and emotional pain, and that often accompanies mental health issues. Some of the people become addicted as they experiment with other drugs. As a former teacher I've seen that pattern over and over in some of the students that I've taught.

The *Calgary Herald* reported in an article by Michele Jarvie that the Stoney Nakoda First Nation is facing a prescription addiction crisis. It was reported in that article that addiction rates were skyrocketing as high as 60 per cent among the adult members of the reserve. The Stoney Nakoda First Nation has declared a state of

emergency. There were 139 deaths attributed to opiates in a two-year period out of a population of only 6,000 people. It is understood that fentanyl is the number one drug of choice on the reserve.

Regardless of the path to addiction this emergency is placing great stress on our public services: emergency departments, police, ambulance, detox centres, the justice system. Even education and mental health services are having to address the carnage that this public health emergency is creating.

It is for those reasons, for all those statistics that I just finished reading, for all those pressures that are being put on the services that we try to provide to our citizens of Alberta, and for the addicts and the families that are left behind that the Wildrose Party is calling on the government to declare a public health emergency. The Wildrose Party, while calling on the government to declare a public health emergency, has been urging all levels of government to more seriously address the fentanyl crisis. Brian Jean, the leader of the Wildrose Party, has said that the Wildrose believes that all levels of government need to be working collaboratively to combat this crisis head-on. We have already lost too many lives to this deadly drug. And I apologize for using the member's name.

We have asked for funding for addictions programs. Today we are once again asking for the government to enact a public health emergency to allow for greater information sharing and further education campaigns regarding these deadly drugs. The declaration of a public health emergency would provide the government with the tools to more effectively address this crisis. Declaring a public health emergency would increase awareness in the public health care community and the general public. It would provide additional resources to the coroner's office to conduct autopsies. It would help to co-ordinate one unified government response. It would provide real lifetime tracking and geographic breakdowns that would be useful for law enforcement agencies.

British Columbia, which has been ground zero of the fentanyl crisis, has declared a public health emergency. The increasing number of deaths in British Columbia were, quote, unusual and unexpected, according to medical health officer Dr. Perry Kendall and are therefore one of the criteria needed for declaring an emergency under the Public Health Act.

Even a cursory reading of the evidence collected in Alberta thus far would suggest that the number of deaths due to fentanyl would be sufficient reason to call a public health emergency. When questioned on the use of a public health emergency in Alberta to deal with the fentanyl crisis, the Associate Minister of Health said: we just don't feel that it's appropriate when responding to a serious addictions and mental health issue.

In contrast, the Wildrose Party believes that a public health emergency would help to provide timely information on the number of deaths and the circumstances of those deaths, et cetera. Vital information . . .

The Acting Speaker: Thank you, hon. member.

The hon. Member for Calgary-South East.

Mr. Fraser: Thank you, Madam Speaker. In my time as a paramedic for well over a decade in this province I've seen all too often the many overdoses, the results of overdoses, whether it's within our street communities, whether it's in rich homes, poor homes. All too often. As we try to personalize this – and I know that often it's said in government: don't get too operational; think high level. But we need to humanize this, and we see some of the human faces in the gallery today of families that have lost loved ones. I want every member in this Chamber to stop what they're doing and listen for a second.

We can all relate to a family that has a 14-year-old child. You may have a 14-year-old son or daughter. It's a Saturday night. Your child comes home at curfew as normal. Nothing is out of the ordinary. You go down 20 minutes later into the basement or the rumpus room to check on your child, and the child is unresponsive. They're no longer breathing. This is not a homeless person or an addict on the street, on the corner, in a back alley. This is in a middle-class home, suburbia in Alberta. By the time the paramedics get there – I know because I was one of those paramedics – the child is no longer breathing, and we have no idea how long the child hasn't been breathing.

That 14-year-old will never get the chance to be a leader like us, to help somebody else with addiction or mental health, or to hug their parents. This is what we're talking about. Yes, we're talking about a public health emergency or a provincial state of emergency. Look, let's face it. Overdoses have been happening in this province for a long time. What has changed?

Well, let's ask the folks in High River. High River flooded over and over and over and over again. At times there were local states of emergency. What did they do? They brought more sandbags. They tried this; they tried that. What changed for them to get a provincial state of emergency? The water overflowed every single sandbag, every solution that had been put forward and drowned the town. And other communities in this province. I'm sure that there have been forest fires in Fort McMurray before that have encroached close to the city. But what changed? The fire consumed most of the town.

What is happening today? This drug is overflowing our communities. That's what has changed. Our perception of it has changed. The way drug dealers operate has changed.

4:50

A grain of sand of carfentanil is enough to kill a human being, and if they don't die, it's enough to shut down vital organs and definitely enough to destroy a family. All it takes is a drug dealer because I'm assuming the ones that are making the pills and all the other drugs that kids may be interested in – make no mistake. Each one of you in this House has a loved one. There's a good chance they might try a drug, and if that drug dealer pressed some other drug and a piece of carfentanil wasn't cleaned up, like that 14-year-old, an honest mistake takes their life.

The hon. Member for Calgary-West worked alongside me in downtown Calgary. I can tell you that over time perhaps Conservative governments – as things change and as we evolve, this caucus does support safe injection sites. The hon. Member for Calgary-West supported those initiatives as a police officer. All the other tools that we used and are using now are important. Absolutely.

But you know what? For the families in the gallery, for the family of that lost loved one, there was no Narcan kit for them. The majority of these overdoses are happening outside of our most populated downtown areas. As we heard, they're happening in Grande Prairie. They're happening in suburban parts of our communities, where not every family has a naloxone kit. Naloxone, whether you aerosolize it or inject it, doesn't always save people. Sometimes it's too late.

So when we think about this, calling a public state of emergency, what these families want to hear is not: well, we've tried this, and we're trying that. Quite frankly, they're sick and tired of us blaming one another because, to them, it doesn't bring back their loved ones. They're here today with their bravery and around this province trying to prevent another one. What they want to hear and what a public state of emergency does or a public health emergency does for these people is not to say, "There, there," but "We're fighting

for you; we recognize that this drug is overflowing our streets and killing our children and our loved ones."

Now, that's the drug itself. The hon. Member for Calgary-West has brought policing solutions to the government. There are lots of ideas. We can go around and around and around, but if we're going to save lives, we need to put money into mental health. During the floods in High River the provincial state of emergency allowed us to co-ordinate with different agencies and, again, pull money from the treasury to the tune of \$5 million to support mental health. Families are breaking apart today because we are not brave enough to address the issues around mental health and addiction, and it should be at the forefront.

We should be teaching kids in our schools about fentanyl and the risk of drug use and abuse and addiction. We should be supporting our educators and our family counsellors and our local leaders and church leaders because this is an issue. The best way to do that, to get people to stand up and pay attention to it, is to co-ordinate all these efforts like we did in Fort McMurray, that got world recognition, like we did in High River, national attention that brought communities together because the government said: this is a priority.

What that state does – and I heard the hon. Associate Minister of Health say: well, in 30 days what are we going to change? I can tell you that it's maybe not a lot for those who are already addicted, but you're going to start the ball rolling with these agencies that you mean business. That initial co-ordination keeps that momentum to do what? To save families.

Now, I was on the phone last night with a constituent, a brave lady with a brave son. Her name is Jacqueline. Her son's name is Jacob. He wrote a paper that spoke about the Charter of Rights and Freedoms for Canadians. It's a plea for his older brother, who is on the streets of Vancouver now because of an addiction and suffering from mental health. They have no avenue in which – a public state of emergency would allow us to have a conversation about that Charter, to maybe open it up for these folks who no longer have the mental capacity but still have the right to go kill themselves.

That's what a state of emergency does. It allows us to open up pieces of legislation that normally might not be opened up, to have a conversation with our federal counterparts to show them that we mean business. Now, I know that everybody in this House truly means business when it comes to fentanyl, so let's show Albertans that we're going to stand up and fight for them by calling this state of emergency. I implore the government.

