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Lundi 27 septembre 2010

Speaker
Honourable Steve Peters

Clerk
Deborah Deller

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L'honorable Steve Peters

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LEGISLATIVE ASSEMBLY OF ONTARIO

Monday 27 September 2010

ASSEMBLÉE LÉGISLATIVE DE L'ONTARIO

Lundi 27 septembre 2010

The House met at 1030.

The Speaker (Hon. Steve Peters): Good morning. Please remain standing for the Lord's Prayer, followed by the non-denominational prayer.

Prayers.

INTRODUCTION OF VISITORS

Mr. Khalil Ramal: I would like to welcome the president of COCA, Ian Cunningham; David Zurawel; and all the members who came from across the province of Ontario to be with us here today for their second annual Queen's Park day.

As you know, COCA plays a pivotal role in our province, and they do an excellent job on behalf of all of us. They represent 30-plus organizations in this beautiful province.

Again, from myself, the Minister of Labour and the member from Brantford, welcome, COCA members. I want to invite all my colleagues to go to the reception this afternoon from 5 to 7.

Hon. Margarett R. Best: Today, I want to take this opportunity to welcome the students, staff, teachers and volunteers from Cornell Junior Public School in the riding of Scarborough–Guildwood. They are here in the Legislature somewhere and will eventually make their way into the House.

Hon. Kathleen O. Wynne: I'd very much like to introduce the family of Lathiha Thillainadarajah. Thillai Sinnadurai is Lathiha's father, Rani Thillainadarajah is her mom and Asmitha Thillainadarajah is her sister.

I just want to say that I met Lathiha when she was six years old when I knocked on their door, and she has been paying attention to the Legislature ever since. It's just wonderful to have her here as a page.

Mr. Dave Levac: I know they've been introduced, but I would be remiss not to introduce the House to a former MPP for the city of Brantford, Ron Johnson, who is with us and represents COCA as well. Ron, welcome back.

Hon. Monique M. Smith: I'm excited to introduce my good friend Paul Davidson, who is the executive director of the Association of Universities and Colleges of Canada, and also dad to our page Tom. Welcome, Paul.

Hon. Eric Hoskins: I just wanted to introduce the family of the extraordinary page Brandon Chan from the great riding of St. Paul's. His mom, Vivienne Ang, and his father, Eugene Chan, are in the gallery.

The Speaker (Hon. Steve Peters): On behalf of page Thomas Davidson and the member from Ottawa Centre, we'd like to welcome Paul Davidson to the Legislature today. Welcome to Queen's Park.

We have with us in the Speaker's gallery a parliamentary delegation from the National Assembly of the Republic of Kenya, led by the Honourable Amina Abdalla. Please join me in welcoming our guests to the Legislature today. Welcome to Ontario.

We also have with us today in the Speaker's gallery a delegation from the Kurdistan Regional Government, led by the Minister of Trade and Industry, His Excellency Sinan Chalabi. Please join me in warmly welcoming our guests from Kurdistan. Welcome to Ontario.

I want to take this opportunity to thank members from all three sides for coming to Elgin county for the 2010 International Plowing Match. It was great to have you there. I want to take this opportunity to publicly acknowledge Duncan McPhail, the chairman, and the great team of individuals that he put together to put together such a great show. Again, thank you for coming to Elgin.

LEGISLATIVE ASSEMBLY WEBSITE

The Speaker (Hon. Steve Peters): I'd like to advise members that, commencing today, the Legislative Assembly website will begin posting an eight-day rolling archive of the daily question period. Each day's question period will be posted to the site shortly after it is completed. This is important. Anyone can then watch question period for the current day and the preceding seven days on demand, whenever they wish, from their own computer.

I know this is an issue that has been dealt with in here, but given the fact that the two satellite TV carriers do not provide the Ontario parliamentary channel to their subscribers and the channel is increasingly difficult to find on digital cable systems, I feel that delivering the parliamentary proceedings on our own website is now a priority.

Further enhancements to the website are now being planned, but in the meantime, please let your constituents know that the eight-day archive of question period is now available to them directly from the Legislative Assembly website.

I thank the members. Many of you, I know, had input into this.

Mr. John O'Toole: On a point of order, Mr. Speaker: Thank you very much for extending that service. I should remind members that the streaming video portion online does not have an audio signal. I've had complaints from

constituents that the streaming portion of the video does not have an audio portion to it on many days, if not all days.

The Speaker (Hon. Steve Peters): I thank the honourable member for that. We've actually just gone to—one of the reasons we've been able to achieve this is that we actually have a new provider. I would just say to any of you that at any time, if you become aware of that, please let the Deputy Clerk know and we will have a look at that.

There being no further introductions it is now time for oral questions.

ORAL QUESTIONS

TAXATION

Mr. Tim Hudak: My question is for the Premier. I got into public life because I believe that Ontario families know what's best for their children, and they should have more money in their pockets to address their own families' priorities.

The Premier, though, thinks he has a more intelligent understanding of families than they do, and this sense of superiority was on full display during the Premier's Marie Antoinette moment this weekend, when he declared Saturday as laundry day for us common folk. Premier, how did you get so far out of touch?

1040

Hon. Dalton McGuinty: I appreciate the opportunity, and I want to thank my honourable colleague for raising an important issue once again, which is, how do we, working together, manage the development of our electricity system; how do we clean up our air; how do we invest in a new industry; and how do we help families manage the new costs associated with the assumption of those three important responsibilities? The point that I want to make—and I know that my friend, in fact, supports this—is that it's important that families understand there is a full discount period all day Saturday and all day Sunday when time-of-use rates are in effect. I just want to make sure that families are aware of that option.

Again, I would implore my colleague to join us as we assume our responsibilities to ensure that we have in place a reliable electricity system, cleaner air and a new industry in Ontario.

The Speaker (Hon. Steve Peters): Supplementary?

Mr. Tim Hudak: I sure hope that families that weren't able to do their wash on the Premier's first provincial laundry day won't get a lecture from the nanny Premier and make sure they get it done next Saturday.

Premier McGuinty started in office by reversing income tax reductions that would benefit every family in Ontario. You scrapped property tax reductions for our seniors and then you brought in your so-called health tax that attacked Ontario's middle class. You have built a legacy of extra school fees and insurance premium hikes, and now you're piling up the HST on eco taxes and taking more money from average Ontario families who are struggling to make ends meet.

Premier, why do you see Ontario families as bottomless ATMs for your expensive experiments?

Hon. Dalton McGuinty: On the matter of the HST, I want to once again take this opportunity to thank so many Conservatives, both in Ottawa and the former leaders of the provincial Conservative Party, for their unrelenting support for this measure as part of a comprehensive package of tax reforms.

My friend says he's concerned about the financial challenges for our families today, and I think that's a legitimate concern. But I would ask him why it is, when we have put in place measures to reduce taxes for people by $12 billion over three years, that he stands against that? Why does he oppose our personal income tax cut benefiting 93% of Ontarians? Why does he oppose our new sales tax credit of $260 each for adults and children, and our transition benefit of $1,000 for families and $300 for individuals? Every time we move to lend support to families, we don't get the support we think we should from the opposite party.

The Speaker (Hon. Steve Peters): Final supplementary.

Mr. Tim Hudak: Premier, you've raised taxes. You've cost this province jobs, and families are looking for change. You brought in a so-called health tax increase that costs a typical middle-class family up to $900 a year. Income and property taxes have gone up. But Premier McGuinty thinks that families can pay even more for his expensive experiments. Your HST tax grab will cost middle-class families up to $1,000 a year more, and then you go out and nickel and dime families every time they turn around, including your eco tax grab on 9,000 items that families use each and every day, from bath toys for their kids to suntan lotion.

When is enough enough? When will you call an end to your attack on families' pocketbooks and give needed relief to hard-working average families?

Hon. Dalton McGuinty: I understand that my colleague is exclusively focused on some of the financial challenges that affect our families, and we are very much concerned about those costs. That's why we've moved forward on so many different fronts to put in place new financial supports for our families, including personal income tax cuts.

But beyond that, I think we bring a more holistic view to the concerns of Ontario families. That's why we will continue to find ways to invest in their schools and to ensure that students are demonstrating increased academic achievement. That's why we'll continue to find a way to invest in our hospitals, with more doctors and nurses, more technologies and more drugs. That's why we'll continue to find a way to invest in the development of new industries in the province of Ontario, whether that's clean water or clean air industries.

My sense is that families want us to look at their costs but they also want us to look at their public service and the strength of their economy.

TAXATION

Mr. Tim Hudak: Back to the Premier: Premier, I am proud to stand on the side of hard-working Ontario families whose pocketbooks are under constant attack by the Dalton McGuinty government. We will work—

Interjections.

