



Legislative Assembly of Alberta

The 30th Legislature
Third Session

Select Special Committee
to
Examine Safe Supply

Tuesday, June 7, 2022
9 a.m.

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Select Special Committee to Examine Safe Supply

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Select Special Committee to Examine Safe Supply

Participant

Ministry of Health
Kenton Puttick, Director, Legislation and Policy

9 a.m.

Tuesday, June 7, 2022

[Mr. Jeremy Nixon in the chair]

The Chair: All right. Good morning. I'd like to call the meeting to order.

Hon. members, at the committee on January 18, 2022, the committee agreed that at the beginning of each meeting we would observe a moment of silent reflection to commemorate the lives lost in Alberta due to drug poisoning, overdoses, and the illness of addiction. [An electronic device sounded] We will take that moment now once we figure out what that noise is. Tany, if you could mute and unmute, that would be helpful. I meant MLA Yao. There we go. Perfect. All right. We will observe a moment of silence now. Thank you.

All right. Thank you, members.

Welcome, members and staff in attendance, to the meeting of the Select Special Committee to Examine Safe Supply. My name is Jeremy Nixon, and I'm the MLA for Calgary-Klein and chair of this committee. I'd now like to ask members and those joining the committee at the table to introduce themselves for the record, starting to my right with the deputy chair.

Mrs. Allard: Good morning. Tracy Allard, MLA for Grande Prairie and deputy chair of the committee.

Mrs. Frey: Good morning. Michaela Frey, MLA for Brooks-Medicine Hat.

Mr. Milliken: MLA Nicholas Milliken, Calgary-Currie.

Mr. Amery: Good morning. Mickey Amery, Calgary-Cross.

Mr. Koenig: Good morning. I'm Trafton Koenig with the Parliamentary Counsel office.

Ms Robert: Good morning. Nancy Robert, clerk of *Journals* and committees.

Mr. Roth: Good morning. Aaron Roth, committee clerk.

The Chair: All right. Now I'd like to invite MLAs joining us online to introduce themselves for the record, starting with MLA Yao.

Mr. Yao: Tany Yao, Fort McMurray-Wood Buffalo.

The Chair: Excellent.

Mr. Stephan: Jason Stephan, MLA, Red Deer-South.

The Chair: Thank you.

A few housekeeping items to address before we turn to the business at hand. Please note that microphones are operated by *Hansard* staff. Committee proceedings are live streamed on the Internet and broadcast on Alberta Assembly TV. The audio- and videostream and transcripts of meetings can be accessed via the Legislative Assembly website. Those participating by videoconference are encouraged to please turn on your camera while speaking and mute your microphone when you're not speaking. Members participating virtually who wish to be placed on the speakers list are asked to e-mail or send a message in the group chat to the committee clerk, and members in the room are asked to please signal the chair. Please set your cellphones and other devices to silent for the duration of this meeting.

Up next is the approval of the agenda. Can I get a motion to approve the agenda?

Mrs. Allard: So moved.

The Chair: Excellent. MLA Allard moves that the agenda for the June 7, 2022, meeting of the Select Special Committee to Examine Safe Supply be adopted as distributed. All in favour, please say aye. Any opposed, please say no. Everyone online in favour, please say aye. Any online opposed, please say no. Perfect. That is carried.

Approval of the minutes for March 25, 2022. We have the minutes for March 25, 2022, meeting of the committee. Are there any errors or omissions to note?

All right. If not, would a member be willing to move that the minutes for the March 25, 2022, meeting of the Select Special Committee to Examine Safe Supply be adopted as circulated. Excellent. MLA Amery has moved. All in favour, please say aye, online and in the room. Any opposed, please say no, online and in the room. Excellent. That is carried.

Hon. members, at the March 25, 2022, meeting the committee tasked research services with preparing a summary of issues and proposals that the committee heard from the technical briefings, oral presentations, and written submissions received in relation to our review of the elements contained in the committee's mandate. The summary documents were posted to the committee's internal website on April 1, 2022. I would now like to invite Dr. Sarah Amato from the Legislative Assembly Office research services to provide the committee with an overview of the issue and proposal summary.

Good morning, Dr. Amato. Good to see you.

Dr. Amato: Good morning. I hope you all have a copy of the issues document. I will just provide a very high-level summary of it. The document is a summary of issues and proposals brought to the attention of the committee by stakeholders and members of the public, and I'll just go over the different sections in it. Section 2 suggests how to use the document, section 3 is an executive summary that begins on page 2, and the issues and proposals are listed in section 4. Those issues and proposals are grouped under three main categories: opposition to the provision of safe supply, support for the provision of safe supply, and then other recommendations for the committee's consideration. The notes column in section 4 contains references to additional information provided by submitters where applicable.

Then I'll just also note for your attention that the document is intended to assist the committee only as it engages in the deliberation process. Committee members can of course decide the order in which to consider proposals and indeed may wish to pursue other issues related to the provision of safe supply that were not brought forward by stakeholders, organizations, or members of the public.

That concludes my summary, and I hope it's somewhat helpful to your process.

The Chair: Excellent. Thank you, Doctor.

Any questions? MLA Milliken.

Mr. Milliken: Yeah. I have a question with regard to this document, and I just want to get it on the record as to whether or not – I think that the individual mentioned that this was for the purposes of committee deliberations and not really for public consumption or something along those lines. This document: does it end up being attached to future minutes, and does it become public? I'm seeing that the clerk is nodding yes. Is that correct?

Okay. I looked at this, and – full disclosure – I was pretty disappointed in what I was reading. What I mean by that is that it just seemed completely unbalanced relative to what I experienced, anyways, just coming from my own perspective. We had, I believe,

21 individuals, stakeholders come out for one side, and the representations within this document of their summaries and issues are about, I'd say, one page, and then we had one stakeholder come out, according to this document, supposedly in support of safe supply as an intervention, and that one stakeholder, which represented about a fourth of one of three days or maybe a sixth of one of three full days of testimony, has four pages. I'm trying to just find balance in this.

I'm not saying that what is written here necessarily is – well, there is one part that is actually wrong. Basically, what I'm looking for is balance. If we're going to try to do the work of ensuring that we have the best recommendations and if we were using this as a guide, it would be wholly unsatisfactory relative to how many stakeholders we actually had come forward. It's 21 against, one for, according to this.

What I would say, though, is that with regard to the one for, which was three doctors, I believe – doctors Warren, Mogus, and Ghosh – in here it states that they represent the Alberta Medical Association. They clearly did not, and they said so themselves. That's one issue.

Then I don't even think that based on what they said, we could even say that they represented the views of the addiction medicine section of the AMA. They specifically said that within that small section of the AMA more broadly there are physicians on both sides of this issue, some for and some dead against. I'm not sure if it's quite verbatim, but that's basically what they said. So I wouldn't say that they could represent that if they're even saying that their own views as to how they came to us with a presentation was a relative and what I think they called "pragmatic" view of what they thought maybe a conglomerate of the doctors within that sort of wing of the AMA may or may not actually state. So I think that it's hard to say that they represent the AMA or even that aspect of it.

Then with regard to whether or not they support, I don't think that that's quite right. I think what maybe research services has to do is create a third section, one where it's more just maybe not for or against, somewhere in the middle. I think that their specific statement: one of the doctors – perhaps it was Ghosh – said, "We don't know enough [on] this intervention," referring to safer supply, "and we need to study it." So I think that with those kind of statements it's hard to accept that they were for it when they purely are saying that they just need to study it.

I would just hope that maybe we could – I don't know what the precedent for this would be – go back to the drawing board and have something that I think would be a more balanced representation. Like, we've got people talking to us about how there could be future class actions, and I don't see that anywhere on this.

Just thoughts for the committee, I guess.

9:10

The Chair: Dr. Amato, do you want to comment?

Any other comments from the committee members?

Oh, sorry, Doctor.

Dr. Amato: I don't think I have a response.

The Chair: Okay. Any other members want to comment? MLA Allard.

Mrs. Allard: Yeah. Thank you, Chair. I would concur with my colleague. I think this is obviously a tender topic, and I think we said at the very beginning that we're going to take a posture of curiosity and, you know, really listen to understand what the research indicates and what we know so far. I think a number of the presenters indicated that we don't know enough or that we need to

study this more, so I felt that some of the summary, particularly given that we'll go public, may be misleading. I'm sure that wasn't the intent whatsoever, but I would want to have caution in how it's presented to the public given that a number of the presenters were simply saying that we need more information or that we need to study this more. That being said, the lion's share of presenters that came to the committee were concerned about moving forward with safe supply.