Thank you, Madam Speaker.

The Acting Speaker: Thank you, hon. member.

The hon. Member for Calgary-Elbow.

Mr. Clark: Thank you very much, Madam Speaker. I really want to say to the Member for Calgary-South East: thank you for your passion; thank you for your service as a first responder. You're a braver man than I for doing what you do. As you were speaking, I was just reflecting as a father of a junior-high-aged daughter and another daughter who is younger but will soon join her sister in junior high and I think about our life, the life that we have at our household. I think: well, my daughters can't possibly be at risk. We love them very much, they're safe at home, they're well fed, they're not abused, they don't see addiction at home, but of course they're at risk. Of course they are. Every single one of our children is at risk, all of our neighbours are at risk, and we as individuals are at risk as well. None of us are immune from this. I think the story that the Member for Calgary-South East told really brings that home.

What also brings that home are the people who have joined us here today, some of whom spoke this morning at our news

conference, others who joined our news conference, like the father who lost his daughter just last November to a carfentanil overdose. She was loved. She was supported by her family. She looked like a normal, ordinary teenager. She was a big sister, she was a granddaughter, she was a friend, but she's lost to us because of an accidental carfentanil overdose at age 19.

We were joined this morning also by Rosalind Davis, who is here now, who lost her spouse, Nathan Huggins-Rosenthal, to an accidental fentanyl overdose, which he became addicted to after being prescribed opioids in response to a back injury. But they sought treatment. They had the means to seek private treatment, and Nathan for a time was clean and sober, but he relapsed, which is something I've learned is tragically common. I've come to understand that an addict will relapse up to seven times before getting clean permanently. It's not simply a matter of saying, "Well, just please stop; just quit cold turkey," especially with opioids. It's far more complicated than that.

Nathan and the 19-year-old daughter: it's a common story. It's not just people who are street involved. Every single one of these people and every single one of these lives has their own story. There is no such thing as a typical, quote, opioid addict.

There have been too many deaths in this province, far too many deaths in this province, and there has not been enough co-ordination, not enough sense of urgency from this government to stop this epidemic. I'd ask this minister, who I know to be a compassionate person, to listen to your heart, to not just listen to the technical arguments that you may be hearing from your department. It's important that we use all of the tools at our disposal.

5:00

It's important that naloxone is made available, as it has been, but it's nothing more than a Band-Aid. People will die alone. That happens in suburban Alberta, it happens in small-town Alberta, it happens in dense urban areas. Naloxone cannot be the only solution. We need more in-patient treatment for people who finally choose to seek help. We need more outpatient treatment for people who finally seek help and are appropriately able to continue on about their lives and don't require in-patient treatment. We do need supervised consumption sites. That can't be the only answer, but it needs to be part of the solution. We need opiate replacement therapy.

We need to declare a public health emergency. Now, declaring a public health emergency is not just some symbolic act. I quote from the Public Health Act. It allows for the "prompt co-ordination of action . . . required in order to avert or minimize the pandemic." What we're dealing with here is a pandemic. It is an epidemic that is rampaging through not just our streets but our neighbourhoods, our homes, our communities.

Further quoting from the Public Health Act, declaring a public health emergency will also "provide for the distribution of essential health and medical supplies and provide, maintain and co-ordinate the delivery of services." I want to emphasize the importance of that word "co-ordinate." A public health emergency would provide focused leadership, it would provide a sense of urgency, and it would allow for the co-ordination of efforts between departments. Now, I know that various departments of this government have a plan. I know that the Department of Health has a plan, the Department of Justice has a plan, Community and Social Services has a plan, Education has a plan, Indigenous Relations has a plan, but I've seen scarce, if any, evidence of co-ordination within and between those departments of their plans. We need a public health emergency to bring focus to this issue.

Any large organization has challenges working within and between departments. For something like this we cannot have, we

cannot afford to have different departments working at cross-purposes. We need to use all of the tools in the tool box. We need to use every tool at our disposal. There's no reason not to. In fact, there are tragic consequences if we don't.

Now, there have been some objections raised by the fact that a public health emergency would expire after only 30 days. That's true, but it does not prevent the minister from renewing that should she decide it is required to be longer. The other question that has been asked is: "Well, when do we know that this public health emergency is over? It's not a typical, obvious, contagious disease, influenza or other, where we would know that it's over." Well, the answer is that it's over when the rate of deaths from opiates – fentanyl, carfentanil, others – drops back to its long-term average. Right now – we've seen the graph – it's just a hockey stick. It goes through the roof. It is literally off the charts. That is an emergency. It is a crisis.

Madam Minister, there's no shame in now declaring a public health emergency. We all would have liked to have seen that done months or even years ago. It should have been done sooner, but it wasn't. But it still can be. It still can be to the benefit of people who are struggling with opiate addictions now, to the benefit of their families, who will not lose those people to opiate addiction. I can assure you that every single member in this House will thank the government for doing so. There will be no we told you so. There will be no gloating. It will be an acceptance that it's the right thing to do. I will be the first to congratulate the government, to praise them publicly, and to thank them for taking this important step. It's not too late, Minister. Please, I urge you to declare a public health emergency.

Thank you.

The Acting Speaker: Thank you, hon. member.

The hon. Member for Red Deer-North.

Mrs. Schreiner: Thank you, Madam Speaker. My thoughts and prayers go out to the families who have lost a loved one due to an opioid overdose. My thoughts and prayers also go out to the families who are watching a loved one live with and suffer from an opioid addiction. Just this past Sunday I met with a father and mother of a 16-year-old who just celebrated her 17th birthday in hospital after taking a concoction of a number of illicit opioids. The doctors looking after her care could only guess what drugs she had taken. This young woman is just one of my constituents of Red Deer-North who has been adversely affected by the rise of dangerous drugs here in Alberta as well as across Canada.

Since being elected in 2015, I have met with mothers, fathers, grandparents, aunts and uncles, and siblings of those suffering from opioid addictions as well as business owners and neighbours. Madam Speaker, I heard from my constituents asking that our government take more action to help those suffering from opioid addictions in order to get well and potentially prevent premature deaths – premature deaths – of adults and youth.

Madam Speaker, my community asked for more action, and I am proud to say that our government has listened. As you have already heard, Alberta is a leader in our country in providing timely and accurate data on opioid misuse. The College of Physicians & Surgeons of Alberta has updated prescription guidelines. The college is also aware of the need for more doctors to be able to treat substance abuse, and we are working with them to help bring more treatment options into primary care. Our government worked quickly to make naloxone kits as widely and readily available as possible, an action that has reversed hundreds of potentially fatal overdoses here in Alberta. Opioid replacement therapy is now easier to access, with new clinics opened or opening in Cardston,

Grande Prairie, and the central zone. I am proud that our government is working hard regarding opioid addictions in Alberta. My constituency of Red Deer-North has just received additional medical support for 20 adult detox beds as well as five additional youth detox beds.

On behalf of my constituents of Red Deer-North and on behalf of all the constituents in the central zone I thank our government. I thank our government for listening and taking all of these actions. The parents of the young woman who just celebrated her 17th birthday in hospital are grateful for the supports already put in place for their daughter. I'd like to recognize Turning Point in Red Deer as well as Safe Harbour for working with those in our community whose lives are impacted by the serious drug addictions that they have.

Madam Speaker, we know that Albertans that suffer with opioid addictions are all kinds of Albertans from all different walks of life. They are from communities, from suburbs to inner cities. They may be your next-door neighbour, a straight-A student that made a wrong choice. We know there is still more work to do, but our actions are going in the right direction.

Thank you, Madam Speaker.

The Acting Speaker: Thank you, hon. member.

The hon. Member for Fort McMurray-Wood Buffalo, followed by the hon. Member for Calgary-Lougheed.

Mr. Yao: Thank you, Madam Speaker. Today I rise to speak to the state of emergency in our province that has been caused by opioids. A public health emergency is long overdue and will give the resources needed to our front-line workers to combat this crisis head-on. As a former paramedic and firefighter for a long time I can tell you that there is an emergency here, and as the shadow minister for Health it is my job to educate and to inform and to eventually ask our good Minister of Health and Associate Minister of Health.