Mr. Tim Hudak: The Dalton McGuinty government, Speaker—I did say that. I'm being very careful—

The Speaker (Hon. Steve Peters): I just would be cautious. Thank you.

Mr. Tim Hudak: We are on the side of families who need tax relief, who are struggling just to tread water, to keep up with your constant attack on their pocketbooks: income and property tax increases, HST, eco tax grab.

What do we see from the Premier? What are the Premier's priorities? Expensive energy experiments like smart meters; sex ed classes for six-year-olds; putting cellphones in classrooms across the province; and now, declaring Saturday Provincial Laundry Day.

Premier, enough is enough. How do you think families can pay 732 bucks more a year just for your hydro increases alone?

Hon. Dalton McGuinty: I want to remind my honourable colleague of something that our Environmental Commissioner said: "There's a lot of exaggerated claims that 'prices are going through the roof.' And I am worried this is going to trump environmental concerns, and sacrifice long-term benefits for short-term political ... gains."

There's an important distinction to be drawn between a rant and the assumption of responsibilities. On this side of the House we're taking on important responsibilities. When it comes to our electricity plan we're trying to do three things at the same time:

(1) We want to put in place a reliable electricity system.

(2) We want to clean up the quality of our air, and I think families are very concerned about that.

(3) We are laying the foundation for a new industry. It's an exciting industry. It's a clean industry. It has to do with clean electricity.

It's a difficult responsibility to assume. We're taking it on. We know there are costs connected with that. We want to continue to work with our families to help them manage those costs.

The Speaker (Hon. Steve Peters): Supplementary?

Mr. Tim Hudak: Quite frankly, based on that answer, while the Premier wants Ontario families to do their laundry on Saturdays, the McGuinty government is on spin cycle seven days a week.

Premier, you just don't get it. You just don't understand. If you sat down with a family in Ottawa; in Toronto, where you live; wherever in the province, you know that they leave the hydro bill on the kitchen table for days and days on end because they only know it's going in one direction: up and up and up.

This fall you've targeted families' wallets with eco taxes, your smart meter tax machines, new taxes and fees for hydro. You've taken thousands of dollars out of the pockets of middle-class families, and all you offered was an insulting $50 tax credit.

Premier, are you so out of touch that you don't understand that families are treading water today just to make ends meet?

Hon. Dalton McGuinty: Again, I think there's an important distinction to be drawn here between a rant and responsibility.

I want to remind Ontarians where we were. In 2003 we were barely able to keep the lights on. There was a desperate and dangerous shortage of electricity in the province of Ontario. There were brownouts, and we are at risk of a major blackout.

The opposition party has, as the fundamental tenet of its plan to modernize electricity, to put, into the downtown core of our cities, diesel generators. I think that is irresponsible.

We are investing billions of dollars in new generation, billions of dollars in new transmission. We are building a modern, reliable, clean electricity system. It has the added benefit at the same time of putting in place the foundation for a new industry in Ontario, creating up to 50,000 clean, green jobs. That is something that I would argue is very important to Ontario families.

Interjections.

The Speaker (Hon. Steve Peters): Members will please come to order.

Interjection.

The Speaker (Hon. Steve Peters): It's not helpful, the member from Durham interjecting. I can close my eyes and I know your names.

Final supplementary.

Mr. Tim Hudak: When I look across the aisle, I see a team of McGuinty Liberals who sat on their hands, who said nothing when their out-of-touch leader surprised families on the day that they brought in the HST with an eco tax grab on 9,000 items families use each and every day.

1050

Premier, things have become so bad with your attack on the pocketbooks of ordinary hard-working families that even the NDP has joined our cause to fight for lower taxes for families, to give them a break, to give them some kind of tax relief. Standing with me are a group of Ontario PCs who get it, who will fight for families and give them the break they need, a chance to catch up and a chance to create jobs in the province of Ontario once again.

You don't get it; we do. We'll stand up, defend the family pocketbook, deliver real relief for families who need it today and create jobs in the province of Ontario. Why don't you get it?

Hon. Dalton McGuinty: Again, I just believe my honourable colleague has a decidedly simplistic view of

Ontario families and their concerns. Not only are they concerned about household expenses—and that is very a real and legitimate concern—but they're also concerned about the quality of their schools. They remember what happened on their watch to our schools. They're not eager to go back there. They're sick and tired of the bickering and infighting that prevailed at that time when it came to public education in the province of Ontario.

They are also very concerned about the quality of health care and getting access to that good-quality health care for everyone in their families. They don't want to go back to where we were when they fired nurses, shut hospitals and shut down hospital beds.

They're also concerned about the quality of their environment. They don't want to go back to those days when they cut the Ministry of the Environment in half and laid off water inspectors and meat inspectors. They want to keep moving forward; they don't want to go back.

HYDRO RATES

Ms. Andrea Horwath: My question is to the Premier. Over the last month, we've been telling the stories of people across Ontario who are simply overwhelmed by their rising electricity costs. As their bills have climbed, the Premier has dismissed their concerns. My question is a simple one: Why doesn't the Premier think people deserve some relief?

Hon. Dalton McGuinty: We're going to continue to work hard with our families to help them manage these costs. What I will tell you is that we're not going to go back to a time when our electricity system was characterized as being weak, unreliable and dirty.

Again, I want to remind my honourable colleague of something said by the Environmental Commissioner. He said, "There's a lot of exaggerated claims that 'prices are going through the roof.' And I am worried this is going to trump environmental concerns, and sacrifice long-term benefits for short-term political ... gains." I would advise my honourable colleague to pay close attention to those words of good advice.

The Speaker (Hon. Steve Peters): Supplementary?

Ms. Andrea Horwath: Over the last month, the Premier has tried to defend the indefensible: sweetheart private power deals that charge people for power they don't even use; a $240-million giveaway to hydro companies; and so-called smart meters that don't conserve energy, don't help people conserve energy and, in fact, drive their costs up. Why is the Premier forcing people to pay an unfair sales tax on top of this mess?

Hon. Dalton McGuinty: Again, I want to quote something that the Environmental Commissioner said about smart meters and time-of-use rates. He said, time of use "is about saving future costs for Ontarians, rather than"—

Interjections.

The Speaker (Hon. Steve Peters): Members will please come to order—on both sides.

Premier?

Hon. Dalton McGuinty: As I was saying, the Environmental Commissioner said the following about smart meters and time-of-use rates: "Additionally, TOU is about saving future costs for Ontarians, rather than present costs. By reducing peak demand (which should come about through customers' response to time-of-use prices), we avoid having to build more power plants and transmission lines."

What we're doing is taking on an important responsibility. We know that families take it as their responsibility to manage their costs, but one of the things they look to us to do is ensure that, when they flick on the switch, the lights turn on. They want to make sure there is electricity there for our families, for our businesses, for our schools and for our hospitals—clean, reliable, strong electricity systems. That's what we will continue to build.

The Speaker (Hon. Steve Peters): Final supplementary.

Ms. Andrea Horwath: The HST isn't keeping the lights on and it's not cleaning our air; it's just taking money out of people's pockets and handing it out as a massive corporate tax giveaway.

Now, if this Premier can find $1.5 billion for smart meters, $2 billion a year for a corporate tax giveaway and millions for skyrocketing CEO salaries, why, oh why, can't he find the money to take the HST off our hydro bills?

Hon. Dalton McGuinty: Again, my honourable colleague refuses to recognize the $12 billion in tax cuts that we're putting in place over the course of three years for our families. She refuses to acknowledge that. Fortunately, that was acknowledged by important institutions like the Daily Bread Food Bank and the Canadian Centre for Policy Alternatives, which said that taken as a whole, including the HST on electricity costs, our package of tax reforms will put low-income families in a better position; it will leave middle-income families in the same place; and our highest-income families will be a little bit worse off. We think that's fair. We think it's responsible. It's all about building a stronger economy and a stronger, more reliable, cleaner electricity system.

HYDRO RATES

Ms. Andrea Horwath: My next question is to the Premier. Seven years of the McGuinty Liberals have left families afraid—literally afraid—to open their hydro bills. Cherie Perks from Ayton writes, "I am terrified I may have to sell the home I built, raised my children in and have lived in for 28 years because of the hydro rates and the HST on those rates.... Our bill was nearly $200 ... then add the HST on top of that, well ... it scares me half to death!"

Why won't the Premier take the HST off hydro bills and help Ms. Perks and Ontarians like her?

Hon. Dalton McGuinty: Again, I want to acknowledge that Ontario families are very concerned about

mounting costs to their households coming on a number of fronts, and I know they're concerned about mounting costs associated with their electricity bills. That's understandable. We're very much aware of that and very much share that concern. On the other side of this, I know that my honourable colleague, at some point in time, is going to want to speak to this in a responsible way.