I'll just leave my comments there, Mr. Chair. Thank you.

The Chair: Excellent. Any other members that would like to comment? Dr. Massolin.

Dr. Massolin: Yeah. Thank you. I just wanted to comment, Mr. Chair, on something that the hon. Mrs. Allard said. This document is not being presented to the public unless the committee wishes it to be so, right? It's not a public document. The final report will be, though.

Thank you.

The Chair: Thank you, Doctor.
MLA Frey.

Mrs. Frey: You can put Milliken ahead of me. I think he had a question.

The Chair: Okay.

Mr. Milliken: Sorry, Dr. Massolin. I guess just for some clarity – I believe it was the clerk who stated that this would become a public document: is that true or not true, as attached to the minutes?

Dr. Massolin: Thank you, Mr. Chair. Through you to Mr. Milliken, yes, it would be, but it's not as though – first of all, that's down the road. It's not being public right now, and this is just a working document; that's the intent of this document. It's also there to use as members wish. It's not a representation of the committee's views per se; it's a representation of the stakeholders and the members of the public, as I think you know. It will be attached to the minutes, and it will be accessible through a request through the Legislature Library if a member of the public so chooses. It won't be posted on the website unless this committee wishes it to be so. So it's public, but it's not going to be necessarily easily accessible.

Thank you.

Mrs. Frey: I have concerns with – I don't know. It seems as though we are doing directly what we cannot do indirectly. I don't know. Like, we're saying that the document is not public, so we shouldn't have to worry about it, but it's still publicly accessible, which means it's public. I think we should as a committee – part of our mandate was to examine this issue in the public sphere and to allow the public to weigh in and have their perspective heard. So for us to be putting out anything – I would want it to be publicly accessible, personally, because I think what we've done in this committee is important work, and the perspectives that we have heard are perspectives that the public needs to hear because they're evidence-based and based on high-quality medical evidence that you are not seeing elsewhere.

I think Alberta is really a leader on this, but my concern, when we get down to the nitty-gritty of this report, is that it is not representative of what we heard at the committee. Like Mr. Milliken said, I was shocked to see that the AMA supported safe supply in this report when that is expressly what they said, about 15 different ways to Sunday in their comments, that they did not support. They said that they did not speak on behalf of the AMA,

so I was surprised to see that. I think that our words matter. The phraseology of these things matters. I understand that there is never any malintent in here, but we do need to clean this up if it is to go public. I think having it as something that you have to go to the library to request is a detail that I'm not really interested in, personally. I'd rather see the report be what it's intended to be and reflective of the submissions to the committee before having to be fixed. I think we can do better than this.

The Chair: Excellent. Any other members want to comment?

All right. We're going to proceed to the next step within our discussion. Or is there something more formal we want to do here with this? MLA Allard.

Mrs. Allard: Thank you, Chair. I may just have a process question. Given that there is some debate about the summary, although I'm sure it was done with the best intent, I wonder if there's a way for it to not be part of the minutes or the public record. I don't know if that's an option, but maybe that would solve the concerns being raised at the committee level until it's redrafted. Is that something we can consider given the feedback from the committee this morning?

The Chair: Yes.

Mrs. Allard: Excellent. Do I need to make a motion to that end?

The Chair: That would need to be a motion, yeah.

Mrs. Allard: Okay. Perfect. I will be happy to put forward a motion that we request a redraft of the research and that it not be attached to the minutes until the committee approves the redraft. Is that an acceptable motion?

The Chair: Ms Robert.

Ms Robert: Thank you, Mr. Chair. I think that all I would say at this point is that if the committee would like research services to review the submissions and the presentations again to ensure that all recommendations that were made that were within the scope and mandate of the committee are reflected in the issues document, that perhaps would be an appropriate motion, if that makes sense.

Mrs. Allard: It could be, Mr. Chair, or do we want to do just – well, my only concern is that we land in the same spot again. I just want to make sure that the feedback of the committee is being considered as we look at what the presenters actually said in terms of the balance and the scope of what was presented at the committee. Perhaps upon review that would be the case.

Does anybody else have any comments?

The Chair: Any further comments on that, then?

Mr. Koenig: If I just caught Member Allard's comments there, it was whether we could hold back on attaching that initial draft to the minutes, and I believe that that's incorporated into the motion. The committee clerk may have some draft wording if it reflects your intent. If the committee wishes by motion to ask that that report not be attached to the minutes until a revised version is prepared, I think that seems quite possible.

The Chair: Would it be helpful to get it in writing on the board here? And while we do that, maybe get MLA Yao to comment.

Mr. Yao: Thank you very much. I was just going to concur with my colleagues. I looked at this document – my apologies; this was the first time looking at the document – and it does seem unbalanced

compared to what the information that we received was. I was just wondering if Dr. Amato could provide an explanation of that to us on how – yeah. I feel like there are some parts missing under the opposition to the provision of safe supply. Like, I mean, one big question was around that term “safe supply,” and that's not even commented on here as an example. I'm just wondering if Dr. Amato could provide some explanations.

Dr. Amato: The discussion of the term “safer supply” is under other comments, section 3. I'm not entirely sure. I wrote this some time ago, so I would be remiss to go into the detail of what was said under section 3.

All I can say is that I'm hearing the concerns of the committee, and I'm sorry that the committee is disappointed in the document. I have no – my job as a research officer is merely to reflect what it is that I read in the transcripts and in the submissions. So maybe I'll just leave it at that.

9:20

The Chair: Thank you, Dr. Amato, for your comments.

Mr. Milliken: I would just like to go on the record and say: no apology needed at all. I think all we're looking for is to see a bit more balance with regard to – we put a lot of effort into those three days, listening to a lot of really important stakeholders, and I just wanted to make sure that they were also well represented, too. Again, we do not in any way, shape, or form expect that there was any malice or anything along those lines. There is no reason for you to apologize, and ultimately we do thank you for everything that you do. Hopefully, in a bit of a redo we might end up with something that, I think, the committee will be excited to have.

Thank you.

The Chair: This may end up being a good segue into our deliberation conversation. So if we can throw that motion up, and then we will clarify, MLA Allard, if this is what you were intending and are happy with.

Mrs. Allard: Yeah, I think that is representative.

I just wanted to clarify one thing, though. To be fair to the good doctor – again, no apology required whatsoever – you mentioned that you were summarizing what you read. Does that include the oral submissions or no? Maybe that's the sticky point here.

The Chair: Oh, you're on mute.

Mrs. Allard: Yeah. She's nodding. Okay. Perfect.

Yeah. I think that wording reflects my intent.

The Chair: Excellent. Would you like to move that for the record?

Mrs. Allard: Sure. I'm happy to move that

the Select Special Committee to Examine Safe Supply direct research services to review the submissions and presentations to ensure that the issues and proposals summary document reflects the recommendations that were made in submissions and presentations received by the committee and that the document not be attached to the meeting minutes until the revised version of the document has been approved by the chair.

The Chair: Excellent. Hearing the motion, is there any further discussion? MLA Frey.

Mrs. Frey: Yeah. I just want to add some clarifying comments here. I a hundred per cent support the motion brought forward by Member Allard. My concern is not with the motion. I just want to

make sure that the public knows that the reason why we are asking for a redraft of this document is because we believe that there are maybe some errors in the document.

Now, I think the concern that I can already imagine people are wondering is: well, why don't you want us to see it? Well, for us as a committee our job is to make sure that we are accurately representing the views of the stakeholders who have brought forward expert information. I want to make it very clear to Albertans that I have every intention, and so does this committee, to ensure that we are bringing a fulsome document forward and that there will be something brought forward. This is just not it.

The Chair: Thank you, MLA Frey.

Any further comments?

All right. Hearing and seeing none, I will ask everybody joining us in the room and online if they are in favour of this motion to please say aye. Any opposed, please say no. All right. Hearing none, that motion is carried.

Perfect.

Well, thank you, Dr. Amato.

We will now move on to the next section of our meeting, section 5. Hon. members, before we begin our deliberations, I would like to remind committee members that the committee did receive three additional pieces of correspondence since our last meeting. The first two were written submissions from Dr. Medlon Kahan and a supplementary submission from the British Columbia Centre on Substance Use. Both submitters had been identified by the committee as stakeholders. The third submission is from the Canadian Association of People Who Use Drugs. These pieces of correspondence were provided to the committee members via the internal website of the committee. Are there any questions or comments in relation to these pieces of correspondence?