5:10

Opioid use, misuse, and overdose have risen at exponential levels in the past few years, and as often is the case, the situation did not appear overnight. In fact, Madam Speaker, it has a complex and lengthy history. Opioids are a group of drugs that are used for treating pain. They are derived from opium, which is from the poppy plant. Opioids can go by a variety of names. You can call them narcotics, opioids, opiates. From history's earliest civilizations to the modern day, societies have struggled to find the balance between medicinal properties, that are used to treat pain, and the euphoric effects, that have led to recreational use and misuse. That's the problem that's plagued so many countries, so many societies, and so many governments.

Part of the problem we are seeing now is the creation of designer drugs for pain management. Extended-release OxyContin is twice as potent as oral morphine, and fentanyl is 100 times as potent as that, and carfentanil is 10,000 times as powerful as that.

Let's take a closer look at some of these designer drugs. Oxycodone was developed in 1917 in Germany as one of several semisynthetic opioids in an attempt to improve on the existing opioids, and it is twice as potent as morphine.

Fentanyl was developed in the 1960s by Paul Janssen, and it entered medical use as a general anaesthetic. It was in the mid-1990s that fentanyl started to be used for its palliative qualities, and it is 100 times stronger than morphine. I remember as a paramedic that when they put fentanyl in our cars, in our trucks, a lot of the guys started to use it because it was known to have less respiratory depression, so it was better for our patients than morphine. We give anywhere between 10 and 50 micrograms, compared to 10 milligrams of morphine.

Then there's this carfentanil, which is marketed under the trade name Wildnil and is supposed to be a general anaesthetic agent or tranquilizer for large animals. That's right, Madam Speaker. This is literally an elephant tranquilizer. It's 10,000 times more potent than morphine.

All these drugs have legitimate medicinal purposes, and when used appropriately and prescribed by a medical professional for pain management, they do their job.

But part of the reason why these drugs have become so important in our society is due to the exceptionally long wait times for surgeries. As reported in the 2016 *Waiting Your Turn* report by the Fraser Institute, Albertans are waiting nearly three weeks longer than the national average for treatment, and this is the second worst amongst all provinces outside the Maritimes. The report also demonstrated that in 2016 Albertans were waiting five more weeks than was reasonable between appointments with a specialist and receiving treatment. This, to me, is completely unacceptable. Despite the fact that we're spending almost half of our budget on health care, Albertans are continuing to experience long wait lists and uncertain outcomes when it comes to their health.

This negatively affects all aspects of a person's life. This is true regardless of if we're talking about physical health or mental health, relationships with friends, family, and co-workers. This adds costs that are more than just dollars and cents. Furthermore, these unreasonably long wait times can lead to a decrease in the person's overall health and, in turn, create increased costs on our already taxed health system. What is often ignored is the fact that the stress is passed along to the nurses and to health care staff, who may feel helpless to remedy the situation.

Several studies have shown that the increase in wait times creates worsening symptoms and conditions, long recovery times, and more cases of depression. As pain increases, there is greater dependency on these pain drugs, and that leads to the substance abuse, particularly the opioids like fentanyl and oxycodone. Ultimately, longer wait times have also had an effect on the mortality rates within Canada, with the Fraser Institute publishing that 72 per cent of premature deaths – that is, deaths under the age of 75 – are avoidable either via prevention or treatment.

According to the College of Physicians & Surgeons of Alberta opioid use has increased threefold. In 2012 there were over 500,000 – half a million – prescriptions for opioids for under 200,000 patients. In 2015, a mere three years later, it tripled: 1.7 million prescriptions for just over 500,000 patients. That's a 300 per cent increase in opioids in three years. Now, it's good to see that the College of Physicians & Surgeons and the AMA are trying to make some changes, but we can only hope that those are effective and that they're supported.

This highlights, though, that we need solutions that prevent the overprescription of all drugs, including opioids. We need to move away from a system that is focused on illness and injury to one that is focused on the promotion of early intervention using crossdiscipline teams. We need to have more pain-management programs that include a more holistic approach, incorporating exercise, physiotherapy, and dietitians as well as painkillers. We need to focus on palliative care options that focus on the wide array of treatments that are the options other than drugs.

Part of why this is an issue of such importance is due to the fact that these opioid painkillers are highly addictive. These medications provide users with a sense of pain relief but also that feeling of pleasure and euphoria. As time goes on, patients develop a tolerance to the drug and, therefore, need to increase their dosages to have that same effect. These drugs are so powerful, so addictive that people will do almost anything, which leads to increases in crime.

Furthermore, there is an extremely high risk of experiencing severe withdrawal symptoms from these drugs. Medically, when the drug has been taken regularly over an extended period of time, it has to be gradually withdrawn over a period of time rather than abruptly. It has to be noted that this risk is even higher for people who regularly use these drugs recreationally. The symptoms of opioid withdrawal can last anywhere from a week to a month and even longer. These people go through a lot of suffering. They go through low energy, irritability, anxiety, agitation, panic attacks. They go through nausea, vomiting, diarrhea, insomnia, muscle pain, muscle weakness, and fevers. These withdrawal symptoms end up encouraging many users to use more drugs to fend off these undesirable symptoms.

Our government isn't doing enough to save these citizens from this crisis. It's bad enough that we have that increased drug use when the economy goes down. There are a lot of unemployed people who are running from things, and we have increased crime, more theft because of that same thing. But we can't wholly blame the low economy. We have to also look at what these physicians are doing and how they're treating their patients and make sure that they follow up with their patients.

There has been a 33 per cent increase in the rate of overdose deaths linked to these drugs from 2015 and a dizzying 110 per cent rise from just over two years ago. Calgary saw the lion's share of the death toll with 149 deaths in 2016. Of those 343 deaths 22 were linked to carfentanyl. That's the elephant tranquilizer.

There is no doubt in my mind that this is an emergency situation and that we need to have an emergency debate. We need to find solutions for addiction treatment, a focus on the cure and the rehabilitation of these victims. That's exactly why Wildrose released over a year ago a report calling for harsher penalties for trafficking and producing fentanyl and for solutions that help deal with those crises on the front line. A public health emergency is long overdue and will give the resources needed to our front lines to combat this crisis head-on. Please give it the attention that it deserves.

Thank you.

The Acting Speaker: Thank you, hon. member.

The hon. Member for Calgary-Lougheed.

Mr. Rodney: Thank you very much, Madam Speaker. I would like to begin by telling all family members and friends present and all those far beyond these walls who've lost loved ones to fentanyl and all other opioids and beyond that my heart breaks with yours.

My comments, I suppose, Madam Speaker, come from my time in cabinet in wellness and as the chair of the Alberta Alcohol and Drug Abuse Commission and as the advocate for Indigenous Relations and, to be honest with you, just a fellow Albertan. Because I think my colleagues have said it well, many different angles being represented here, I'll focus for the moment on our friends who are from indigenous communities, all of those individuals. I know from speaking with them personally that fentanyl is a killer that's taken cruel aim at indigenous individuals and communities both on- and off-reserve. It's a terrible thing. Opioids have no respect for culture or age or anything else. I think it's fair to say today – we all agree – that this issue goes far beyond any politics.

5:20

Alberta's fentanyl crisis first showed up on reserves in early 2015, and the death toll was simply staggering. Reserve leaders started blowing the whistle on the crisis as far back as 2015. The Blood Tribe was particularly hard hit with 20 deaths in six months,

and on one terrible day four people died from an overdose. Now, for the sake of comparison, in a small city in Alberta of maybe 12,000 people that's equal to 20 citizens dying a terrible death in just a few months and 60 others overdosing. That's just horrifying. It's also horrifying that it took 20 deaths and a plan created by doctors and a community before certain government action. The situation had become so dire that the Blood Tribe band took it into its own hands and declared a state of emergency. They did that a long time ago, and AHS assisted by making the antidote available to its band and training 50 members to administer it. The band also launched an addiction crisis line.