We have to build a modern, strong, clean reliable electricity system in the province of Ontario. We can't go back to the days when the plan, which would have been laughable except for the fact it was dangerous, was to put diesel generators in place in the downtown cores of our cities. We think that is unacceptable. We think we have to continue to invest, and you would think as well that my honourable colleague would support our plan to put in place clean, green, electricity for the people of Ontario.

The Speaker (Hon. Steve Peters): Supplementary?

Ms. Andrea Horwath: From smart meters to the HST to paying for higher profit margins and nuclear power we don't use, family budgets are being squeezed. Anna Mikicinski from London says that her utility bills are over $600, and writes, "The cost of living is outrageous, and something needs to be done about it. If only wages went up as much as utility prices.... I need help with the monthly bills...."

Why won't the Premier make life more affordable and take the HST off hydro bills?

Hon. Dalton McGuinty: My honourable colleague says she is concerned about mounting costs for families, but I have a hard time believing that. Because, when we cut personal income taxes for 93% of Ontarians, she voted against that. When we put in place a $1,000 transition benefit for families, she voted against that. When we put in place a new sales tax credit—$260 each for adults and children—she voted against that. When we doubled our senior homeowners' property tax grant from $250 to $500, she voted against that. When we put in place our new Ontario child benefit, the first of its kind in the country—it's now $1,100 per child—she voted against that. We're proposing to move ahead with a children's fitness tax credit—$50 per child. I suspect—maybe I'm wrong—that she is going to vote against that. Every single time we come to the fore and put in place new financial supports for Ontario families, the NDP continues to vote against those measures. So, I don't believe her when she says she wants to help families.

The Speaker (Hon. Steve Peters): Final supplementary.

Ms. Andrea Horwath: New Democrats are proud to have voted against the ongoing failures of this government.

The Premier's hydro policies have made people's lives more expensive—period. Gail Murphy from Windsor writes: "With the recent HST added to my hydro bill, my monthly budget payment is not sufficient to cover my yearly billings, and now I have to pay an additional $150.... I hoped to live as many of the remaining years of my life as possible in my … home. I now find that I may have to sell my home...."

Ms. Murphy needs some help getting by, Premier, like so many other Ontarians. Why will the Premier not take the HST off of her hydro bill?

1100

Hon. Dalton McGuinty: Again, I would recommend to my honourable colleague a report put out by the Canadian Centre for Policy Alternatives. It is very thorough. It is objective. It takes a look at our comprehensive package of tax reforms in the province of Ontario, including our $12 billion in cuts for people over the course of the next three years. The conclusion of that report is found in the title itself: Not a Tax Grab After All. It makes perfectly clear that when you take everything into account, all things into consideration in terms of our tax reforms, low-income families come out ahead, middle-income families remain at the same level, and when it comes to our highest-income families, they come out a little bit behind.

We think it's fair and responsible. Again, it's all about building a stronger economy. Our families want jobs; they want cleaner air; they want the foundation for new industry, and that's clean, green electricity. That's what our plan is all about, Speaker. It may be that they have a plan, but I have yet to hear of it.

TAXATION

Ms. Lisa MacLeod: My question is to my friend opposite, the Premier. Premier McGuinty's health tax takes about $900 a year from the pockets of middle-class families. His hydro increases are making them pay $732 more per year.

Interjections.

Ms. Lisa MacLeod: His income tax and property tax increases over the past seven years have made Ontario families pay several thousand more dollars a year. And his HST is making a typical middle-class family pay over $1,041 a year.

Interjections.

Ms. Lisa MacLeod: Is there any wonder why the mention of his name has Ontario families hiding their wallets?

Hon. Dalton McGuinty: That is—

Interjections.

The Speaker (Hon. Steve Peters): I appreciate the question. I didn't really appreciate the background graphics that were associated with it.

Premier?

Hon. Dalton McGuinty: That's some wonderful, creative technicolour fiction, which is always a source of interest and amusement, but let's stick to the facts. Here are the facts: We are cutting personal income taxes for 93% of Ontarians. It works out to $200 a year per person—that's permanent. There is a transition benefit for our tax reforms. Families will receive $1,000; individuals, $300.

Hon. Sandra Pupatello: They voted against that, Premier.

Hon. Dalton McGuinty: They voted against that as well.

Our new sales tax credit: $260 each for adults and children—that will benefit nearly three million Ontarians. They voted against that as well.

The Speaker (Hon. Steve Peters): Supplementary?

Ms. Lisa MacLeod: The Premier just doesn't get it. That's probably why 30 members of his caucus didn't show up today, because he just doesn't get—

Interjections.

The Speaker (Hon. Steve Peters): Stop the clock, please.

Interjections.

The Speaker (Hon. Steve Peters): I really do appreciate all the armchair Speakers that are here trying to assist me, but there is only one Speaker and it is me. If you would like to come up and sit here some time, I think it would be very good for each and every one of you to come and spend some time in this chair. But there is one Speaker and it's me, and I don't need the assistance of others.

I just will remind the honourable member that we do have an understanding within this place that, notwithstanding that she spoke to a number of absences without anybody specific, we don't know why any individual member may or may not be here and it's just best we don't do that.

Please continue.

Ms. Lisa MacLeod: I think it was just a critical mass that has us concerned on this side.

But the Premier says he's got plans. He says he's—

Interjections.

The Speaker (Hon. Steve Peters): Minister of Economic Development, do you want to trade seats?

Interjections.

The Speaker (Hon. Steve Peters): Even veiled references.

Ms. Lisa MacLeod: The Premier says he's got a plan. He's got a long-term energy plan, an HST job plan, but there's no point in asking for specifics over there, like when the first 60,000 families will see the jobs that he said the HST will create. The former revenue minister said, "Most of them have already been created." The current minister is no better. She stuck with the same talking points when 36,000 jobs were lost.

My question for the Premier is: Are you so out of touch that you don't understand that taxes should be going down while jobs should be going up?

Hon. Dalton McGuinty: Lots of enthusiasm, lots of excitement and lots of energy, but not a lot of specifics. But for the benefit of Ontarians, I will speak to one specific put forward by the official opposition to this point in time, because there is a dearth of specificity when it comes to their plans.

They're going to take $3 billion out of health care. That's going to be one of their cuts. They're going to take $3 billion out of health care. I want you to imagine how many thousands of nurses that will require that we lay off in the province of Ontario. I want you to ask yourself how many hospital beds will have to be closed as a result of that. I want you to think of the increased wait times as a result of the lack of access to human resources and technologies available to Ontarians that are associated with their tax cuts. I think it's important that we remain somewhat sober-minded as we consider their reckless plans to cut taxes.

Interjections.

The Speaker (Hon. Steve Peters): Stop the clock. I say to the honourable member from Nepean–Carleton and the government House leader that if you want to have a cross-floor discussion about issues that are important to you, please take it outside the chamber.

Mr. Peter Kormos: You could throw both of them out.

The Speaker (Hon. Steve Peters): Perhaps the honourable member from Welland wants to sit in the chair.

New question.

HYDRO RATES

Mr. Howard Hampton: A question for the Premier. Families in northwestern Ontario are being squeezed by skyrocketing hydro bills. Mary Ellen Cooper from Thunder Bay writes: "We are going to be hurt—big time—with the HST.... My pension hardly covers my expenses. When is McGuinty going to open his door and look at the hungry people of this province, of the city of Thunder Bay where the mills are closed and" people "are out of work? Where families have lost everything. It is time McGuinty gave his head a shake"—

The Speaker (Hon. Steve Peters): Stop the clock. I remind the honourable member—notwithstanding the fact that he is quoting from a letter—of my previous comments about making reference to offices and not names. Please continue.

Mr. Howard Hampton: My question: What is the Premier going to do to make life affordable for northerners like Mary Ellen Cooper?

Hon. Dalton McGuinty: To the Minister of Energy.

Hon. Brad Duguid: We understand that northern residents in Ontario, and all residents of Ontario, are working hard as we come through this challenging time, as our economy begins to build, and they have been through a tough time. Rising energy costs are something that those families are working through.

In recognition of that, in our last budget we brought forward the northern Ontario energy tax credit. I believe that will assist about half of the residents of northern Ontario, creating a permanent annual credit of up to $130 per person, $200 per family. The NDP didn't support that.

The northern industrial electricity rate program is moving through the north, creating jobs in the north and helping to make the energy rates more competitive for northern businesses. That's going to help families by creating jobs.

Our new energy and property tax credit—

The Speaker (Hon. Steve Peters): Thank you. Supplementary?

Mr. Howard Hampton: Well, the Premier needs to know that his so-called northern energy credit isn't covering the one-month increase in people's hydro bills, never mind the other 11 months.