All right. Hearing none, at this time I would like to open discussion as to whether the committee wishes to make these additional written submissions public on the committee website. We would need a motion to receive these submissions. If that's the will of the committee, I would ask for a potential motion now.

Mr. Milliken: Do we have something drafted?

The Chair: Yeah. The draft of potentially what you might want to say is that the Select Special Committee to Examine Safe Supply receive the written submission from Dr. Medlon Kahan; the May 2, 2022, submission of the British Columbia Centre on Substance Use; and the April 25, 2022, submission from the Canadian Association of People Who Use Drugs.

Is there any member that might want to move that? Excellent. MLA Milliken. Do you mind reading that for the record?

Mr. Milliken: I move that

the Select Special Committee to Examine Safe Supply receive the written submission from Dr. Medlon Kahan; the May 2, 2022, submission of the British Columbia Centre on Substance Use; and the April 25, 2022, submission from the Canadian Association of People Who Use Drugs.

I think, just simply building off what MLA Frey said there, too, the goal here is to do this whole examination of safe supply in the most open and transparent way possible, so I think, from my personal view, I don't have a problem with these being included publicly.

The Chair: Excellent. Thank you, MLA Milliken.

Is there any further discussion about that motion? MLA Allard.

Mrs. Allard: Sure. Thank you, Chair. I just wanted to concur again. I think, like I've said many times in this committee, we want to take a posture of curiosity. I understand that these submissions were received slightly past the deadline, but in the spirit of open and transparent communication and a quest to understand the issue in a more fulsome manner we want to accept these as presented.

The Chair: Excellent. Thank you, MLA Allard.

Is there any further discussion?

All right. Hearing and seeing none, I'll call the question. All in favour online and in person, please say aye. Any opposed online and in person, please say no. All right.

That motion is carried.

At this time I would like to open the discussion as to whether the committee wishes to make these additional written submissions public on the committee website. There could be a potential motion as follows: that the Select Special Committee to Examine Safe Supply direct the committee clerk to make public the written submissions from Dr. Medlon Kahan; the submission of the British Columbia Centre on Substance Use, dated May 2, 2022; and the submission from the Canadian Association of People Who Use Drugs, dated April 25, 2022, with the exception of personal contact information and confidential third-party information.

Is there anybody that – excellent. MLA Milliken, would you like to read that into the record?

Mr. Milliken: Sure. I would move that

the Select Special Committee to Examine Safe Supply direct the committee clerk to make public the written submission from Dr. Medlon Kahan; the submission of the British Columbia Centre on Substance Use, dated May 2, 2022; and the submission from the Canadian Association of People Who Use Drugs, dated April 25, 2022, with the exception of personal contact information and confidential third-party information.

And I would just reiterate what I said with regard to the previous motion, that I think getting as much out there and being as transparent as possible is essentially, I think, a goal that's shared by – I won't speak on behalf of everybody on the committee, but I think that it's fair to say that, from my understanding, it's a goal of everyone in this committee.

The Chair: Perfect. Thank you, MLA Milliken.

Any further discussion?

All right. Hearing and seeing none, I'll call the question. Anybody in favour of MLA Milliken's motion online and in person, please say aye. Any opposed online and in person, please say no. All right.

That is carried.

All right. That moves us on to deliberations and recommendations. Hon. members, the time has arrived to begin discussing what we have heard as a committee in our examination of the matters referred to us in Government Motion 115, passed on December 7, 2021, and to propose recommendations that would serve as the foundation of our report to this Legislative Assembly.

As a reminder to members, at its first meeting, on January 18, 2022, the committee invited officials from the Ministry of Health to attend meetings of the committee and to participate when requested. Today Mr. Evan Romanow is here, should the committee ask him to participate in the proceedings. At this time I would open the floor to any discussion and motions that members may wish to bring forward.

If we want to invite Mr. Romanow up, we can do that now or later. Excellent. I'd like to invite Mr. Romanow to the table.

9:30

Mr. Puttick: Thank you. I'll just clarify that I'm not Evan Romanow; I'm here on behalf of Evan Romanow. He had a family emergency this morning.

The Chair: Okay. We're happy to have you, then. Can you please introduce yourself for the record?

Mr. Puttick: Absolutely. My name is Kenton Puttick. I was part of the initial group in the first meeting that you had presentations. I'm director of addiction and mental health legislation and policy.

The Chair: Perfect. Thank you for being here today.

All right. I would like to now open up the discussion for members, any motions that you wish to be brought forward during deliberations. MLA Allard.

Mrs. Allard: Thank you, Chair. I guess I'll just get us started. I have a draft motion to put before the committee, that we can discuss. My draft motion is that the Select Special Committee to Examine Safe Supply recommend the government ensure maximum coverage, whether through supplementary health benefit plans or otherwise, of evidence-based medications, those being medications approved by the FDA and Health Canada for use in addictions treatment in the province for the treatment of addictions.

The Chair: Excellent.

Mrs. Allard: Did you get all that? Do you want me to say it again?

The Chair: If you can.

Mrs. Allard: Sure. I'll go a little slower. My draft motion: that the Select Special Committee to Examine Safe Supply recommend the government ensure maximum coverage, whether through supplementary health benefit plans or otherwise, of evidence-based medications, those being medications approved by the FDA and Health Canada for use in addictions treatment in the province for the treatment of addictions.

If you pop it up on the screen, I can find where it's . . .

The Chair: MLA Allard.

Mrs. Allard: Okay. "The Select Special Committee to Examine Safe Supply recommend the government ensure" – so we need to take out one ensure – "maximum coverage" of evidence-based – no. Sorry. Maximum coverage, comma, "whether through supplementary health benefit plans" – so just health and benefit need to be switched there; supplementary health benefit plans – "or otherwise, of evidence-based medications, those being medications approved by the FDA and Health Canada for use in addictions treatment in the province for the treatment of addictions."

Sorry; that's a long one. We're going to put you to task today. Yeah. I think you've got it.

The Chair: Excellent. Seeing the motion, is there any further discussion on that draft motion? Mr. Koenig.

Mr. Koenig: Yeah. I just want to ask one small, clarifying question so that I understand the intent of the motion. This would require, then, medications used in Alberta to be approved by Health Canada as well as the Food and Drug Administration in the United States? Is that what that reference to the Food and Drug Administration is, so that they would be required to also approve medications being used in Alberta?

Mrs. Allard: That's a good question. I think – because that's outside our jurisdiction. That's the only – I think the intent was because they've done more research, but I don't know that that's necessarily how we want it to be worded. Maybe we could say, "or Health Canada". Any thoughts, committee?

The Chair: Are there thoughts on that?

Mr. Milliken: I think one of the things that I would say here, too, is that we're doing recommendations. We're not actually strictly doing – so where there is good evidence in research, I think, perhaps that could be valuable depending on regulations that get made in the future.

The Chair: Excellent. Any further comments?

Mrs. Allard: I would comment that the word "and" means – the way it's worded, it looks like they both have to approve it.

The Chair: It's a draft motion.

Mrs. Allard: Yeah. I'm just trying to figure out a better way to say it. I think I would change it to "or": Food and Drug Administration or Health Canada.

Mr. Koenig: Can I offer one other suggestion? It may not hit exactly what you want, but I'm wondering if the reference to "Food and Drug Administration and Health Canada" can just be removed, so you can say: approved medications for use in addictions treatment. Because even if you use the word "or," what you're referring to is the Food and Drug Administration in the United States providing approval to use medication in Alberta. I mean, unfortunately, I'm not the technical expert here in terms of use of medication, but I would imagine that if there's approval in the United States, Health Canada will look at that as part of the approval process in Canada, but the FDA wouldn't direct; they'd be approving medications for use here. Unless that is the intent of sort of what the committee wants to do, then, of course, they could consider to ask for that.

Mrs. Frey: I think that part of the rationale for including the FDA and Health Canada expressly – and Member Allard can correct me on this – was to bring into context the conversation around evidence-based medication. High-quality medical evidence is something that is often referred to by the Food and Drug Administration as well as Health Canada as kind of a barometer of what good medical evidence is and what that means; it's a definitive term. I think that those terms in this context are more of a contextualizing factor.