Now, two doctors that I've spoken about in this House more than once, the intrepid Esther Tailfeathers and Susan Christenson, who ran a clinic in the Cardston area, mobilized the community and the government to save lives, and save lives they did by convincing the government to supply naloxone and provide reserve members with training to administer it. That's a good thing.

Now, in November of 2015 in question period in this very Chamber I urged the government to use the tragic Blood Tribe experience as a model for other reserves facing desperate circumstances. What did I hear? This. The Justice minister said: yes, this is a true tragedy; we are working with partners, and we've had meetings, and we're committed to looking into ways to make naloxone more available.

Now, when nothing happened to share the successful Blood Tribe framework, which did save lives, I asked the government again to help Albertans on other reserves. And what did I hear? Well, for one, that "fentanyl is one of the most extreme drugs we've seen in our time." The Minister of Health said that. And what were we told? That there's "a four-pronged approach," and not one of those prongs involved re-creating the successful Blood Tribe fentanyl crisis model on other reserves. If that isn't frustrating enough, we could ask this question: did the government take the loss of life seriously? Well, I believe that the government does take this seriously. I would never suggest that anyone in government did not want to try to gain control over a public health crisis. Perhaps, in all fairness, they just didn't know how to go about it.

Here's yet another successful Blood Tribe initiative the government did not jump on to assist other reserves. The Blood Tribe Police Service launched an extremely effective on-reserve crime unit dedicated to gaining control of fentanyl distribution. So when I asked the Justice minister again in this Legislature in question period what she was doing to adapt the Blood Tribe's model to other reserves trying to get a handle on fentanyl abuse and distribution in their areas, Madam Speaker, the response was sad at best. Here it is, right from *Hansard*.

Well, of course, we have a number of police forces throughout Alberta policing on First Nations. There are a couple of other First Nations that have their own policing forces, but a majority of it is done with the RCMP, so we are working with those partners to ensure that they have access to naloxone and that they have access to all the information necessary going forward to make sure that they can cut off the supply.

That's it, and that's not enough.

Perhaps the government of this day doesn't understand our motivations in opposition. When it comes to a crisis that is killing Albertans in alarming numbers, I would trust that nobody is looking for glory and that we're just offering solutions. So, please, don't dismiss them out of hand. That helps no one. We're trying to help. When I ask a question and other members do, on certain occasions it's actually okay to say: "That might be a good idea. Let's talk about it. Let's do something about it. Let's look into it." But to get political doublespeak and then find out a year and a half later that maybe your government is kind of encouraging partners to work

together, that's not just disappointing. Some would call it unconscionable.

The government also ignored advice from the Alberta mental health review to specifically deal with opiate dependency among indigenous peoples on- and off-reserve. After all, the overall rate of emergency visits related to opioids and narcotics is 5 times higher than the rate for non-First Nations, and the opioid dispensation rate is twice what it is for First Nations. Clearly, these communities do need special attention. I hope the minister in charge will look into this.

Now, establishing the Alberta mental health review was a positive step I can give you credit for. Our new Premier did that as one of her first acts. My hat's off to that. It identifies as an immediate priority the creation of an opiate addictions plan for indigenous peoples. Now, the report way back in November of 2015 offered as part of its first recommendations this suggestion: "Engage federal counterparts to increase access to harm reduction tools on reserve." But, Madam Speaker, the province's opioid crisis progress report released in October 2016, just four months ago, indicates that Indigenous Relations only recently facilitated an initial meeting of representatives from AHS, Human Services, Health Canada, and doctors providing services in indigenous communities. That's a full year and a half after the crisis began.

And there's more. According to the same provincial report on November 7, 2016, Alberta Health had started working with the Alberta First Nations Information Governance Centre and Indigenous and Northern Affairs Canada, our federal partners, who have so much responsibility for indigenous peoples. The associate minister tells us that this has been a priority. Well, I think it's fair to say that actions do speak louder than words.

Now, Madam Speaker, I'm outlining this history because it displays that, while perhaps well intentioned, this government needs to look further. It's out of its depth on this, and it does not appear to be taking the epidemic seriously enough. As evidence I note that the NDP will not use the word "crisis," yet everyone else has, from the federal Health minister to the mayor of our largest city to B.C.'s Premier, who declared a public health emergency in the past – let's set the record straight – when her people began dying from fentanyl in alarming numbers.

Now, Madam Speaker, it's time for Alberta to do the same. On behalf of all Albertans and especially as the PC advocate for indigenous peoples I implore this government to declare a public health emergency, and please – please – pay special attention to First Nations, indigenous, Métis, and Inuit Albertans in the process of establishing a co-ordinating body to oversee a desperately needed, fulsome response to the opioid crisis.

Now, in the 30 seconds that I have left, I was hoping to quote an article from the *Rocky Mountain Outlook* from just four days ago entitled Wesley Band Hosts Meeting to Discuss Community Solutions For Drug Problems. I won't have time to do that. It is worth your time to read. The bottom line: "The short term focus is saving lives."

Thank you.

The Acting Speaker: Thank you, hon. member.

The hon. Member for St. Albert, followed by the hon. Member for Bonnyville-Cold Lake.

Ms Renaud: Thank you, Madam Speaker. Thank you to everyone who travelled here today for this important debate, and thank you to everyone listening in. I thank in particular the Member for Calgary-Mountain View, who has called for a public health emergency in the past and today is calling for an important debate about this tragic trend that is killing Albertans. Of course, the rise

in illicit fentanyl in our communities has created a public health crisis here in Alberta and across Canada, just like the minister said earlier. Like with any problem, it's important to understand the scope of the problem.

The *Globe and Mail* published a very interesting and in-depth piece recently on this very topic called A Killer High: How Canada Got Addicted to Fentanyl, a deadly denial. Very clearly, this detailed piece pointed to the fact that a lack of focus on harm reduction measures contributed to the crisis that we are faced with today. What it found particularly alarming were the many factors that led to widespread loss of life in Canada related to opioid abuse.

5:30

The *Globe and Mail* writers noted that the previous federal Conservative government were said to have spread word that not-for-profit groups would have difficulty getting federal funding if they continued to provide harm reduction services. It was also noted that previous governments attempted to shut down North America's only supervised injection site at the time.

The reason I refer to this history as reported in the *Globe and Mail* is to emphasize the importance of harm reduction strategies as well as prevention and treatment. We need to learn from this history. Albertans would have benefited from increased access to harm reduction services for many years. Sadly, this is not the first time Albertans are dying because of substance abuse. Show Albertans that we're fighting for them by supporting intervention supports and strategies. These are not free, and these require a commitment of resources.

Earlier the member said that actions speak louder than words. They certainly do, and I'm so proud that we have made naloxone kits available to more first responders than ever before. Remember that. I'm thankful we're finally focusing more resources on harm reduction. I'm thankful that a short-term intervention, naloxone, is widely available. I'm thankful that all of our first responders across Alberta have access.

Better access to opioid replacement therapy and shorter wait times for substance abuse treatment will continue to be vital. These critical services require resources. Offering supervised consumption services is one of the most critical life-saving measures available. This complex problem requires complex answers. These complex answers are not short-term answers but require a commitment to fighting this fight until it's over: prevention, education, treatment, mental health care, awareness, and harm reduction, all the things that we're doing, all of the things that we're focusing on.

I believe the number of opioid-related deaths in 2016 was 343. One life lost to substance abuse is too many. Add to this the staggering number of Albertans who die by suicide, approximately 500 per year, and it's clear that we need a long-term strategy to address a complex and widespread problem. One life lost to mental illness is too many. I hope that we continue to act with the intensity and swiftness that we've recently seen in response to this emergency.

Thank you.

The Acting Speaker: Thank you, hon. member. If you could just remember to please table the *Globe and Mail* article you referred to tomorrow. Thank you.

The hon. Member for Bonnyville-Cold Lake.