Jim Hill, a constituent, writes: "I am an old-age pensioner. My hydro bills have been too high for my budget. But now with the HST they are so high that they consume my grocery funds. I no longer can shop for the month and am getting pretty hungry eating ... bread and margarine...." New Democrats believe we can make life more affordable for people like Jim Hill by taking the HST off the hydro bill.

My question: Why won't the Premier give families a break by taking the HST off the hydro bill?

1110

Hon. Brad Duguid: As I said earlier, we get it. We understand the challenges facing Ontario families. That's why, today, Minister Duncan and Minister Bartolucci are in Sudbury talking about our northern Ontario credit and northern industrial rates that are going to assist northern Ontario families in dealing with these challenges.

But one of the challenges we have here in this province is that the NDP do not support our efforts to move forward and build a stronger economy in the north by investing in northern energy projects. I was recently up in Kapuskasing, where I was joined by your colleague Gilles Bisson as we celebrated the 600 jobs being—

The Speaker (Hon. Steve Peters): I would remind the honourable member that we don't refer to members' names; we refer to ridings or titles.

Hon. Brad Duguid: My apologies, Mr. Speaker. I believe it's Timmins–James Bay. We were just up together in Kapuskasing, celebrating the Lower Mattagami project creating 600 jobs in the north—a partnership with First Nations communities.

We are building energy projects for the north. We're creating jobs in the north. The NDP do not—

The Speaker (Hon. Steve Peters): Thank you. New question.

LOCAL HEALTH INTEGRATION NETWORKS

Mr. Charles Sousa: My question is for the Minister of Health and Long-Term Care. In my riding, we're served by the Mississauga Halton Local Health Integration Network. We know that these networks are vital in assessing the needs of our local communities, and the results in my riding have been very impressive.

When my constituents ask about the health improvements we've made in Mississauga South, it's with pleasure that I mention our very good working relationship with the LHIN. I meet with them regularly, and they're always eager to assist my staff and my community.

I have recently been informed that the Mississauga Halton LHIN has been nominated for a prestigious award, a health award. Could the minister please inform the House about this award and what it means to my constituents?

Hon. Deborah Matthews: Thank you to the member from Mississauga South for the question, and also congratulations and happy birthday to the member.

The member is absolutely right: The Mississauga Halton LHIN has just been nominated for a very prestigious international award, the Bertelsmann Foundation's 2011 Reinhard Mohn Prize for vitalizing democracy. The LHIN has been recognized for groundbreaking projects that promote civic engagement and community participation in their health care planning process. Last year, the Mississauga Halton LHIN conducted an innovative and extensive community engagement exercise that included a citizens' reference panel as part of its integrated health service plan refresh process.

Some in this House want to silence the voice of community members when it comes to planning—

The Speaker (Hon. Steve Peters): Thank you. Supplementary?

Mr. Charles Sousa: This is wonderful news. To be recognized for a prestigious award is a testament to the hard work the Mississauga Halton LHIN has done for the community.

My constituents are always curious to know what our government has been doing to improve health care in this province as well as in my riding. We know that our LHINs play an integral role in providing our communities with important patient-based care. Would the minister tell my constituents and this House about the Mississauga Halton LHIN's accomplishments in providing care for our communities?

Hon. Deborah Matthews: I'm very proud of the work that our LHINs are doing to provide important patient-based care in our communities. Let me illustrate by telling you one story.

There's a program in the Mississauga Halton LHIN; it's called Seniors Enjoy Nurturing Activities Companionship Achievements, SENACA. It's a program that focuses on helping seniors lead active lifestyles when they are aging at home.

I want to read from a letter that one family member wrote about this program. She said, "I am convinced that the mental and physical stimulation provided by SENACA is holding back the onset of Parkinson's disease" that her mother suffers from. "Without the SENACA program during the day, my mother would be unable to remain at home with the ones she loves in an environment that is familiar and comfortable."

This is just one of thousands of examples of the LHIN doing the work they do—

The Speaker (Hon. Steve Peters): Thank you. New question.

HYDRO RATES

Mr. Peter Shurman: My question is for the Premier—and I'm extremely serious in asking this. Premier

McGuinty showed how out of touch he's become with Ontario families when he said that anyone looking for a break on their hydro bills should do their laundry on Saturday. Can Premier McGuinty tell my Thornhill constituents whether to do laundry before or after synagogue on the Sabbath?

Hon. Dalton McGuinty: To the Minister of Energy.

Hon. Brad Duguid: It's pretty obvious that the opposition do not support conservation. They didn't put it in place when they were in power; they had no conservation then. Now that we're building up conservation, about to receive an A-plus from the Canadian Energy Efficiency Alliance—today, in fact, we'll be awarded that—where their mark for that government was a C-minus—it's very obvious they don't support it, but there was a time when they did.

I have a report here called Energy for the Future. I believe I'm going to have to deal with this in the supplementary, and I will. I'm looking forward to sharing this with the people of Ontario.

The Speaker (Hon. Steve Peters): Supplementary?

Mr. Peter Shurman: That minister's insensitivity is absolutely incredible, as evidenced by that answer. That minister and Premier McGuinty just don't get it. Manufacturers are balking at the expensive hydro and high taxes. They're walking from the province and they're taking high-paying jobs with them.

Premier McGuinty talks about 500 jobs at a solar plant. Ontario families—36,000 of them since the HST came into effect—talk about how to keep the lights on now that their jobs are gone.

Can't you do better for Ontario families and businesses than to ask, "Will the last one to leave please turn out the lights?"

Hon. Brad Duguid: As I said, they didn't get it when they were in power and they don't get it now. It's time for us to work together. This isn't just about government policy; this is about embracing a culture of conservation across this province. Every Ontario family and business is part of this.

The funny thing is, I have in my hand a copy of the Energy for the Future report. In this report it says this: "We have to invest in conservation—to offset demand. We have to invest in demand management—to shift peaks in consumption to off-hours." This report was prepared by the Ontario Progressive Conservative Party. The task force that put it together was chaired by John Yakabuski. Norm Sterling and John O'Toole played a part in this task force—

Interjections.

The Speaker (Hon. Steve Peters): Stop the clock. The Speaker is standing. Once again, I will remind the honourable member that we do not refer to individuals' names; it is ridings or titles. New question.

HYDRO RATES

Mr. Michael Prue: My question is to the Premier. The greater Toronto area isn't immune to the economic slowdown either. Families are struggling to make ends meet, but this government's hydro policies have made things worse for all of them.

Kelly Lynch from Oakville writes: "I received my hydro bill and it was $800. I had just paid two months ago $652 ... Help me!"

Rhoda Crisp writes: "I'm on a fixed income … The hydro is supposed to increase by 10% ... It is way beyond my means."

People like Ms. Lynch and Ms. Crisp deserve an answer from this Premier. When will he make their lives more affordable?

Hon. Dalton McGuinty: To the Minister of Energy.

Hon. Brad Duguid: We said earlier today, and will continue to say this: We get it. We understand that it's not easy for Ontario families to deal with increasing energy rates, but the fact is that these are important investments for those very same families.

Ontario families deserve an energy system they can count on. They deserve to know that when they turn on the lights, there's going to be enough energy in this province to provide them with the power they need to lead their lives and to run their businesses. These are important investments.

There was a time when the NDP talked about supporting these investments, but when push comes to shove, the NDP just does not have the courage to stand up to their convictions and does not have the courage to stand by the important decisions that must be made to ensure that we have a strong, reliable and clean system of energy to ensure that each and every family in this—

The Speaker (Hon. Steve Peters): Thank you. Supplementary?

Mr. Michael Prue: I only wish this minister had the courage to do what was right. Across the GTA, people are trying to save. Bill Wilkinson says, "We have been maniacal about turning off lights, doing laundry late at night, using a toaster oven rather than the stove oven, and the bill keeps going up!"

Rhae Jaworski says this: "I am frugal with my own personal budget and was shocked and outraged at the amount of money owing to hydro on this month's hydro bill: $375, including over $40 HST." She asks, "How can a family of three in a modest home with light dimmers, following the 'peak saver' schedule, be charged such an exorbitant amount of money?"

There is a way, Mr. Premier, to provide Mr. Wilkinson and Ms. Jaworski with immediate relief: Remove the HST from hydro. Why won't the government agree?

1120

Hon. Brad Duguid: We're working very hard with Ontario families to transform our energy system which, when we inherited it, was weak. It was unreliable and it was dirty. It was relying on dirty coal, polluting our air and impacting the health of our kids.

We need to do better than that. We're committed to doing better than that. The opposition clearly is not willing to make the decisions that we need to make to modernize our energy infrastructure; to give Ontario families

and businesses a modern, a more reliable, a stronger energy system that's going to lead us into a future that's going to be healthier for our kids and that's going to have cleaner air.