Now, I'm not a lawyer. I do understand that sometimes what we're saying is not exactly what it means when it's written out, so I welcome that as well. But based on the presentations that we've heard from stakeholders, what I have found as a member of this committee is that safe supply is far from evidence-based medication. So without using this kind of contextualizing language, I think that we can go off base on where the definitions come from. And I believe that that is the intent of this motion if I'm correct. Member Allard can correct me or not.

The Chair: MLA Allard.

Mrs. Allard: Sure. Thank you. Yeah. That is correct and that is the intent. However, as I look at it again, I do think it is a bit problematic to have those specific – and this is only a recommendation, right? So the committee is making a recommendation. I think that the words "evidence-based medications" in

there – but you’re right that that is the intent. We did hear a lot of presentations at the committee about how safe supply is not necessarily an evidence-based practice and the medications used aren’t either, necessarily. If we changed it and took out the “Food and Drug Administration and Health Canada”, given that it’s only a recommendation, it would still say, “of evidence-based medications, those being medications for use in addictions treatment in the” – okay; that doesn’t make sense anymore.

Mr. Koenig: If the intent is – thank you, Member Frey, through the chair – actually that those medications that are being covered through supplementary health benefits must be approved by both the FDA and Health Canada as evidence that those medications are truly evidence-based, if that’s sort of the intention, then, by all means, that can be the recommendation. If the committee is saying: we want those medications to be used only if they’ve been approved by both jurisdictions, that’s certainly – I mean, if that’s the intent, then that’s fine.

The Chair: MLA Allard.

9:40

Mrs. Allard: Yeah. Okay. I’m just going to try this one more time. That “the Select Special Committee to Examine Safe Supply recommend the government ensure maximum coverage, whether through supplementary health benefit plans or otherwise, of evidence-based medications” – and we’re going to scrap all of the next line, so it would just say this – “in the province for the treatment of addictions.”

And then I think that recommendation is solid enough based on the evidence that we’ve heard here at the committee. Again, it’s a recommendation, and that will go to the ministry for their exploration. If they choose to put those other parameters in, they can. We’ve had this on-the-record discussion at committee. So I think that that is a suitable alternative.

The Chair: Perfect.

Mrs. Frey: I would just add the rationale for needing this motion as well: we know that there are some evidence-based medications that are working. Alberta was one of the leaders in introducing Sublocade as an option for people, an opioid agonist therapy. So we do have many harm reduction measures, quote, unquote, that need to be talked about, and they still need to be used. I think it’s important that we are noting in this motion as well, which we are through saying “evidence-based medication,” that there are evidence-based medications that do do what they are intended to do, like, for example, Suboxone, methadone. We still need these opioid agonist therapies in our communities, and that’s what we mean by evidence-based medication.

The Chair: Thank you.

Any further comments?

All right. Hearing none, MLA Allard, if you are comfortable with this, we’ll need you to formally move this as a motion.

Mrs. Allard: Sure. Thank you, Chair. I am happy to move that the Select Special Committee to Examine Safe Supply recommend the government ensure maximum coverage, whether through supplementary health benefit plans or otherwise, of evidence-based medications for use by the province for the treatment of addictions.

The Chair: Thank you, MLA Allard.

All right. Hearing the motion, is there any further discussion?

Mrs. Allard: I already have one tweak. I wonder if it should say for use “in” the province. Yeah.

The Chair: Excellent. We’ll need a subamendment at this point . . .

Mr. Koenig: No. I think this was just a clarification of what’s on the screen.

The Chair: Perfect. The clarification is accepted. Excellent. Seeing the motion now as presented, are there any further comments or questions from the committee?

All right. Hearing and seeing none, I will call the question. All in favour of the motion presented by MLA Allard, online and in person, please say aye. Any opposed, please say no.

That is carried.

Is there any further discussion? MLA Amery.

Mr. Amery: Thank you very much, Chair, and thank you to committee members for your contributions thus far this morning. It’s been a very fulsome discussion about a number of things, but I, too, would like to bring forward another suggestion for this committee in the form of a draft motion if that’s okay. May I bring that forward now?

The Chair: Yes, sir.

Mr. Amery: Okay. I would like to bring a draft motion which is to move that the Select Special Committee to Examine Safe Supply recommend that the government allow for supply replacement in the context of a treatment plan under strict in-clinic medical supervision.

The rationale for this is that this committee was struck to examine the concept of safe supply, which was defined under section 2(a) of the committee mandate, to include the provision of pharmaceutical opioids. In a similar vein to the first motion, however, we saw that having some form of safe supply or nontainted substances can be helpful in treatment and helping individuals in recovery.

But something that we did hear over and over again through the presentations that came forward to this committee was the concern around diversion, the issue of medication being diverted away from the subject patient or the individual who is receiving it and the impact that it would have on communities and individuals outside of that intended person who was supposed to receive those medications. In the context of safe supply and treatment I think it’s important that folks on their way to recovery do have access to the appropriate treatments that they need, and it is equally important that this committee consider and contemplate motions that ensure that the treatments are actually received and used by the individuals that they were intended for.

That’s why I would suggest or I would submit to this committee that this motion would recommend that the government allow access to supply replacement in the context of treatment but also make sure that it makes adequate provisions to ensure that this government mitigates any potential for spread to community or unintended individuals or purposes. We heard Dr. Mogus, who even advocated for the supervised consumption of these substances in their presentation, so with regard to the examination of safe supply we certainly did see value in the availability of it in the context of a treatment plan so long as there is no possibility of community spread.

The Chair: Excellent. Thank you, MLA Amery.

Any further discussion on MLA Amery’s draft motion?

Can I make one recommendation, about potentially removing the word “being” after “replacement”? Does that dramatically change?

Mr. Amery: No. I'm fine with that.

The Chair: You're fine with that change. Okay.

All right. Any further discussion?

All right. Hearing and seeing none, would you like to make your draft motion an official motion by reading it into the record?

Mr. Amery: Certainly, Mr. Chair, and thank you. I move that the Select Special Committee to Examine Safe Supply recommend that the government allow for supply replacement in the context of a treatment plan under strict in-clinic medical supervision.

The Chair: Excellent. Hearing the motion as presented by MLA Amery, is there any further discussion?

All right. Hearing and seeing none, I'll ask the question. All in favour online and in person, please say aye. Any opposed online and in person, please say no.

That is carried.

Right. Next up we have MLA Yao.

Mr. Yao: Thank you so much, Chair. I feel that the government – we need to provide direction to groups like the College of Physicians & Surgeons and others in the context that in previous eras a lot of these opioids were branded as safe. As a result, prescription rates rose dramatically, and we learned afterwards that physicians might not have had the appropriate education related to this. So I've just crafted a draft motion here, and I might need your help with it. My draft motion is that the select special committee on safe supply recommend that the government take the necessary steps to implement a provincial strategy for the management of pain.

I don't know if Mr. Roth or anyone else can provide us with direction. Like, how do we influence the college of physicians, as an example, to ensure that they have proper education provided to their physicians in this regard?

The Chair: All right. Hearing the draft proposal by MLA Yao, is there any discussion?

MLA Yao asked a question. Are you able to respond?

9:50

Mr. Koenig: Sure. I think it's a broad question, Mr. Chair, and it would really be up to the committee, what they wish to do. But, for example, if I was just sort of guessing at some potential ways forward, if you were going to add two clauses to this and add an additional clause, you could, you know, recommend that the government work with the college to achieve certain objectives, or if that wasn't strong enough, you could certainly ask for the government to bring forward legislation to amend the applicable legislation to incorporate some additional elements if that's what the committee wished. It's entirely up to the committee how it wants to see that work with the college, but you could certainly divide this into two clauses: recommend that (a) the government take the necessary steps to implement a provincial strategy for the management of pain and (b) work with the College of Physicians & Surgeons to achieve an objective.

Mr. Yao: Mr. Koenig, the way I crafted my motion: do you think that captures that or that that would be inherent within there, that the government take the necessary steps to implement a provincial strategy? Would it inherently have the college in there?

Mr. Koenig: Whenever you're asking a lot of those questions, I think we'll always say: be explicit; don't imply anything. I believe – and my colleague Ms Robert can confirm – that there is a bit of

context provided in the report before the motion, so if that's the will of the committee, I think some of that information about this discussion could be put in that report. However, if it's sort of a substantive piece of what this recommendation is, it's probably better to add it into the motion if that's what the committee wishes to do.

The Chair: MLA Stephan.