Mr. Cyr: Thank you, Madam Speaker. I have sat this afternoon and heard a lot of my colleagues give some very impassioned speeches about fentanyl and the various forms of fentanyl. There are a lot of sad stories, a lot of distressing facts that come out that come from this fentanyl crisis that we're looking at.

I'd like to make sure, before I get too far into my speech, that people understand that I'm not trying to pin blame on the government. I am trying to bring forward some concerns that I and my caucus mates have got regarding some of the handling of this.

Now, I will start off with that I was elected May 5, 2015. Why is this relevant? It's relevant because I was pretty excited to get into my new role as an MLA, to represent my riding of Bonnyville-Cold Lake. This later came to me meeting with my new caucus mates, and I was given the mandate of the shadow Minister of Justice in June 2015. Why this is, again, important is that when the Leader of the Opposition gave me my mandate, he said that you need to review all of the concerns that are happening within the justice system right now. I'll tell you that one of the clear concerns that came forward was fentanyl. This was early in my mandate, in the early, early days of my mandate.

So we sat down as the Wildrose. We came up with a plan, Safer Communities, Saving Lives: Combatting the Fentanyl Crisis. Now, a lot of people say that it's easy to pile onto the government when it appears that they've mishandled a file or a crisis. But let's look back. This was done by myself and my colleague the Member for Cypress-Medicine Hat, who was the shadow Minister of Health at the time, on December 18, 2015, so this was about six months after our election. It was important that we were putting in some time here. It took us some time to get out to the stakeholders, to hear what they felt were solutions to this fentanyl crisis.

So we came up with this 10-point plan. What's important here is that a lot of people say that the opposition only criticizes, that that's all they're good for, but that is not a fact. My colleague and I and the staff put a lot of work into this plan. And you know what? There are a lot of things in this plan that have already been implemented today.

Now, I'd like to start off by reading a part of the plan, from the executive summary.

Alberta is at a critical stage in safeguarding our communities and improving the health of our citizens with the rise of illegal fentanyl use in our province. The misuse of fentanyl has long-lasting and devastating impacts on the user, their loved ones, and the community at large.

Improper use of fentanyl just once can [lead to] a deadly impact. Health authorities and police officers have said they have never encountered a drug as deadly as the fast-acting opioid. Fentanyl is reported to be approximately 100 times more potent than morphine and 20 times more so than OxyContin.

Now, as little as a few grains' worth of drug can prove deadly. While the NDP has recently acknowledged that there is a problem, there have been little to no solutions offered. It was December 18, 2015, that this was released. This is something that has been available to the public, and we actually have referenced it a lot.

I would like to go through the different points. But, really fast, I'd like to start off with what it is that we're actually asking for before I go into the 10-point plan. What we are looking for is a public health emergency. This must be declared by the chief medical officer and approved by cabinet, and it includes tools such as increased awareness both within the health care community and the general public. It would provide additional resources to the coroner's office to conduct autopsies, help to co-ordinate one unified government response, and provide real lifetime tracking and geographic breakdowns useful for law enforcement agencies. You've heard that from my colleagues already. That's what we're asking for.

When I read through these points, it's important to remember what it is that the Wildrose has been calling for. The first thing: empowering local police forces and health professionals. That means better reporting. That's how we know people are dying.

Right now it is my understanding that we're doing quarterly updates. We need monthly updates on this. This needs to be implemented now. [interjection] Well, I would say that that is unfortunate to be mentioned.

5:40

Now, we've got a state of emergency with the neighbouring province of B.C., so how exactly is it that our neighbouring province sees that their province is at the state where they actually have to call a state of emergency? That means that they've actually had to go further.

What we need to be making sure of is that when we look at where our fentanyl is coming from – it is coming from outside of the province. It is coming from a different country. We are suspecting that much of it is coming from China. We need to make sure – and this goes into the second part of this 10-point plan – that we improve collaboration between provinces, territories, and the federal government so that we have the ability to find out where it's coming from and prevent it from getting into this country in the first place.

The third part is implementing a patch-for-patch system. This has already been done in Ontario, and this is something that we need to consider here.

The fourth part is pushing for further education campaigns. This is important because in the end we need to make sure people understand the risks of fentanyl. Having a debate like this will do that, getting it into the *Calgary Herald*, the *Edmonton Journal*, the *National Post*. These are all good ways of getting it out. But I will tell you that a lot of times it comes down to making sure that it gets also to our education system, medical officers, and shelters because these are the people that are going to end up using it. Now, this is where we also mention a push to bring forward an ability for people to understand that if you are going to abuse fentanyl as a drug, you need to have a naloxone kit nearby.

Now, the fifth part is increased funding for addictions and detox programs within the province. You know, you hear us in the Wildrose always saying that we need to find better ways of being accountable to our taxpayers, so when you hear Wildrose actually calling for funding in this area, you'd think they would take notice.

Number 6: ensure all ambulances and hospitals have adequate supplies of naloxone available, particularly those serving rural and remote areas. Now, it's good to see that the government brought this forward.

The Acting Speaker: Thank you, hon. member. Hon. member, just a reminder that you'll need to table that tomorrow as well, please.

The hon. Member for Calgary-Fish Creek, followed by the hon. Member for Stony Plain.

Mr. Gotfried: Thank you, Madam Speaker. Alberta's big cities have been raising the alarm on fentanyl as an insidious killer of their vulnerable citizens for over 18 months now, fully a year and a half of inadequate action on this issue. Our big cities are the battleground and perhaps the epicentre for the attack we need to launch against this crisis.

I've got some words I want to share with you here. Addiction turns your world upside down. That little kid, that funny sibling, that devoted friend, that loving spouse, that admired, caring parent you remembered has disappeared. Your family is tearing itself apart. You feel helpless. You are looking for hope, but more than that, we need to give people hope, to tell them that they shouldn't give up hope. Hope can be here in our communities, and the time to give Albertans that hope is now, to treat and save the lives of their beloved family members.

Some of these words are taken in part from an inspirational message on the AARC, Alberta Adolescent Recovery Centre, website. But what happens to youth applies to addicts of all ages, and we need to start education and treatment early to save Albertans and, quite frankly, to create hope and a path to truly address this crisis, this emergency we now face across our province.

Anecdotally, I recently visited an alcohol and drug addiction treatment facility in Calgary: 50 beds, a 12-week program which translates into potential treatment for over 200 clients per year. Of their \$2.4 million budget, they shared with me that just \$39,000 comes from government funding, or the equivalent of a hospital stay for just five of those same clients. This does not factor in the even steeper price emotionally for just one family with the loss of a loved one. Can we do better as legislators, as a province, as Albertans in working within our health care, justice, social services systems? Can we work more effectively with a lean and passionate nonprofit sector? I believe we can.

Now back to those big cities. Calgary was the first big Canadian city to struggle with a spike in use of powerful opioids such as fentanyl, but it did not take long for the deadly drugs to make their way north to Edmonton, an element of civic competition that I think we would all rather avoid. In Calgary 249 people have died since 2014. In Edmonton that figure is 215. Calgary police chief Roger Chaffin, our city's primary defender of public safety, noted on December 28, fully two months ago: it is a crisis; look at the number of deaths; the number of homicides and traffic fatalities don't come anywhere near the deaths associated with these drugs.

Let's look at why our police chief is making this statement. Last year 35 citizens died in fatal vehicle collisions in Calgary while 149 people died of fentanyl-related overdoses. That's almost five times the number of traffic fatalities, and we rightly put a lot of resources into trying to address the carnage on our roads. In Edmonton 109 people died from overdoses related to fentanyl in 2016, sobering numbers indeed. Mayor Nenshi also calls it a public health crisis. He says that we need to try new things, gather evidence, do pilot projects, be innovative, and move quickly. Lives depend on it.

Fentanyl addiction doesn't just kill people. People overdosing on fentanyl and other opioids account for 39 per cent of emergency ward patients. I looked it up: \$7,580 for the average stay, where I got my number of the five clients being served. It doesn't take a lot of people fronting up in the acute-care system to tell us that we need to be spending more money on prevention and education.