This is something that each and every one of us in this province should be behind. It's obvious the opposition and the third party do not support this, do not support a stronger, more reliable and cleaner energy system. As the Premier—

The Speaker (Hon. Steve Peters): Thank you. New question?

ONTARIO ECONOMY

Ms. Helena Jaczek: Speaker, through you, my question is for the Minister of Revenue. Families in my riding have been hit hard by the global economic recession. They've been telling me that sometimes it is a challenge to raise a family in this environment. They have been contacting my constituency office and asking for my assistance on ways to help them provide for their families and find jobs. Good jobs for the people of Ontario is one of the most important things this government can do to help people provide for their families.

Can the minister tell this House what the government is doing to help Ontarians like my constituents in Oak Ridges–Markham provide for their families?

Hon. Sophia Aggelonitis: I thank my colleague from Oak Ridges–Markham for the chance to talk about the McGuinty government's plan for families, and that is called the Open Ontario plan. It is an exciting plan and it's about helping families in Ontario. We're doing that with two things: First, we're creating jobs and second, we're cutting taxes. Just last week, the Conference Board of Canada predicted Toronto would see economic growth of 4.7% this year, followed closely by my own city of Hamilton with 4.5% growth.

Over the next 10 years, our comprehensive tax reform package is about bringing $47 billion of investment and creating almost 600,000 new jobs. We're creating jobs for Ontario families. We will continue creating jobs for Ontario families.

The Speaker (Hon. Steve Peters): Supplementary?

Ms. Helena Jaczek: I'm glad to hear the government is working hard to make it easier for families in Ontario. Making the economy more competitive and creating jobs for families across the province are important initiatives.

Perhaps the minister could also share how tax exemptions, tax credits and transitional cheques also help Ontarians provide for their families. I know that our government has a plan to help families during this difficult time. Can the minister speak more about this plan to strengthen the economy and create more jobs for families, especially low-income families, across this province?

Hon. Sophia Aggelonitis: The second way we are helping Ontario families is by cutting taxes. In fact, nine of every 10 Ontarians will pay less income tax this year. Our Ontario sales tax credit will provide families with up to $260 every year for every family member, and families that are earning less than $160,000 will receive a transition cheque totalling $1,000.

Our reforms support families, especially lower- and middle-income families. That's why there's a great deal of support for our programs among people who advocate for lower-income Ontarians.

So the real question is, why do our critics continue to oppose our reforms? Why don't they want us to create jobs and why don't they want to help Ontario families?

PENSION PLANS

Mr. Norman W. Sterling: My question is for the Premier. Premier, last week during question period and in estimates, your finance minister said that the Nortel pensioners' financial sponsorship model proposal would require a change in the federal Income Tax Act. Also last week, in a letter to Nortel's pensioners group, your minister listed the need for changes to the federal Income Tax Act as a reason for turning down their proposal.

Has your minister or government approached the federal government to find out whether the federal government would be willing to make the changes on behalf of the Nortel pensioners group?

Hon. Dalton McGuinty: I don't have the answer to that, but I will certainly undertake to provide that answer for my colleague.

What I can say is that I had the opportunity just last week to meet with some representatives of Nortel to sit down and converse with them directly. They took the opportunity, as they should have, to rightly impress upon me just how important an issue this is to them. They would like to exercise greater authority over the pension plan itself.

Together with the Minister of Finance, I met with those individuals. I undertook to give this yet another review and to get back to them, and that's where we are right now.

The Speaker (Hon. Steve Peters): Supplementary?

Mr. Norman W. Sterling: Premier, given your minister's statement in estimates, I wrote to the federal Minister of Finance, Mr. Flaherty. I ask a page to deliver a copy of his response to you. The salient point in the final paragraph says, "If the Ontario government decided to pursue such"—

Interjections.

The Speaker (Hon. Steve Peters): Order. The Attorney General.

Mr. Norman W. Sterling: The salient point in the final paragraph says, "If the Ontario government decided to pursue such an initiative and approached the federal government with a detailed proposal, which they have not yet done, the government of Canada would naturally be willing to support Nortel pensioners and the province of Ontario through expedient implementation of all reasonable proposed policy measures."

Premier, will you now bring legislation forward in this Legislature for the Nortel pensioners plan to continue under the financial sponsorship—

The Speaker (Hon. Steve Peters): Thank you. Premier?

Hon. Dalton McGuinty: I know that my honourable colleague recognizes that there is not a consensus among the pensioners. There is differing opinion in terms of what we need to do with respect to the future of their pension plan, and that's something that we feel we have a responsibility to take into account.

Again, I will say to my honourable colleague that I did have a chance to meet with some representatives from Nortel, together with the Minister of Finance. I have undertaken to give this a second review. I know that my office will be speaking with representatives again.

We want to be thoughtful; we want to be responsible. We want to make sure we take into account all the pensioners and their concerns, to ensure that they have the best possible pension plan there for them in the future. It's an important element, security of mind.

HYDRO RATES

Mr. Paul Miller: My question is to the Premier. Families are being squeezed by skyrocketing hydro costs. They need a break.

Bob Kerr from Hamilton lives on CPP and a part-time job, earning $800 a month. Bob will suffer an additional $65 a month in HST expenses. He will fall further and further behind in his quality of life because of your flawed HST scheme. What solutions does the Premier have to make Mr. Kerr's cost-of-living expenses go away?

Hon. Dalton McGuinty: To the Minister of Energy.

Hon. Brad Duguid: I thank the member for the question and for bringing the gentleman's situation to our attention.

We are working very hard to ensure that those in our society who are less fortunate than others have access to a number of forms of assistance. Just today we have our Minister of Finance up in Sudbury with Minister Bartolucci, talking about—and, I expect, making an announcement—providing assistance to lower- and middle-income Ontarians in terms of the energy and property tax credit. That's going to be of help. We have our senior homeowners' property tax grant as well, which we've doubled to provide help for seniors and those with lower income.

I recently issued a letter to the Ontario Energy Board requesting it to resume work on its province-wide strategy to help low-income consumers manage costs.

We recognize that low-income consumers are—

The Speaker (Hon. Steve Peters): Thank you. Supplementary?

Mr. Paul Miller: Minister, Shelly from St. Catharines has an autistic son who's afraid of darkness. She says, "With this hydro increase it's hard for us financially. How do you expect us to provide for our children? We're cutting into our food budget" as it is, "it never ends."

New Democrats proposed a plan today to take the HST off hydro and make life a little more affordable. Why won't the Premier give families like Bob's and Shelly's a break and take the HST off hydro?

1130

Hon. Brad Duguid: I guess the question I have is, if the NDP are so concerned about assisting lower-income people, why did you not support the property and energy tax credit that we brought forward that's going to help low- and middle-income people address some of their challenges with regard to energy costs? Why did you not support the seniors' property tax grant that we've doubled—$500 to help seniors on fixed income? Why did you not support the tax cuts that were brought forward in the last budget, the tax cuts to the tune of helping Ontario families in and around $200 per family? If the NDP really cared about those families, if the NDP really cared about helping lower- and middle-income Ontarians, they would have supported those initiatives.

Their goal is to try to make political hay out of these issues. Our goal is to help those families—

The Speaker (Hon. Steve Peters): Thank you. New question.

ACCESSIBILITY FOR THE DISABLED

Mr. Bruce Crozier: My question is for the Minister of Community and Social Services. Our government has passed legislation to make Ontario fully accessible by 2025. My riding of Essex not only has people who require accessible services, but it's important for tourists who visit my riding to be offered accessible services by businesses.

Minister, what are the economic benefits of accessibility for Ontario and, more specifically, what are the economic benefits of tourism for businesses that provide accessible services?

Hon. Madeleine Meilleur: I'd like to thank the member from Essex. He's a great voice for the people of his riding.

By removing barriers and offering great customer service, organizations are opening their businesses to people of all abilities. In fact, our customer service standard is now law. As our population ages, the number of Ontarians with disabilities will increase to one in five. Persons with disabilities have $25 billion in spending power nationally. Accommodating the needs of all Ontarians makes good business sense.

According to the Martin Prosperity Institute, Ontario's accessibility legislation has the potential to increase tourist expenditures in Ontario by between $400 million and $1.6 billion in five years and could help Ontario become a destination of choice for tourists with—

The Speaker (Hon. Steve Peters): Thank you. Supplementary?

Mr. Bruce Crozier: In Ontario, it clearly makes good business sense to ensure businesses are accessible. I

understand that time is needed for businesses to adapt to new accessibility standards as they are developed and implemented. However, there are some businesses and organizations that choose to lead by example. Could the minister outline an example that Ontarians can look to?