Mr. Stephan: Hi. Sure. I just want to speak in favour of the draft motion that my colleague has raised here. I know that under committee mandate 2(d) the committee was tasked to examine the historical evidence regarding the overprescribing of opioids. As we heard from presenters in examining the evidence regarding the overprescribing of opioids, we did see concrete evidence that once opioids were branded as safe to prescribe for pain medication, the prescription rate increased dramatically without really understanding some of the collateral potential consequences of this practice, and as we reviewed the historic overprescription of opioids, we saw a direct link to the rise of the opioid crisis, which safe supply as a concept attempts to address. I'd like to raise those points in support of my colleague's motion, that he just made.

The Chair: Thank you, MLA Stephan.

Mr. Yao: Could I add a supplemental to my draft motion that says that the safe supply committee recommend that the government take the necessary steps to implement a provincial strategy for the management of pain, including but not limited to engaging with the College of Physicians & Surgeons? Would that capture what I'm trying to achieve?

The Chair: That sounds right. We're just going to make that change.

Excellent. MLA Yao, does that reflect what you were thinking?

Mr. Yao: Yeah. I think that's better. I felt we really need to include the college in this regard as they are responsible for education for physicians who provide these prescriptions.

Thank you.

The Chair: Okay. Perfect. Thank you.

All right. Seeing the draft motion now, is there any further discussion?

All right. Hearing and seeing none, MLA Yao, would you like to make your draft motion official by reading it into the record?

Mr. Yao: Thank you. I'd like to read that the Select Special Committee to Examine Safe Supply recommend that the government take the necessary steps to implement a provincial strategy for the management of pain, including engaging with the College of Physicians & Surgeons of Alberta.

The Chair: Excellent. Hearing the motion, is there any further discussion? MLA Allard.

Mrs. Allard: Thank you, Mr. Chair. I just also wanted to support this motion, and I wanted to hearken back to some of the presentations we heard. Dr. Lembke spoke about pain doctors in the early 2000s prescribing opioids for minor and chronic pain conditions, because the understanding then was that they were safe to use for those purposes. Dr. Madras explained how increased access and normalization for any pain indication eventually led to increased misuse, addiction, overdose, and deaths. I think this is, again, a recommendation to the ministry, but I think it's an

important recommendation around: what are the parameters for a provincial strategy for the management of pain that are not going to be harmful? I just wanted to speak in support of the motion and thank the mover.

The Chair: Thank you, MLA Allard.

Any further comments or discussion?

All right. Hearing and seeing none, I'll call the question. All in favour in the room or online, please say aye. Any opposed in the room or online, please say no.

That is carried.

MLA Stephan.

Mr. Stephan: Yes. Can you hear me okay, Chair?

The Chair: We can, yes.

Mr. Stephan: Great. I'd like to make a motion as well, a draft motion initially, which is that the select special committee on safe supply recommend that any government policies with regard to addiction treatment and medication should consider the interplay between diversion and the illicit market.

I just want to comment on this draft motion. This committee was tasked with looking at how safe supply would impact community diversion of drugs under paragraph 2(b) of the committee mandate, and we did hear from a number of presenters about the issue of diversion when it comes to safe supply. Given that the definition of safe supply is broad in that it does include the provision of pharmaceutical opioids to people who are addicted or dependent on these substances, which includes the context of treatment plans, it's really important that government keep in mind how diversion can be impacted by government policy. We know that when someone is prescribed as part of treatment, in some cases there is a sale of those prescriptions in the illicit market. We heard from some presenters that our neighbours who are sometimes suffering under addictions are really – there's that desire often to pursue a high, always seeking the high as much as possible. Sometimes, unfortunately, prescribed pharmaceuticals are used as currency in seeking stronger illicit drugs for getting that high, so it's really important that we do address that issue of diversion.

I'd welcome other comments from my colleagues.

The Chair: Thank you, Member.

Any further comments on this? MLA Allard.

Mrs. Allard: Yeah. I just wanted again to speak in favour of this draft motion and to reiterate what MLA Stephan was talking about. You know, we heard from Dr. Best, as he mentioned, and just in general that when you have more drug supply available, it's almost inevitable that it'll lead to more drug users, which is why the government has to be vigilant and diligent in how it evaluates policy options to ensure the minimization of harm to communities and society. I think we heard that over and over, particularly in the oral presentations from jurisdictions, that, you know, this is an emerging base of knowledge, but the trends that we're seeing are troubling. So I would support this motion that there must be consideration of the interplay between diversion and the illicit market, because it's definitely been linked and clearly supported in the evidence that has been presented before the committee.

Thank you, Mr. Chair.

10:00

The Chair: Excellent. Thank you, MLA Allard.

Any further comments?

One comment that I'd like to make for consideration is on the word "diversion" and maybe the need to define that a little bit more so that we can give clear direction and connect it to scope.

MLA Frey.

Mrs. Frey: In the spirit of camaraderie I'm wondering if I can help you with that, Mr. Chair. I'm wondering: after "consider the interplay between diversion," could we say, "Diversion of drugs used for use in the process of safe supply" or something like that so that we're defining diversion? The issue is that these drugs that are often used and prescribed by physicians in the pursuit of so-called safe supply are the ones that are being diverted and being sold and commodified on the street and given street value. That's, I believe, at the heart of this motion, which MLA Stephan very articulately explained, much more so than I, but I was just wondering if after "diversion" we could add something about where they're coming from. So, if I may: that the Select Special Committee to Examine Safe Supply recommend that any government policies with regard to addictions treatment and medication should consider the interplay between diversion of therapies used for safe supply to the illicit market.

The Chair: We'll try and get that drafted for you, Mrs. Frey.

Mrs. Frey: If MLA Stephan is amenable to that amendment.

Mrs. Allard: Wouldn't it just say: diversion of drugs from safe supply?

Mrs. Frey: Diversion of drugs . . .

Mrs. Allard: Oh, yeah. That's fine.

Mrs. Frey: . . . away from the intended user and to the illicit market. I think that grammatically that's probably an issue.

The Chair: Okay. We'll try to make that change and see.

Mrs. Frey: Does MLA Stephan accept those changes?

The Chair: MLA Stephan?

Mr. Stephan: I have to admit that with the interface that I'm seeing, I only see part of the motion because of the screen. If this is agreeable to my colleagues in terms of the amendments to the motion to make it better, I'm fine with it. But I can't – oh, okay. Aaron sent me the text here. I have this legislative office "Your computer is about to restart" window that won't disappear. Aaron, I can't actually read the entire motion. I'll try to close that box. But, colleagues, if you're agreeable with Michaela's refinements as a group, I'm agreeable to it as well to make it better. I think we all agree that we want to address diversion properly as that was one of our mandates.

The Chair: Excellent. Any further discussion on that, then?

All right. This was MLA Stephan's draft motion, but since he can't read it, maybe another member would like to move this motion. MLA Frey.

Mrs. Frey: I, MLA Frey, move that

the Select Special Committee to Examine Safe Supply recommend that any government policies with regard to addiction treatment and medication should consider the interplay between diversion of drugs used in provision of safe supply away from the intended user to the illicit market.

The Chair: Excellent. Hearing the motion as presented, is there any further discussion?

All right. Hearing and seeing none, I will call the question. All in favour, please say aye. Any opposed, please say no.

That is carried.

MLA Frey.

Mrs. Frey: Me again, Mr. Chair. On the topic of diversion, I know that sometimes the *Hansard* is used to inform when somebody is interpreting what we have passed in a motion, so I'd just like to for the record say that diversion in this case refers to the transfer of medication from what is a lawful channel to an unlawful channel of distribution or use, including by medication tampering. Whether that text is in the motion or not, I think that because of the long-standing practice of using – I know Parliamentary Counsel, including department lawyers, will often use the text of *Hansard* to interpret intent and to decipher what intent is when coming from legislation. I can be corrected on that, but that is what I've been led to believe, so for the record I'll put that there.

I do actually have a draft motion ready, because this committee was tasked with looking at how safe supply would impact community diversion of drugs under 2(b) of the committee mandate. As already stated by Mr. Stephan, we did hear time and time again, on the issue of diversion when it comes to safe supply specifically, the propensity for these drugs to go from a physician's office to the market, getting street value and also being used and commodified and traded. Given that the definition of safe supply is broad – and we've already acknowledged this, that it includes the provision of pharmaceutical opioids to people who are addicted or dependent on these substances – I think that it's really important that we ensure that there is a check on the prescription of agonist opioids and how they are prescribed. It makes sense in the context of the committee's work.