Because these life-threatening situations must be dealt with urgently, of course, it affects wait times for patients with other illnesses and injuries. Calgary EMS crews responded to 988 calls related to opioids. Edmonton's statistics are similar, with its emergency medical responders handling 812 cases. As we know, a huge cost to municipalities in our health care and justice systems comes with statistics of this magnitude.

Ironically, while I noted that the number of people killed in vehicle collisions doesn't come near to the fentanyl statistics, traffic deaths also involve fentanyl and other toxic opioids. According to police, people who are under the influence of opioids are not just driving under the influence; they are overdosing at the wheel. Think about it. People may even unknowingly ingest a toxic pill. Their body goes into an immediate medical shutdown, and a 2,000-pound missile is now travelling down the road without someone at the controls.

The point is that these people are not just killing themselves; they are killing others. It's called collateral damage, and it could be our loved ones who perish suddenly, tragically, and without warning. Yet this government says that this is not a public crisis or societal emergency. Madam Speaker, I believe it is.

Mr. Mason: Point of order.

The Acting Speaker: A point of order has been called.

Mr. Gotfried: And while I'm talking about the crisis in our largest cities, for every statistic or situation I mention, add Red Deer, Lethbridge, or Fort McMurray . . .

The Acting Speaker: Hon. member, a point of order has been called.

Mr. Mason: Would you mind stopping the clock?

The Acting Speaker: Yes. It's stopped. Please go ahead.

Point of Order Factual Accuracy

Mr. Mason: Thank you very much. Under 23(h), (i), and (j). Madam Speaker, this is not the first time it's happened. I've let it go a couple of times. The hon. member suggested that the government does not consider this a crisis. That's not true. Even in my introductory remarks supporting the debate I indicated that it was, in fact, a crisis. The government takes it very seriously, and it's not fair of the member to impugn our motives in such a way as to suggest we don't care about this. We have called it a crisis, it is a crisis, and we are dealing appropriately with it.

5:50

The Acting Speaker: Thank you, hon. member.
Hon. member, are you wishing to respond?

Mr. Gotfried: Madam Speaker, I'd be happy to withdraw that if it's offensive. Certainly, I think we've all been addressing this public crisis and societal emergency, and we are obviously addressing that issue today in this House, so thank you. And I withdraw that if it's offensive to you at all.

The Acting Speaker: Thank you, hon. member. We will now start the clock.

Debate Continued

Mr. Gotfried: Okay. Thank you. So we've talked about the other cities and the meltdown of statistics accordingly and the same crisis occurring across other cities across the province. This has to stop, and we have the opportunity here today to do something about this province-wide crisis. This is one place where urban and rural challenges meet head-on, and it must stop.

[The Speaker in the chair]

In every community crime has spiked, and police point to fentanyl and other highly addictive drugs as one of the major culprits. Chief Chaffin also says that when you have powerful addiction rise in a community, crime tends to move with it. With crime comes property offences such as theft. With crime comes assault. It can be very serious assault because addicts are desperate. They don't care about the welfare of others. They only care about finding a way to get their next fix. With crime comes death, homicides as well as overdoses.

In 2015, the year when fentanyl announced its arrival in the city of Calgary, our crime rate rose the highest in Canada, increasing by 29 per cent. To put it in context, these figures are from the crime severity index, which measures the volume and severity of police-reported crime. Prior to 2016 Calgary's crime rate had actually dropped for 11 consecutive years. In 2015 Alberta recorded the

largest provincial increase in the country. Its crime rate jumped 18 per cent. Here is a statistic that may surprise a lot of people. As you may expect, the map of the hot spots for overdoses is downtown in both Calgary and Edmonton. In Calgary the east-central areas also had high concentrations, and that includes neighbourhoods that typically are in higher risk and higher crime areas. Again, no surprises.

Mayors of our largest cities have joined 10 of their colleagues from other major Canadian cities to form a national fentanyl task force to look at best practices in combatting opioids. It's good to see our mayors displaying the kind of leadership we need and that we should be delivering from our province and from this Legislature.

Speaking of leadership, we only need to look to the west to see true strong provincial leadership on this front, that we should emulate. British Columbia acted rapidly and effectively by declaring a public health emergency when fentanyl and fentanyl-laced drugs started killing the citizens of Vancouver, its largest city, in increasing numbers. The question is: why not in Alberta; when in Alberta, which experienced a spike in deaths even earlier than British Columbia?

We must not be reluctant followers in this area. We can show Albertans and Canada that we are leaders in caring for our most vulnerable. We may never know if earlier action could have made a difference, but it doesn't mean Alberta can't still act. I believe the time to act is now. It can and should be declared an emergency today in this Legislature, and we need to develop a crossministerial, province-wide approach to dealing with this terrible scourge. Let's all of us right now as responsible legislators in this House do the right thing. Let's act today to save the lives of Albertans.

Thank you.

The Speaker: The hon. Member for Calgary-Lougheed.

Mr. Rodney: Thank you. I've spoken to this, Mr. Speaker, so it's a matter of procedure. I know that there's at least one other government member who would like to speak to this life-and-death issue. We have two, possibly three members who would like to speak to it as well. I know that would take us slightly past 6 o'clock, but I beg indulgence, and I would humbly request the unanimous consent of all members of this Assembly that on this occasion we go for a short time past 6 o'clock in order that those who are representing various constituencies in their various roles as advocates would have the chance to speak to this important topic as this is the first and only chance we've had so far. Again, unanimous consent is requested, please.

Thank you.

The Speaker: A motion, I think, has been called for unanimous consent.

Mr. Mason: Are you going to put a time limit?

Mr. Rodney: We just have three or four speakers, so it won't be a long time. How about 6:45? But I'll bet you it's before that. Or 6:30?

Thank you.

The Speaker: So if I heard that correctly, the unanimous consent was to adjourn no later than 6:30. Am I correct?

Mr. Rodney: I'll take that friendly amendment.

[Unanimous consent granted]

The Speaker: The hon. Member for Stony Plain.

Ms Babcock: Thank you, Mr. Speaker. This is an issue that I have very, very personal experience with in my family. Opioid addiction is very dangerous, and it doesn't just affect the individual in question but their entire family, their friends, and their community. I know that in my life I fully expect to receive that final phone call one day. It won't be the first time I've gotten one of these calls and waited in hospitals and taken care of family through the crisis moments, heard the promises and the pleas from my family member for treatment and then refusal of treatment that was offered. This is something we have dealt with in my family since I was 11, almost the same age as my youngest daughter is now.

I clearly remember the first time that I had to report the overdose to someone. I remember how we spent time in the hospital due to a number of overdoses. I remember the emotions of my family members, the anger, blame, tears, screaming, and recrimination. Remember that at this time my family member wasn't yet an addict, but these events helped set the stage for the future addiction. This has had a powerful effect on the makeup of my family and always will have.

My family is not unique, sir. The long-term effects of opioid addiction, the effects on mental health of children and spouses, never mind the mental health of the person addicted, hospital stays, caregiving, and the worry that never goes away, the fear that accompanies phone calls from that household or the worry when we ask each other if someone has spoken to the individual lately, and everyone says no: I understand that.

I also understand that an individual cannot get help until they are ready to get help. For years I have watched my family member turn down alternative therapies even when offered at no charge. It is chronic pain and mental weariness that won't even allow the thought of abstinence. We continue to hope in my family that this family member will take advantage of opioid replacement therapy someday.

Mr. Speaker, I have also had several of my constituents come in and share with me their personal story of opioid use and their addiction to those very, very dangerous drugs or those family members that are affected around the individual.

Supervised consumption services provide Albertans who use substances with social supports, with medical care, and with the opportunity to take a new path in life. The evidence is overwhelming. Supervised consumption services save lives. Opioid replacement therapy is part of harm reduction, recognizing that not everyone is ready to permanently stop using substances and that relapse for an opioid user can be fatal. They also provide a vital on-ramp for the wraparound services that can change people's lives, and I am proud that our government is supporting these initiatives.