Hon. Madeleine Meilleur: As the former Minister of Culture, I'm very pleased to give you the example of the standards of the Stratford Festival, which I recently had the opportunity to visit. Some accessibility features include accessible parking and automatic doors; a barrier-free box office; accessible washrooms and elevators; hearing-assisted devices for performances; Braille programs; accessible seats in good locations; accessible bus travel from Toronto to Kitchener; and helpful staff who have been trained to assist patrons with all levels of abilities. There is also a production interpreted in sign language every other year. This is one of many accessibility success stories that Ontarians can view on my ministry website.

I invite all Ontarians and Canadians to visit the Stratford Festival every year, because they're fully accessible.

FAMILY RESPONSIBILITY OFFICE

Ms. Sylvia Jones: My question is for the Minister of Community and Social Services. As you know, Minister, the Family Responsibility Office is the most complained-about government agency, primarily because one third of support payers are in arrears.

Will you explain why HST cheques mailed out this summer were not redirected to parents raising their children and not receiving their court-ordered support?

Hon. Madeleine Meilleur: Thank you to this member for her concern with regard to people and children who need support from their parents.

I know that with the Family Responsibility Office there has been a lot of work done to improve services and there is much more work to do because when we took over—and that party was in power—the place was a mess. There were complaints and complaints. So we did a lot to improve the services and now, I can just evaluate by the complaints that I have, there are less and less complaints.

I want to make sure that every child receives the money that they should receive from the supporting parents to have a good life.

The Speaker (Hon. Steve Peters): Supplementary?

Ms. Sylvia Jones: Minister, the Family Responsibility Office is still the most number one complaint agency of the government. You've done nothing to improve that.

My question relates to HST cheques. Why did you not pass a regulation that would ensure HST cheques could be redirected to the children and families who are waiting for the support-ordered arrears? You guys love passing regulations. This is actually one that makes sense. Will you ensure that the following two HST cheques are redirected to families and children in need?

Hon. Madeleine Meilleur: I'll ask the Minister of Revenue to answer the question.

Hon. Sophia Aggelonitis: I thank the member very much for that question because it is a very important issue. What I can say is that the Family Responsibility Office is fully committed to collecting support payments owed to the families, but it's also very important for the member to understand that FRO does not have the authority to garnish the Ontario sales tax transition benefit payments.

Having said that, I will tell you that we have been looking at this. This is an extremely important question, and the Ministry of Finance is definitely looking into it.

LYME DISEASE

M^me^ France Gélinas: Ma question est pour la ministre de la Santé et des Soins de longue durée. Lyme disease patients and their families have gathered today outside of this Legislature. They want the government to know about the severe challenges they face in accessing reliable testing and effective treatments for their debilitating illness. Increasingly, Lyme disease patients are forced to seek medical treatment outside of this province.

What action will the minister take to address these issues and ensure that these patients no longer feel abandoned by their government and the health care system of Ontario?

Hon. Deborah Matthews: Of course, this is an issue that we're following very closely. The fact that people are going out of country to get the care they need is one that is just not acceptable to us.

We did launch an education campaign regarding Lyme disease in June. I want to assure the member opposite that we monitor very closely people leaving the province to get the care they need. We've made tremendous strides. We've enormously reduced the number of people requiring bariatric surgery, for example. They are now having that procedure done here. We do monitor it closely, and we are always looking at how we need to strengthen the health care system here.

The Speaker (Hon. Steve Peters): Supplementary?

M^me^ France Gélinas: Lyme disease patients and their families have been to Queen's Park before. They have demonstrated. They have organized petition campaigns. They have done everything they could to get the attention of the minister to focus on helping the people living with Lyme disease. People suffering from Lyme disease feel completely abandoned.

When will the minister ensure that people suffering from Lyme disease get the treatment they need and deserve in this province? They would like to know when.

Hon. Deborah Matthews: As I said in the first question, this is an issue that we are taking very seriously. We are working with public health units across the province to conduct human and tick surveillance to identify new areas of risk. We've provided the public health units with information on how to prevent and control the disease.

We will continue to work with our public health units and inform them of any new information.

We do have a public education campaign under way to increase Lyme disease awareness. It is targeting the public and health care providers. The name of the program is Let's Target Lyme, and the website is www.ontario.ca/lyme. I would encourage people to educate themselves on this particular condition. As I say, we are continuing to work on this issue.

PESTICIDES

Mr. Phil McNeely: My question is for the Minister of the Environment. Minister, our children are our greatest natural resource and we need to give them every chance to develop and succeed. Giving them the tools to succeed is half the equation. We also need to protect them from things that could negatively impact their health, especially toxic chemicals.

Parents in my riding of Ottawa–Orléans were pleased when we passed the cosmetic pesticides ban but were concerned about companies respecting the ban because they knew it would not be successful without support from business.

Minister, what is the McGuinty government doing to ensure that retailers and lawn care companies are adhering to the ban?

Hon. John Wilkinson: I thank my colleague for the question. I can say that in April of this year, exactly one year after the Ontario cosmetic pesticide ban took effect, my ministry did an audit. I can report to the House that I have some very good news for our families both in your riding, as I say to my friend, and across Ontario. Some 80% of the 341 retailers and lawn care companies inspected are in full compliance with the new laws one year later. I can assure the House that we will not rest until that is 100%.

Particularly, I can say that we have also done some studies about whether these chemicals are getting into our water supply, and I can advise the House that of the three toxic chemicals most commonly found in those pesticides, a year after the ban they have dropped substantially: a staggering 78%, 82%, and 86%, respectively. It shows that this ban is being respected, it is being used, and we will continue to get to 100% compliance.

The Speaker (Hon. Steve Peters): There being no deferred votes, the time for question period has ended. This House stands recessed until 1 p.m. this afternoon.

The House recessed from 1142 to 1300.

INTRODUCTION OF VISITORS

Mr. John O'Toole: I would like to acknowledge that today is Durham Day, and I just want to mention a few people who will be here shortly: Mayor Bob Shepherd and Mayor Jim Abernethy, along with regional chair Roger Anderson and all the mayors of Durham. I should be mentioning them all, in fairness: Pat Perkins, Larry O'Connor, Marilyn Pearce, John Gray and Steve Parish, all of whom were here today, along with Dave Ryan, to celebrate Durham Day. I'll have more to say about that in my statement.

LEGISLATIVE INTERNS

The Speaker (Hon. Steve Peters): We have with us today in the Speaker's gallery the 2010-11 Ontario legislative interns: Bryan Bossin, Melissa Cernigoy, Natalie Desimini, Tom Maidwell, Katherine Preiss, Erica Rayment, Michael Smith, Charles Thompson, Sasha Tregebov and Lisa Marie Williams. Please join me in warmly welcoming them all to the Legislature.

MEMBERS' STATEMENTS

DURHAM DAY

Mr. John O'Toole: I'm proud to recognize Durham Day here at Queen's Park today. I would also like to acknowledge, of course, some of the mayors and the regional chair who I had just mentioned in my opening remarks and introductions.

I'd also like to thank and to mention some of the people who aren't in political office but do provide some of the wonderful infrastructure in Durham, like Judith Robinson, who's the vice-president of Durham College; Dr. Ron Bordessa, who's the president of the university; and Jacquie Hoornweg, who's chair of the Durham Strategic Energy Alliance, a very important part of making Durham a centre of excellence in energy.

Durham region is the powerhouse of Ontario, producing more than 30% of the province's electricity at Darlington and Pickering in my riding of Durham, as well as Wayne Arthurs's riding.

The power of Durham also comes from innovation—I like to think of Wayne Conrad, who is here today, when I think of innovation—and excellence represented by General Motors and many other manufacturers. Phil Petsinis was here from General Motors. Manufacturing and small business were represented very capably by Sheila Hall from the Clarington Board of Trade, as well as Bill and Paula Lishman, very well known internationally for their work in Fly Away Home and other production things.

In tourism, for example, I like to think of all of the things to be offered in the greenbelt etc. I'd like to thank Karen Yellowlees from the Ontario Federation of Agriculture, representing the voice of agriculture.

Durham region is an innovative community taking pride in its past and looks forward to the future with confidence. We're also proud to be stewards of an outstanding natural environment of farmland, lakes, rivers, forests—especially the Oak Ridges moraine.

When I think of Durham region, I asked the Premier today whether he's still considering to move forward

with the Highway 407 east, the new-build nuclear plant—

The Speaker (Hon. Steve Peters): Thank you. Members' statements?

DURHAM DAY

Mr. Joe Dickson: I'd like to just follow, or add to, the very kind words from the member—I can't say "the member John O'Toole," so what I'll say is the member from Durham—who was there with a wide, vast majority of all members from all parties to be part of Durham Day.