I do have a draft motion here, Mr. Chair. Mr. Clerk, would you like me to read it into the record? Okay. MLA Frey moves that the Select Special Committee to Examine Safe Supply recommend that the government take necessary steps to protect the public from the provision of harmful pharmaceutical practices such as the widespread prescription of full agonist opioids that can lead to community diversion and increase addiction and overdose.

Would you like me to say that again but slower? Oh, look at that. The coffee is working at this committee today.

The Chair: All right. Members, we're just going to take a quick five-minute recess for everybody to fill up their coffee cups and return back here at 10:13.

[The committee adjourned from 10:08 a.m. to 10:18 a.m.]

The Chair: All right, members. Thank you for entertaining a brief recess. We are back to the draft motion.

MLA Frey.

Mrs. Frey: Yes, Mr. Chair. Welcome back.

I recognize that this motion, upon reading it again, may not satisfy the needs of being directly connected to the committee's mandate, so I want to make a change to my motion, because I understand that it's still a draft motion right now. After "opioids" I would like to add: "such as widespread prescription of full agonist opioids, often used in the practice of safe supply, that can lead to community diversion and increased addiction and overdose."

I believe that that, then, links it back to the mandate and that it would be sufficient, but I'd be open to further amendment.

The Chair: Thank you, MLA Frey. We're just going to get those changes on the board.

Excellent. Any further discussion?

All right. Hearing and seeing none, do you want to make that a formal motion?

Mrs. Frey: Yes. Sorry. MLA Frey moves that

the Select Special Committee to Examine Safe Supply recommend that the government take the necessary steps to protect the public from the provision of harmful pharmaceutical practices such as widespread prescription of full agonist opioids, often used in the practice of safe supply, that can lead to community diversion and increased addiction and overdose.

I so move, Mr. Chair.

The Chair: Excellent. Thank you, MLA Frey.

Any further discussion now that we've heard the formal motion?

All right. Hearing and seeing none, I'll call the question. All in favour, please say aye. Online, please say aye. All right. Any opposed online and in person, please say no. All right.

That is carried.

Any further discussion? MLA Milliken.

Mr. Milliken: I also have a draft potential motion, which I could read out. I would move that the Select Special Committee to Examine Safe Supply recommend that the government explore enhancing police ability to use alternatives to the criminal justice system to support an individual's path to recovery. I think it's – I'll wait until it goes up.

The Chair: MLA, would you like to explain?

Mr. Milliken: I believe that encompasses it. I think it's fair to say that the committee has been tasked with a few things, including the impact perhaps on the community through potential diversion of drugs. That's under 2(c). There's also, I believe, 2(b), which talks about community impacts as well. Based on the evidence that I think we've heard, we did see that impacts can exist, including with crime and general police intervention issues.

We heard as a committee that when safe supply sites are implemented, sometimes it can be the case that local businesses can be pretty highly impacted, including everything from stepping over paraphernalia, other barriers, and things of that nature, perhaps even vandalism and other potential activities. To me, I think it seems fair that there's a good chance that those suffering from addiction who commit a crime may not be processed or may just simply be processed and put through a system without having the root cause of their addiction addressed. I think that it's very important that these people deserve a chance at recovery and, of course, our compassion.

With that, it kind of leads me into some – I was very interested, and I listened with great interest to Dr. João Goulão, who is essentially I guess you could call him the mastermind of the Portuguese model, where they decriminalized. Of course, drugs that are still illegal: what ends up happening is that individuals who are picked up by the police for those activities ultimately, I think, as far as I understand, get faced with a decision where they can either go into the criminal justice system or they can accept, basically, an on-demand treatment opportunity, which is, I think, what our province in the last couple of years, with the addition of 8,000 new treatment beds – that's something that I think, not speaking on behalf of the ministry, would be a great goal.

That's through their drug dissuasion commission, which also – I know that when we start talking about issues with regard to policing and things of that nature, we can get into different jurisdictions of

government and things of that nature. An interesting part of the drug dissuasion commission in Portugal, that I found, was the fact that it actually wasn't even under the Ministry of Justice; it was actually under the Ministry of Health. Provision of health care: there can be issues with regard to whether it's – you know, obviously, that falls within the province. I think that there could be some good opportunities here.

10:25

Then, finally, with regard to the mandate, too, I noticed that on (e), “whether there is evidence that a proposed ‘safe supply’ would be accompanied by any other benefits or consequences” – I think what we saw from stakeholders was that there was at least some evidence that as you increase supply, there can often be a correlation with an increase in individuals with OUD. Then that can lead to an increase, of course, with regard to community issues, that could be pressure on the justice system, et cetera.

So I would encourage all members to vote in favour of this draft motion if we decide to make it into a formal motion.

The Chair: Excellent. Any other members?

Mr. Koenig: Just one small comment before an official motion is moved. Just pointing out that the criminal justice system is federal jurisdiction, so this doesn't directly sort of call upon changes there, but I'm wondering if it might be worth while, just to ensure when the committee is considering what alternatives might be, that we're clearly within provincial powers. I'm wondering if maybe the committee could consider a slight rephrasing, so recommend that the government explore options for enhancing police ability to use alternatives to the criminal justice system, which leaves open the door. If those options do touch upon federal jurisdiction, you're not asking for direct action; you're just asking to look at those options, and that may include working with other levels of government to achieve those objectives.

The Chair: MLA Milliken.

Mr. Milliken: Absolutely. I tried to kind of address that when I was talking about the division of powers and stuff like that. I think that it's pretty fair to say that in successes that I think have been seen, whether you even take the Portuguese model, the model from Portugal, there's a huge co-ordination of services, and the police aspect is just one aspect of it. Whatever we can do to explore this motion in order to lead to a better opportunity for an individual's path to recovery from OUD, I am in favour of.

The Chair: Any other discussion?

Mr. Amery: I'm just wondering if we can get the draft proposal amendments that Mr. Koenig suggested up on the board so that we can take another look at it.

The Chair: It's up there. Further comment?

Mr. Amery: No. I'm happy with that. When MLA Milliken was talking a little bit about the police ability, I immediately turned my mind to the administrative options that police in Alberta might have, and that might sort of narrow in the jurisdictional question of whether or not police in Alberta have the ability to do this. I think that the wording that has been suggested, “to use alternatives,” is even broader and allows for greater scope for police to apply their abilities within the criminal justice system and administratively to support an individual's path to recovery. I'm quite happy with that, so if there are no other comments, I'm good.

Mr. Milliken: Just to sort of buttress what my colleague said, too, I had some experiences having been active with Brydges line duty counsel for many years, so I had a lot of interaction with police officers across western Canada. The revolving-door aspect, that many can attest to, I think: if we can figure out a way to find an off-ramp, then it can – a lot of the time, I've talked to police officers who just feel like the people come in, and they send them back out, and they come back in. That can work towards having officers get kind of jaded and stuff like that. I think anything that we can do to support the police in ensuring that they truly see that they are doing really good work in the community would be good, and I think that this would accomplish that, or it could.

The Chair: Excellent. Any other comments? MLA Stephan.

Mr. Stephan: Thank you, Chair. I really appreciate this motion. I know that in Red Deer the government has enhanced alternatives to the criminal justice system by way of a drug court route and option, and I think that those types of initiatives are ones that are worthy in supporting both the individual who finds himself perhaps otherwise subject to the traditional criminal law system but as well the community as a whole and their families. This is something that, I think, aligns well with alternatives such as drug court.

The Chair: Thank you, MLA Stephan.

I do have one comment. You had referenced sections of the mandate in your rationale. I'm just wondering if there's a way that we can try and tie this with the mandate, actually, in the written section up here. Maybe one suggestion would be to start off with the acknowledgement, so that: the select special committee on safe supply acknowledge the harm, recognizing the inadequacy of safe supply. That might help pull it more in scope within the mandate.

Mr. Milliken: I'm not sure if that encompasses what I was thinking. Inadequacy: I don't understand why we'd be making a judgment call with regard to that within this motion. Perhaps adding something towards the end that might say something along the lines of “individuals' path to recovery” and “in support of the community at large.” The evidence that we saw, obviously, was that when supply increases, there can be increased correlation to individuals with OUD, which then also leads to increases in localized crime. That's one of the very reasons why Dr. João Goulão in his initial 1999 plan – ultimately, the goal of that plan was to reduce supply. Would that be acceptable as something that would be able to be ruled in order by the chair?

The Chair: Yes. If I understand correctly: in regard to stemming the flow of additional opioids on the street.