We announced that four months ago, and I am very proud to have been a part of this government that accomplished that first step. Harm reduction recognized that substance abuse is a chronic medical condition and that it is not the result of bad choices or bad character. It is a medical condition that reaches out far past the cities into rural areas, that are greatly in need of support.

We did not grow up in an urban centre. I did not grow up in a family that wasn't privileged. I grew up in a small town in rural Alberta. I grew up where everybody knew who we were, and we knew who they were. This is a problem that has continued in those communities as well as our urban centres, so to say that this is something that we find only in our vulnerable populations is wrong. To say that it is something that we find only in the populations on reserves or in inner cities is wrong. We find it in every community in our country and in our province and in every community in my riding and in every single one of yours.

6:00

There is more to do on data tracking and reporting, and the work is under way at all levels of government. It's important to remember that those affected by poverty and trauma and everyone else around them are affected by this as well. My history in nursing has also given me insight into this growing problem in our society with the number of deaths and people that are struggling to get off these very, very dangerous medications. I've witnessed and assisted a number of people suffering from the DT's due to an overdose. I've seen the positive effects of opioid replacement therapy. It can change lives before Albertans get to this crisis point, as can harm reduction.

Mental health professionals are also part of the solution as no one sets out to become an addict, and we cannot take away the substance of addiction without treating the underlying personal issues that created the frame for that addiction, whether it is a case of chronic physical pain or mental anguish. The real opportunity for social support, medical care, and maybe even a new path is with the wrap-around services that are available.

As someone who is very, very personally affected by this issue and has spent too much time at the bedside, I ask everyone in this House to work together to embrace and promote the supports that are available, the programming such as safe injection sites and replacement therapy, the education and law enforcement that are working so hard to make a difference, because they may have to make a difference in my family, and they may someday have to make a difference in yours.

Thank you very much, Mr. Speaker.

The Speaker: The hon. Member for Calgary-Greenway.

Mr. Gill: Thank you, Mr. Speaker. For two years now Staff Sergeant Martin Schiavetta of the Calgary Police Service has been saying, "Police [cannot] arrest their way out of this problem . . . It is a health problem. It is a law enforcement problem. It's a problem for all of society." I agree with this experienced police officer. Fentanyl and the growing problem of opioid abuse is a problem for all of Alberta, and I would bet that Albertans agree with that. If Albertans agree with that statement, then it's incumbent upon us, the Members of this Legislative Assembly, and the government of Alberta to act upon what we can all agree is a provincial crisis.

The death of 717 Albertans from fentanyl-related overdoses in the past three years is unquestionably a public health emergency. Quite frankly, if that death toll and all the repercussions for our communities from the prevalence of opioid abuse do not qualify as a public health emergency, I don't know what else would. Yet this government has repeatedly ignored pleas to declare an emergency and move quickly to put a co-ordinated plan in place to deal with it. Today we're seeing all opposition parties come together to make this plea with one voice. I believe it will finally work.

One of the reasons, I believe, our effort here today will prove successful is that one year ago Alberta was seeing one death a day from fentanyl, and at that time the Health minister was asked about safe injection sites. They were not something that she had been concerned about. But when the federal government recently enacted policies to allow provinces to set up these sites, Alberta made a positive move on that front. It was the same with the nasal spray version of naloxone. When my colleague asked about it in the House last fall, he was loudly derided by the members opposite. Today it is widely available. Of course, there was another colleague's bill, Bill 205, from Calgary-West, which proposed to control the use of pill presses, and the NDP, thankfully, agreed to approve this nation-leading and life-saving legislation.

Now, we're asking the NDP to declare a public health emergency and co-ordinate a crossministerial approach to gain control of opioid abuse in our province. One of the reasons I'm hopeful our government will take this necessary step is that they need only to look at the successful inroads British Columbia made after declaring its own public health emergency. The B.C. declaration resulted in a joint task force of leading health and criminal justice experts to address this crisis on all fronts.

Why has B.C. been so open in declaring an emergency and Alberta has not? It is impossible to say, but perhaps the crux of the problem is this. The Health minister would not even admit we have a crisis until recently. Instead, Alberta, the province where fentanyl first raised its deadly head, has taken a reactive stance and a wait-and-see approach. I cannot tell you what our government has to lose by taking strong action now. I don't know what the rationale is for not doing it. I will confirm that we have seen some positive initiative on the part of this government. The concern is that they have not been proactive.

As the Member for Calgary-West pointed out, B.C. received \$10 million worth of federal funding for its opioid crisis after it declared a public health emergency. Wouldn't the extra money alone be worth making the same declaration in this province? I'm sure Ottawa has been waiting for months for Alberta to step up and declare a crisis, and perhaps it is as baffled as we are that the Minister of Health and the Associate Minister of Health and Alberta Health Services keep telling us that a declaration is unnecessary because they already have all the resources they need to combat opioids. If that's the case, why are they not doing more?

I would argue that the declaration is critical to raising public awareness of the dangers of opioids. Whether they're illegal recreational drugs or legal prescription drugs, alerting the public is a critical piece when a province is facing a crisis. However, when you read the province's last urgent opioid response team's report, you can clearly see that public awareness is an afterthought. Education, prevention, and intervention: that is my colleague's mantra about dealing with societal problems. Yes, already naloxone's availability is saving lives, and I credit the government for intervention initiatives, but where are the education and prevention that will help us ensure that people do not need an antidote to save their lives?

Another critical preventative piece that can come into play by declaring an emergency is the ability to track fatalities quicker. The government keeps claiming that it is more important to ensure each death is properly identified as fentanyl related, but tracking deaths quickly in a specific area of a big city or in a rural community alerts our medical and enforcement personnel to new killing drugs on our streets, which, in turn, lets them alert the public and bring all the forces to bear on the problem.

I'm particularly confused about this government's resistance to declaring a public health emergency, especially when they received applause for the way they handled the Fort McMurray fire, which involved the same crossministry approach we are recommending today. There is no question that a similar co-ordinated approach to combating opioid deaths would receive similar appreciation from Albertans, and more importantly, Mr. Speaker, it will save lives.

As I said at the outset, Mr. Speaker, I remain hopeful this government will take the right steps at the right time, and I believe that the right time is now. Thank you.

The Speaker: The hon. Minister of Indigenous Relations.

Mr. Feehan: Thank you, Mr. Speaker. I'm very happy to join the conversation this afternoon because, clearly, as everyone in this House has indicated, this is a topic that is very important and one

that needs to be addressed by us here in the House. As the Minister of Indigenous Relations, of course, I'm also deeply concerned about this issue as it directly affects the communities that I represent and the communities I deal with.

6:10

I know that as I travel the province, I have had many opportunities to speak with chiefs and councils and members of friendship centres and the Métis Nation of Alberta, all of whom express concerns about the need to respond to fentanyl as an issue as we move forward. They, of course, also indicate that fentanyl is simply the latest drug of concern for them and that, as has been previously mentioned by members of the opposition, there have been concerns about drug use over many years, and there are many different drugs that have each taken their turn in time to devastate our communities and destroy families. Each one of them brings us great anxiety and concern here in this House, on both sides of this House. As a result, it is important that we respond to this issue as we respond to the other drugs that are of concern.

I might note that the chiefs and councils often remind me that alcohol still takes many more lives in an average year in their communities than any of the other drugs that may be mentioned, fentanyl and so on. The concern is that while we do want to pay attention to fentanyl as a drug, the responses that we need to employ in this situation are ones that are really systemic and sustained. It's really a structural intervention that they're looking for rather than an immediate response, intervention, to a particular drug. While it is fentanyl today, we know that it will likely be another drug. We've already unfortunately had to deal with the introduction of carfentanil as well, and perhaps next year it'll be another drug. They seem to keep coming from some awful, hellish place in this world.