I would like to acknowledge, as Mr. O'Toole—I can't say "Mr. O'Toole," again; I can say Durham riding. He mentioned the mayor of Oshawa, who speaks so highly of this government for assisting him and his colleagues in preserving General Motors in Oshawa; Whitby Mayor Pat Perkins; Ajax Mayor Steve Parish; Uxbridge Mayor Bob Shepherd—I guess the good Speaker is giving me some flexibility—Pickering Mayor Dave Ryan; Scugog Mayor Marilyn Pearce; Brock Mayor Larry O'Connor; and, of course, Clarington Mayor Jim Abernethy; but most of all regional chair Roger Anderson, who has done a yeoman's job of working with staff, in particular, Karen Hunt and Liisa Ikavalko and their hard-working team.

This all started two years ago when my fellow colleague from Pickering–Scarborough East—I can't say his name—Wayne Arthurs and myself got together and then later as another colleague of mine from Haliburton–Kawartha Lakes–Brock came on and worked very diligently with us. This has been the very first, and I hope one of many, Durham Day projects at Queen's Park.

NURSE PRACTITIONERS

Mr. Garfield Dunlop: I'd like this House and the people of Ontario to know that for the second time the city of Orillia and area has been denied a nurse-practitioner-led clinic. I tell you that the community is extremely disappointed with this government.

Nancy Sutherland, a local nurse practitioner who is part of a group that made this submission to the province, was "very upset, disappointed, shocked" to learn that the city of Orillia wasn't chosen to house a clinic. In an interview with Orillia Packet and Times reporter Nathan Taylor, she noted that there are more than 6,000 people in Orillia and area who are without a family doctor or a nurse practitioner, and that is expected to increase dramatically over the next five years. She was shocked, "because we had an excellent submission." The submission was accompanied by significant community support, including an endorsement from city council, myself and the Orillia Soldiers' Memorial Hospital.

The establishment of a nurse practitioner clinic would reduce the demand on the emergency room department that sees approximately 50,000 visits per year, and therefore would reduce wait times. The Ministry of Health and Long-Term Care would not provide reasons for individual municipalities being denied clinics.

Orillia and area deserve a detailed explanation as to why they were refused a nurse practitioner clinic. The submission was excellent. They met the criteria. The demand is there. I ask the Ministry of Health to explain to myself and the citizens of Orillia and area why they were refused this important service for the second time.

This issue will be an election issue next fall, and I can tell you that while I have been at functions over the past two weeks, I've had dozens of disappointed citizens approach me who are outraged by this bureaucratic government decision.

COMMUNITY SERVICES

Mr. Peter Kormos: Mary Comazzolo down in Thorold takes care of her 90-year-old father, Carmine. Carmine worked hard all his life. He's a widower now and suffers from dementia, but Carmine stays in his own home—a bungalow. He can't live with his daughter because she's got a two-floor house and he wouldn't be able to get up and down because he's wheelchair-bound. Ms. Comazzolo has actually hired a full-time live-in caretaker for her dad, but Ms. Comazzolo also devotes all of her time after work and on weekends to caring for Carmine.

They had two days a week of day care in one of the long-term-care facilities, but as her dad's dementia got worse, the day care facility was shut to him. He was basically expelled and told, "Don't come back anymore." They don't have the staff or the equipment to change him, for instance, when he soils himself. They're frustrated because he tends to take too long to eat and plays with his food. Any of us who have had familiarity with Alzheimer's and dementia are all too familiar with that.

The CCAC will only allow her 12 hours a month—12 hours a month, three hours a week—of support in that home to care for their dad, to bathe him and feed him, among the other needs.

1310

This government has failed seniors like Carmine. They have failed people like Mary Comazzolo. They have failed people across this province who need support to live in their homes by their underfunding of CCACs and their abandonment of some of the most vulnerable people in Ontario.

EVENTS IN STORMONT–DUNDAS–SOUTH GLENGARRY

Mr. Jim Brownell: This is my first opportunity to publicly welcome back all my colleagues to this session in the Legislature.

After an event-filled summer, it is once again my pleasure to represent the constituents of Stormont–Dundas–South Glengarry as their member of provincial Parliament in this House. I am pleased to say that, through the work of the McGuinty government, my riding of

Stormont–Dundas–South Glengarry has benefited from numerous funding commitments that will improve the quality of life for the citizens of eastern Ontario.

On September 1, Reynolds Food Packaging Canada in Summerstown, south Glengarry, received $102,225 through the eastern Ontario development fund to increase production and to create 45 new manufacturing jobs over the next four years.

A little over a week later, on September 9, Beavers Dental in Morrisburg, in Dundas county, received a grant of $412,939 through the same eastern Ontario development fund to help the company expand and create 10 new manufacturing jobs over the next two years.

On September 7, we celebrated the opening of 32 affordable housing units on Sixth Street in Cornwall through more than $2.2 million in funding through the Canada-Ontario affordable housing program.

With work now under way at the new Discovery Centre at Upper Canada Village and major capital works being carried out at Crysler's Farm Battlefield park and the Long Sault Parkway, the St. Lawrence Parks Commission will soon welcome tourists to rejuvenated sites along the St. Lawrence River, through the investment of more than $16 million.

This is only a fraction of the good news that was delivered to my riding this summer, and I thank the McGuinty government—

The Speaker (Hon. Steve Peters): Thank you.

POWER PLANT

Mrs. Julia Munro: Just last week, Ontario's Environmental Commissioner revealed the sham that is this government's environmental protection system. He revealed that local citizens had made multiple requests to bump up the peaker plant in my riding to a full environmental assessment. He said that the requesters made compelling arguments.

People are worried about possible impacts of the proposed natural gas-fired generator on local farmland and water, and whether the plant conforms to local and provincial planning policies. The province denied their request, and the commissioner said that if a request was not granted in this case, it is difficult to imagine a situation when such a request would be approved. In fact, the commissioner could not find any bump-up requests that this government has granted.

Not only did the government refuse a bump-up request for this plant, it now wants to exempt the whole project from the Planning Act. I remember a few years ago when this government made such a big deal over establishing the greenbelt. Now they want to put a power plant in the middle of it without proper environmental review and with no say given to local residents.

Your environmental policies are a sham, and people are—

The Speaker (Hon. Steve Peters): Thank you.

PAKISTAN INDEPENDENCE DAY

Mr. Phil McNeely: On September 21, 2010, I had the pleasure of attending a celebration of the 63rd anniversary of Pakistan Independence Day. This celebration was organized by the Canada-Pakistan Association of the National Capital Region, under the direction of president Lubna Syed, a community leader from my riding of Orléans. Although the tragic flooding in Pakistan weighed heavily on the Pakistani community, there were reasons to rejoice and celebrate the individual accomplishments of its members.

Canadians of Pakistani origin have produced many leaders in Ottawa, and some were honoured during the wonderful independence day celebration. Dr. Munir Sheikh, formerly Canada's chief statistician, was praised for his accomplishments and his principled position, recently taken at great personal loss, but for the good of all Canadians.

Bushra Saeed was honoured. She had won the principal's award for leadership and the John Ralston Saul Award at her high school. This young Orléans woman then graduated with a degree in international development and globalization. She has shown tremendous courage as she recovers from injuries suffered during her tour in Afghanistan as a foreign service officer.

These are only two proud Canadians of Pakistani heritage honoured for their leadership during this important and interesting celebration.

Sana Syed did a great job as emcee for the evening.

TVONTARIO

Mr. Wayne Arthurs: I'm pleased today to recognize the celebration of a tremendous milestone for TVO: their 40th anniversary. An aside: That's only one year less than my wife's and my anniversary, our 41st, which is happening today as well.

Mr. Mike Colle: Happy anniversary.

Mr. Wayne Arthurs: Thank you.

We're joined today in the Legislature by TVO chair Peter O'Brian. TVO has been part of this province for four decades, pushing the boundaries of educational media in Ontario with an innovative focus on children's learning, supporting parents and citizen engagement. TVO continues to add new educational content to its programming, promoting literacy, citizenship and e-learning. We're committed to a strong and healthy TVO.

This celebration includes some special content. TVO is unlocking some of its best educational content from the past 40 years and creating a new public archive which will be freely available to all Ontarians. This archive will be a valuable online resource that can be used by Ontarians to access rare or vintage interviews, Ontario stories, and children's content that stands the test of time. It is exciting that TVO is preserving our culture and history in this way, and we should all be proud to live in a province with such a rich history.

I want to thank TVO for 40 years of excellence and for providing Ontarians with a truly unique way to experience our history.