Mr. Milliken: And in support of the community at large, community having been referenced several times in our mandate. If I could for the record?

The Chair: Yeah.

Mr. Milliken: I think that one of the things that I'm a little bit worried about with regard to the way that this committee is pushing for being very, very prescriptive within the mandate – I think the last point of the mandate, 2(e), was really intended as a bit of a catch-all for consequences. When we're considering some of the issues that can be pretty easily tied to potential safer supply situations that we've seen through the evidence from the stakeholders, as they presented, I think it's really important to remember that and just be compassionate of – it's not just an individual. Yes, our goals here are obviously to save lives and get

people treated, but they're also to ensure that society as a whole is not put at risk.

The Chair: Thank you, Member.

Any further comments? MLA Allard.

Mrs. Allard: Yes. Thank you. I think we've discussed this at great length, and I appreciate the motion being brought forward by the member. I just wanted to highlight for the record that I think the intent behind motions like this is to ensure that we are looking at this from a health care lens, not just a policing response. We heard a lot about the illness of addiction, and we want to ensure that we have a compassionate response and that we provide recommendation to the Minister of Health around a health care response, not just a response that may be punitive in nature.

Thank you, Mr. Chair.

10:35

The Chair: Excellent. Thank you, MLA Allard.

Any further discussion?

All right. Hearing none, MLA Milliken, would you like to read that into the record?

Mr. Milliken: Yeah. I move that

the Select Special Committee to Examine Safe Supply recommend that the government explore options for enhancing police ability to use alternatives to the criminal justice system to support an individual's path to recovery from addiction and in support of the community at large.

The Chair: Excellent. Hearing the motion formally as presented, is there any further discussion?

All right. Hearing nothing else, I will call the question. All in favour online and in person, please say aye. Any opposed, please say no. All right.

That is carried.

Any further discussion? MLA Amery.

Mr. Amery: Thank you very much. I'd like to present again a draft motion for the consideration of this committee. I'll read the draft motion into the record, and then I'll give my rationale for why I think it is important. My draft motion is as follows: that the select special committee on safe supply recommend that the government take the necessary steps to insulate medical education from the influences of the pharmaceutical industry.

The reason for this draft motion is as follows. Under committee mandate 2(d) this committee was tasked with examining historical evidence with respect to the overprescribing of opioids. In examining the historical evidence regarding the overprescribing of opioids, we did see how the pharmaceutical industry impacted prescription rates. We heard from the presentations and we heard explicitly from Dr. Tanguay that in the 1990s and 2000s a lot of the education that took place by the pharmaceutical industry was geared towards physicians. This is a practice that continues to happen today, and Dr. Tanguay also stated that the pharmaceutical companies knew and know that the more they were able to present for physicians, the more likely a physician was to prescribe the medication that they were providing details and information on.

Mr. Chair, in the review from SFU we also saw that the recent *Stanford-Lancet* Commission emphasized the role of commercial and particularly pharmaceutical interests in a multisystem regulatory failure as contributors to the current drug poisoning crisis. The commission detailed an urgent need to prevent profit-driven clinicians and industries from influencing addiction policies and practices. Among their recommendations to reduce the

influence of profit, the commission recommends, quote, bodies of legal or regulatory power to shape prescribing should not accept industry funding or include people with direct financial ties to the pharmaceutical industry. End quote.

Mr. Chair, I think that, broadly speaking, given the root of the crisis which leads us to talk about safe supply today, it makes sense to recommend that the government take steps to maintain the integrity of medical education for our physicians and to prevent the continuation of this ongoing crisis and the creation of a future one.

Thank you.

The Chair: Excellent. Thank you, MLA Amery.

Any further discussion on this potential draft motion?

MLA Amery, is that motion correct?

Mr. Amery: Yes. I'm happy with that motion.

The Chair: Excellent.

All right. Any further conversation?

Hearing and seeing none, would you like to formally read that into the record?

Mr. Amery: I move that

the Select Special Committee to Examine Safe Supply acknowledge the damaging effect of the overprescription of opioids and recommend that the government take the necessary steps to insulate medical education from the influences of the pharmaceutical industry.

The Chair: Excellent. Hearing the formal motion, is there any further conversation?

All right. Hearing and seeing none, I'll call the question. All in favour in the room and online, please say aye. Any opposed, please say no.

That is carried.

All right. Any further discussion? MLA Allard.

Mrs. Allard: Well, thank you, Mr. Chair. I think we're making great progress, and I just wanted to acknowledge our guest again. I apologize that we haven't included you much, but I appreciate you being here.

I, too, have a draft motion, but before I provide that, I just wanted to talk a little bit about the rationale for it. Actually, maybe I'll provide it first. That might be easier. I'd like to put into a draft motion that the select special committee on safe supply recommend that the government commit to working in collaboration with the College of Physicians & Surgeons to ensure that physicians are educated on criteria for suitable opioid prescription.

I think this goes hand in hand with some of the other motions that we've already heard this morning, certainly the motion from MLA Amery that we just voted on and previously the motion from MLA Yao.

Do you need me to read that again? Perfect.

I'll talk a little bit about it. Under committee mandate 2(d) the committee was tasked to "examine historical evidence regarding the over-prescribing of opioids." In examining the historical evidence regarding this practice of overprescribing of opioids, we heard how important education is in proper drug prescription. I wanted to reference back to when Dr. Hinshaw was here and speaking to the committee. She spoke to her experience when she went to medical school and how the training at the time was very focused on the importance of providing adequate pain relief and pain management, which obviously continues to be important today. However, at the time there were fewer checks and balances than there are today in relation to the prescription of opioids, and I

think that's understandable given that it was an emerging class of drugs and that there wasn't as much known about the longitudinal impacts of prescribing opioids. I don't think there was any malicious intent; it was just not understood. And as we have a growing base of evidence, we can see the challenges before the medical community as they try to balance the management of pain with the risk to the patient of a long-term addiction problem.

Dr. Hinshaw also added that more recently the College of Physicians & Surgeons has done a lot of work, I think to their credit, to make sure that people can access pain control and the medications they need through an informed view of the patient, both of the risk factors and the contextual information of the patient. Deaths that involve prescription opioids have dropped dramatically – I think that's notable – in part due to the work done to make sure that prescribers are using a whole-person assessment.

In understanding this, I think it's clear that it's important that the work continues in the medical field with regard to safe opioid prescription, and I just wanted to take this opportunity to thank the College of Physicians & Surgeons for the work they've done to date in addressing this concern. I hope that we are moving in the right direction collectively. That's the spirit behind this motion.

With that said, I think I'm going to just look at the motion. I think it's good the way I see it on the screen, so I'm going to read it into the record as a proposed motion. I move that

the Select Special Committee to Examine Safe Supply recommend that the government commit to working in collaboration with the College of Physicians & Surgeons to ensure that physicians are educated on criteria for suitable opioid prescription.

The Chair: Excellent. Thank you, MLA Allard.

Any further discussion on the motion before us?

Okay. Hearing and seeing none. That was a formal read-in, I believe.

Mrs. Allard: That was a formal read-in, yeah.

The Chair: Perfect. I will call the question. All in favour, please say aye. Any opposed, please say no.

That is carried.

Any further discussion? MLA Frey.

Mrs. Frey: Yes, Mr. Chair. I'm wondering if we could have a quick, five-minute recess before we discuss next steps.

The Chair: For sure. Yeah.

Mrs. Frey: Thank you very much.

The Chair: We're going to have a recess until 10:49.

[The committee adjourned from 10:44 a.m. to 10:49 a.m.]

The Chair: All right. Thank you, members. As members know, the method by which the committee reports its deliberations and recommendations to the Assembly is by way of written report. The common practice is to request that the Legislative Assembly Office research services prepare a draft report of the committee's recommendations and other information the committee wishes to convey in relation to matters heard during its review of the matters referred to in Government Motion 115.

At this time I would like to open the floor to discussion or a motion. Ms Robert is also here if members have any questions about this process. Are there any questions about this process? Perfect.

Maybe we have a draft motion from a member that might read: that the Select Special Committee to Examine Safe Supply direct

research services to prepare a draft report of the committee's review of the matters referred to it by the Legislative Assembly as mandated in Government Motion 115, agreed to on December 7, 2021, including any recommendations made by the committee, and that the chair be authorized to approve the draft report after it's been distributed to the committee members for their review.

MLA Allard, can you read that into the record?