I think it's really important that as we respond to this crisis, we respond to the fact that we are going to need to have a response in place to all the crises that are yet to come. That means that we need to have processes in place which are about responding to the needs of the community, based on good science. In this case, for example, the doctrine of harm reduction is a very good, strong policy basis on which we should create the responses to the fentanyl crisis and to the other crises which we anticipate. As a result, I think it's very important that we follow up with those things that are not an immediate response, necessarily, to one situation but that will deal with all of the situations forward.

As a result, we have done a number of things that I think are really important, and that includes things like increasing funding for addictions and detox, dramatically increasing the availability of naloxone in this case and other responsive drugs in the future. Of course, we were very happy to support the bill by the MLA for Calgary-West that helped to ban pill presses. These are the kinds of things that are structural and that will actually deal not only with this crisis but with future crises.

Now we are looking at opioid dependency treatment in a variety of places: Cardston, Grande Prairie. I was fortunate enough to go down to Cardston and meet with the city council and subsequently, that afternoon, go to the chief and council of the Blood Tribe and talk to them about the issues and the problems that they're experiencing, learning from those problems so that we can develop new plans. I look forward to the plan of opening a treatment centre as well in Grande Prairie, and of course I'm very much looking forward to the medically supervised injection sites that are being trialed here in Edmonton as they teach us the things we need to understand to reduce stigmatization, to respond in a harm reduction, scientifically based manner, and to set up structures in society that will deal not only with this crisis but with all crises.

As a social worker of many years I want to take a moment to advocate for us to think broader, long term and to develop those processes and practices which will enable us to deal with all of the issues that come forward and the issues that we are still stuck with such as alcohol abuse and other kinds of drug dependencies.

I'd like to thank the House for everyone's comments in this conversation today because I think it's very important that we work together just as we ask the community members, the police, the medical associations, and the street-front agencies to work together. That's the kind of constructive, process-oriented, long-term thinking that I think will help us to deal with this crisis and other crises in the future.

Thank you.

The Speaker: The hon. Member for Vermilion-Lloydminster.

Dr. Starke: Well, Mr. Speaker, thank you, and thank you to the members of the Assembly for extending debate time this afternoon. I appreciate the opportunity to address this critically important issue. I thank the family members in the gallery as well for their attendance and, of course, their profound interest in this key issue for us.

I've been listening to the debate very carefully this afternoon, and over the course of the debate I would say that this debate has represented a microcosm of the problem that we have. We have had presentations from various members that have been, you know, very excellent in terms of their own personal experience with this situation. We had the presentation from my colleague the Member for Calgary-South East with regard to being an emergency first responder. We had the very passionate presentation from the Member for Edmonton-Centre talking about the work of AMSISE and harm reduction.

For the record – I will say it here – I support harm reduction measures, including safe consumption sites. This is one of those science-based, clearly demonstrated, evidence-based measures that can be taken for harm reduction.

But I will add to this – and I know that the Health minister has just recently had a meeting in this regard – that if we're going to talk about harm reduction and making investments in prevention in health care, then by the same token, while we're helping people who are in a cycle of addiction, we should also help people, for example, that have diabetes that don't have the money to buy the test strips so they can monitor their blood sugar. We would save our system a great deal of time and funds and would also save a great deal of harm to those individuals as well. We should not restrict our looking at and our examination of harm reduction simply to this one restricted area. Harm reduction has to be looked at in a much broader perspective because preventative medicine is much more effective than reactive medicine, and I think my colleague the Member for Edmonton-Whitemud, who has considerable experience with regard to some of these issues, will concur with that.

This debate has in fact been a microcosm of the problem that we have, and the problem that we have is that everybody is approaching this same issue from a slightly different angle, from a slightly different perspective, but there is a lack of overall co-ordination in our provincial effort in addressing the problem effectively. That is what this motion is asking for. It is to provide a level of focus. It is to provide a targeted response to this crisis as was mentioned by the Member for Calgary-Elbow. This is our challenge. This is our difficulty.

Included with that, there are some, you know, particularly alarming statistics. I am always hesitant to quote statistics in a debate like this because statistics make it sound like we're reducing these discussions to numbers. I will tell you that this is much, much more

important than individual numbers. This is talking about people. This is talking about people's lives and the lives of their families, and it doesn't matter if it's one or 100 or 1,000. Those are important things to look at.

Nonetheless, the statistics that we have from Alberta specifically are alarming. Alberta's statistics, when compared to other provinces, indicate that we have a much higher degree of a problem than just about any other province with the exceptions of British Columbia and Saskatchewan. It's interesting that the three western provinces have by far the highest rates of hospitalization for opioid overdoses compared to any other province and that our rate of emergency room visits for opioid poisonings are 57 per cent higher than the province of Ontario's according to the CIHI report which was just published. These statistics indicate a significant problem that needs to be addressed if we are going to have an overall, wraparound response to the opioid problem.

Has the wider distribution of naloxone kits been helpful? Yes. We won't argue that. But has it been the answer? No. And to pretend that it is the answer is wrong. It's fooling ourselves. Now, I'm not saying that that's what the government is saying, but it is not where we have to stop this discussion.

6:20

I'm grateful that my colleague the Member for Calgary-Mountain View mentioned some of the issues with regard to prescription of opioids and not just prescription of opioids but the prescription of benzodiazepines, which is often related to opioid abuse. We have seen an increase in opioid dispensations of 23 per cent over the last three years where we have recorded data in Alberta, and we have this as a long-standing problem. You know, in terms of people who have suffered from a fatal fentanyl overdose, some 60 per cent of the people were prescribed an opioid in the year prior to the incident of the overdose, and also benzodiazepines had been prescribed in the week before or after the opioid was prescribed. This is one of the issues that needs to be discussed with our medical community, and it is something that has become pervasive.

Overall, what all of this means – and the word comes up again and again in this discussion and needs to be addressed – is that all of these efforts, whether it's the efforts that are being made in our indigenous communities, as outlined by the Minister of Indigenous Relations, or whether it's the efforts that are being made as outlined

by the Associate Minister of Health, right now are not properly co-ordinated. By declaring a public health emergency, it brings together the clear focus that is required on this issue rather than continuing these earnest, honest but piecemeal efforts at addressing the problem. This problem can only be addressed if it is done in a more co-ordinated manner.

That is what is missing right now, the co-ordination of our efforts and those efforts becoming more co-ordinated with our medical community's, working with the College of Physicians & Surgeons to reduce opioid prescriptions. In the last four years of my veterinary career I had to fill out triplicate prescription forms to prescribe narcotics and controlled substances to my veterinary patients. Now, people might say: well, why would you do that? It's to eliminate the risk of triple prescribing. Triple prescribing, where patients go from one physician to another physician to another physician, can only be detected if there is a monitoring system in place, and that monitoring system has to be beefed up as well because a significant number of people who have suffered from fentanyl overdoses have in fact seen two or more prescribing doctors and received product from them. That's a problem, and that's one of the things that needs to be addressed.

Again, my concern is: I'm not criticizing the efforts that are being made individually, but they are not co-ordinated in any way. If we cannot co-ordinate our efforts, we will continue to have a situation where we have 20 horses hooked up to one cart, all going in separate directions. They're all pulling the cart, but the cart is not moving. We have to harness these horses together and head them off in the same direction, and that harness can be provided by the declaration of a public health emergency. That's why I support the motion of the Member for Calgary-Mountain View, and I urge all members in the Legislature to support this measure for the sake of Albertans and for the sake of those who are vulnerable or who have a situation where they could be vulnerable and where they could suffer from an opioid overdose.

Thank you, Mr. Speaker.

The Speaker: Are there any other members who wish to speak?

Seeing and hearing none, pursuant to the unanimous consent of the Assembly and Standing Order 30(5) the Assembly stands adjourned until tomorrow morning at 10 a.m.

[The Assembly adjourned at 6:24 p.m.]

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For inquiries contact:

Managing Editor

Alberta Hansard

3rd Floor, 9820 – 107 St

EDMONTON, AB T5K 1E7

Telephone: 780.427.1875