Mrs. Allard: Sure. I'm happy to move that

the Select Special Committee to Examine Safe Supply direct research services to prepare a draft report of the committee's review of the matters referred to it by the Legislative Assembly as mandated in Government Motion 115, agreed to on December 7, 2021, including any recommendations made by the committee, and that the chair be authorized to approve the draft report after it has been distributed to committee members for their review.

The Chair: Excellent. Any further discussion on this?

Hearing and seeing none, I'll call the question. All in favour online and in the room, please say aye. Any opposed, please say no.

The motion is carried.

Hon. members, as this may well be our final meeting of this committee, the practice in similar select special committees has been to authorize the chair to approve the minutes of this meeting after members have had the opportunity to review them for the records of the Assembly. I would like to open the floor for discussion on this matter and potentially entertain a motion that states that the Select Special Committee to Examine Safe Supply authorize the chair to approve the draft minutes of the June 7, 2022, meeting of the committee after they have been circulated to the committee members for review. Is there any discussion about that or anybody who would like to move that motion?

Mr. Milliken: I just have a quick question. Well, it's actually for maybe the clerk or even yourself, Chair. When you're making that decision with regard to the draft final report, is it at that time where you would be able to potentially ask that certain aspects from stakeholders, whatever they've presented to us, get sort of included if you consider them important, like an appendix? Is that something that is within your ability?

The Chair: Yes. Correct me if I'm wrong, but this would be distributed to committee members for your review. At that time, if I heard significant feedback from members, then we would be able to submit that for revisions at that point, before it was approved by myself.

Ms Robert.

Ms Robert: Thank you, Mr. Chair. So what specifically . . .

Mr. Milliken: Hypothetically, say that members wanted to include the SFU report but that it wasn't included. Would the members be able to add it as an appendix in their review?

Ms Robert: I think that if that's the wish of the committee, the committee should perhaps make that decision on the record, that they want something like that included in the report.

The Chair: We've already passed the motion that would allow for myself, so would we need to pass an additional motion at this point?

Ms Robert: Yes, I would say so.

The Chair: Okay. Do you want to propose a motion to that effect?

Mr. Milliken: Sure. Do we have to go back an agenda item?

The Chair: Yeah. We did move on to agenda item (c).

Ms Robert: Sorry, Mr. Chair, if I may. The other thing you might want to consider is: is there anything else you want to add into the report? Then you could perhaps do it all in one fell swoop, as it were. Yes, I think that probably we've gone past the section of the meeting that's dealing with the report of the committee, so I think the committee would have to agree to go back to that item.

The Chair: Excellent. Hearing that, does the committee agree to move back to section (b), report of the committee to the Assembly? All in favour? Perfect.

All right. We are now in section (b).

Mr. Milliken: I would just like to add, I guess, to the previous motion that we include the SFU report as an appendix to the report.

The Chair: Excellent. We'll get that written up.

10:55

MLA Milliken, is there anything else you'd like to add to that, or is that reflective of what your thoughts are?

Mr. Milliken: There are a couple, like the double "to," and I think it's "direct research services to add as an appendix." Then there's: the committee to, too. Other than that, the goal is there.

The Chair: To, two, too: it always gets confusing.

While we do that, MLA Stephan, do you have a comment?

Mr. Stephan: Yeah. I just have a question about process, and that is, given that we did have some issues with the summary this morning in terms of the representation of the presentations we heard, both written and oral, I was wondering if there's going to be an opportunity for the committee to have a review of the report itself and make or suggest any necessary edits prior to the release to the Legislative Assembly. Would a meeting be necessary for that, or are we able to do that working through the chair?

The Chair: Thank you, MLA Stephan. We just passed a motion that would allow for the chair to authorize and approve the draft report after it's been sent to committee members, so theoretically committee members would have the opportunity to provide feedback at that time and make appropriate changes.

Mr. Stephan: Thank you.

Mrs. Allard: For clarity, I think that the research review would be attached to the minutes. That's the same process, right? We were authorizing you or were about to authorize you to approve the final minutes, so that would be the same process there. Correct, Chair?

The Chair: Yeah. That will be the same process.

All right. Is there any further discussion? Questions?

MLA Milliken, would you like to read that in if that's reflective of your thoughts?

Mr. Milliken: Sure. Yeah. I move that the Select Special Committee to Examine Safe Supply direct research services to add as an appendix to the draft report of the committee to the Assembly the report from SFU entitled Public Supply of Addictive Drugs: A Rapid Review.

The Chair: Excellent. Hearing the motion as proposed by MLA Milliken, is there any further conversation? MLA Stephan, is your hand still up?

Mr. Stephan: No, it's not. I'll put it down. My apologies.

The Chair: No. That's okay.

All right. Hearing and seeing none, then, I will call the question. All in favour of MLA Milliken's motion online and in person, please say aye. Any opposed online or in person, please say no.

That is carried.

All right. Before we move to subsection (c), is there any further business under subsection (b)? Perfect.

All right. We will head to (c), approval of final minutes. Hon. members, as this may be the final meeting of the committee, the practice in similar select special committees has been to authorize the chair to approve the minutes of this meeting after members have had the opportunity to review them for the record of the Assembly. I'd like to open the floor for discussion of this matter and a potential motion that states that the Select Special Committee to Examine Safe Supply authorize the chair to approve the draft minutes of the June 7, 2022, meeting of the committee after they have been circulated to the committee members for review. Any discussion or a potential motion?

Mrs. Allard: So moved.

The Chair: Excellent. MLA Allard, would you like to read that in for the record?

Mrs. Allard: Sure. Thank you, Mr. Chair. I move that the Select Special Committee to Examine Safe Supply authorize the chair to approve the draft minutes of the June 7, 2022, meeting of the committee after they have been circulated to all committee members for review.

The Chair: Excellent. Any further discussion on that?

Mr. Yao: My apologies. I want to talk about – my apologies here – the summary of issues and proposals. I don't know if we can go back to that, but that's why I have my hand raised.

The Chair: Okay. Sorry. We'll deal with this motion that's before us at this point, then, and then come back to you, MLA Yao.

Okay. Any discussion on the motion?

All right. Hearing and seeing none, I'll call the question. All in favour online and in person, please say aye. Any opposed online and in person, please say no.

That is carried.

All right. MLA Yao, I'm just going to suggest we head into other business and maybe address your concerns at that point.

We're now in other business. MLA Yao.

Mr. Yao: Thank you. I'd like to go back to the summary of issues and proposals and just my concerns with it. I guess, in the end, it – I mean, obviously, at first glance it just seems unbalanced compared to the number of submissions that we had, but as I read it further, I guess my concern is in regard to opposition to the provision of safe supply. A lot of other solutions were provided by a lot of these. Alternative treatments were provided by a lot of the subject matter experts, and those aren't really expanded on here in section 1(b), stakeholder suggestions for medical support, especially treatment services, and social services, whereas under support for the provision of safe supply she provides in great detail what they should be doing. To that effect, I'm wondering if we could ask for the good doctor to expand on 1(b), under opposition to the provision of safe supply, and the stakeholder suggestions for medical support, to expand on a lot of the things that were provided to us. I think that would ensure that this document appears to be more balanced, in my perspective. I'm just wondering about other people's thoughts.

The Chair: Dr. Massolin.

Dr. Massolin: Yeah. Just for the committee to note, this document was prepared with the government motion in mind, Government Motion 115. I know that the committee is familiar with this motion, but if you read part 2 of that motion, you'll see that it's really about safe supply and to examine the concept, to examine the efficacy of safe supply. This document was prepared with that in mind, so it dealt with the issue of safe supply. It did not deal with alternative medical processes, procedures, and alternatives in lieu of safe supply because that was really not in the mandate as set out in Government Motion 115.

Thank you.

The Chair: Excellent. Any further comment?

All right. Any other business that members wish to discuss at this time?

Hearing and seeing none, we will go to section 7, date of the next meeting – it'll happen at the call of the chair – and then we will move to adjournment.

I would like to take the opportunity to thank everyone who has made a submission or a presentation to the committee and for your contribution.

If there's nothing else for the committee's consideration, I'll call for a motion to adjourn. Would anybody like to adjourn?

Mrs. Allard: So moved.

The Chair: Excellent. MLA Allard moves that the June 7, 2022, meeting of the Select Special Committee to Examine Safe Supply be adjourned. All in favour, please say aye. Any opposed, please say no. That is carried, and we are adjourned.

[The committee adjourned at 11:05 a.m.]