KRISTAL GIESEBRECHT

Mrs. Maria Van Bommel: It's with great sadness that I rise today to pay tribute to Master Corporal Kristal Giesebrecht of Wallaceburg, a Canadian soldier who was killed in combat on June 26 this year while she was serving in the Kandahar region of Afghanistan.

Master Corporal Giesebrecht was a medic in the 1 Canadian Field Hospital, based at CFB Petawawa, and while on her second tour of duty in Afghanistan was attached to the 1st Battalion, Royal Canadian Regiment battle group.

Only the third Canadian woman to be killed in combat, Master Corporal Giesebrecht was repatriated on June 29 and was laid to rest on July 6 at Petawawa.

Born and raised in Wallaceburg, Ontario, Master Corporal Giesebrecht attended Ursuline College in Chatham and St. Lawrence College in Kingston before joining the Canadian Armed Forces. Described by friends and family who knew her best, Master Corporal Giesebrecht was an outgoing, athletic and energetic woman, a caring and wonderful friend, and a mentor and inspiration to her fellow soldiers.

On behalf of all members of the Legislature, I send my condolences and sympathies to the family and friends of Master Corporal Giesebrecht as they mourn the loss of a wife, a stepmother, a daughter, a sister, an aunt, a friend and a fellow soldier. I request that we observe a moment of silence in memory of Master Corporal Kristal Giesebrecht.

The Speaker (Hon. Steve Peters): I'd ask all members and our guests to please rise as we observe a moment of silence in memory of Master Corporal Kristal Giesebrecht.

The House observed a moment's silence.

PETITIONS

DIAGNOSTIC SERVICES

M^me^ France Gélinas: I have this petition from the people of Nickel Belt and it goes as follows:

"Whereas the Ontario government is making ... PET scanning a publicly insured health service available to cancer and cardiac patients...; and

"Whereas," since October 2009, "insured PET scans" have been "performed in Ottawa, London, Toronto, Hamilton and Thunder Bay; and

"Whereas the city of Greater Sudbury is a hub for health care in northeastern Ontario, with the Sudbury Regional Hospital, its regional cancer program and the Northern Ontario School of Medicine;

"We ... petition the Legislative Assembly of Ontario to make PET scans available through the Sudbury Regional Hospital, thereby serving and providing equitable access to the citizens of northeastern Ontario."

I fully support this petition, will affix my name to it and send it to the Clerk with page Nick.

1320

CHILD CARE

Ms. Sylvia Jones: This petition is to the Legislative Assembly of Ontario:

"Whereas the Minister of Community and Social Services, Madeleine Meilleur, has decided that grandparents caring for their grandchildren no longer qualify for temporary care assistance; and

"Whereas the removal of the temporary care assistance could mean that children will be forced into foster care; and

"Whereas the temporary care assistance amounted to $231 per month, much less than a foster family would receive to look after the same children if they were forced into foster care;

"We, the undersigned, petition the Legislative Assembly of Ontario to immediately reverse the decision to remove temporary care assistance for grandparents looking after their grandchildren."

I support this petition and affix my name to it.

REPLACEMENT WORKERS

M^me^ France Gélinas: I have this petition, coming from all over Ontario, and it goes as follows:

"Whereas strikes and lockouts are rare: 97% of collective agreements are settled without a strike or lockout; and

"Whereas anti-temporary replacement workers laws have existed in Quebec since 1978; in British Columbia since 1993; and successive governments in those two provinces have never repealed these laws; and

"Whereas anti-temporary replacement workers legislation has reduced the length and divisiveness of labour disputes; and

"Whereas the use of temporary replacement workers during a strike or lockout is damaging to the social fabric of a community in the short and the long term as well as the well-being of its residents;

"Therefore we ... petition the Legislative Assembly of Ontario to enact legislation banning the use of temporary replacement workers during a strike or lockout."

I fully support this petition, will affix my name to it and send it to the Clerk with page Megan.

BRITISH HOME CHILDREN

Mr. Jim Brownell: I have a petition signed by a number of constituents from Scarborough. It reads as follows:

"To the Legislative Assembly of Ontario:

"Whereas, between 1869 and 1939, more than 100,000 British home children arrived in Canada from group homes and orphanages in England, Wales, Scotland and Ireland; and

"Whereas the story of the British home children is one of challenge, determination and perseverance; and

"Whereas due to their remarkable courage, strength and perseverance, Canada's British home children endured and went on to lead healthy and productive lives and contributed immeasurably to the development of Ontario's economy and prosperity; and

"Whereas the government of Canada has proclaimed 2010 as the Year of the British Home Child and Canada Post will recognize it with a commemorative stamp;

"We, the undersigned, petition the Legislative Assembly of Ontario as follows:

"Enact Bill 12, a private member's bill introduced by MPP Jim Brownell on March 23, 2010, an act to proclaim September 28 of each year as Ontario home child day."

As I agree with this petition, I shall sign it and send it to the clerks' table.

CHILD CARE

Ms. Sylvia Jones: Another petition, this one from the Women's Institute in Acton:

"Whereas the Minister of Community and Social Services, Madeleine Meilleur, has decided that grandparents caring for their grandchildren no longer qualify for temporary care assistance; and

"Whereas the removal of the temporary care assistance could mean that children will be forced into foster care; and

"Whereas the temporary care assistance amounted to $231 per month, much less than a foster family would receive to look after the same children if they were forced into foster care;

"We, the undersigned, petition the Legislative Assembly of Ontario to immediately reverse the decision to remove temporary care assistance for grandparents looking after their grandchildren."

I support this petition, am pleased to affix my name to it and give it to page Megan.

HOME WARRANTY PROGRAM

Ms. Cheri DiNovo: This is a petition from a number of residents living in the 905 area.

"To the Legislative Assembly of Ontario:

"Whereas homeowners have purchased a newly built home in good faith and often soon find they are victims of construction defects, often including Ontario building code violations, such as faulty heating, ventilation and air conditioning ... systems, leaking roofs, cracked foundations, etc.;

"Whereas often when homeowners seek restitution and repairs from the builder and the Tarion Warranty Corp., they encounter an unwieldy bureaucratic system that often fails to compensate them for the high cost of repairing these construction defects, while the builder often escapes with impunity;

"Whereas the Tarion Warranty Corp. is supposed to be an important part of the consumer protection system in Ontario related to newly built homes;

"Whereas the government to date has ignored calls to make its Tarion agency truly accountable to consumers;

"Be it resolved that we, the undersigned, support MPP Cheri DiNovo's private member's bill, which calls for the Ombudsman to be given oversight of Tarion and the power to deal with unresolved complaints;

"Therefore we, the undersigned, petition the Legislative Assembly of Ontario to amend the Ontario New Home Warranties Plan Act to provide that the Ombudsman's powers under the Ombudsman Act in respect of any governmental organization apply to the corporation established under the Ontario New Home Warranties Plan Act, and to provide for necessary modifications in the application of the Ombudsman Act."

I couldn't agree more, and I'm going to sign it and give it to Emily G. to deliver.

ORDERS OF THE DAY

NARCOTICS SAFETY AND AWARENESS ACT, 2010

LOI DE 2010 SUR LA SÉCURITÉ ET LA SENSIBILISATION EN MATIÈRE DE STUPÉFIANTS

Ms. Matthews moved second reading of the following bill:

Bill 101, An Act to provide for monitoring the prescribing and dispensing of certain controlled substances / Projet de loi 101, Loi prévoyant la surveillance des activités liées à la prescription et à la préparation de certaines substances désignées.

The Speaker (Hon. Steve Peters): Debate?

Hon. Deborah Matthews: I will be sharing my time with my parliamentary assistant, the member from Guelph.

I rise in the House once more to speak to second reading of our government's proposed Narcotics Safety and Awareness Act.

Before I start, I would like to acknowledge Linda Sibley, in the gallery. Linda is the executive director of Addiction Services of Thames Valley. She graciously hosted us when we announced our provincial narcotics strategy last August in London.

I would also like to thank the members of the Narcotics Advisory Panel. Their advice has been key in the development of our strategy, which has led to this proposed legislation.

There is no question that this act, if passed, would save lives and protect individuals and families from the

damaging effects of the misuse of prescription narcotics and controlled substances. At the same time, with this proposed legislation, our goal is to restore the balance between providing appropriate pain treatment for those who need it while preventing misuse, abuse and addiction.

I would like to remind members of the crisis that is hurting families across Ontario. It's a crisis we must address, and we must address it now.

I was honoured last week to have Toronto doctor Rick Glazier join me in the House for the introduction of this bill. As you will remember, Dr. Glazier lost his 18-year-old son, who struggled with depression and anxiety, last year to an unintentional narcotic overdose. What struck me about Daniel Glazier's story is that his father, Dr. Rick Glazier, is someone who can prescribe narcotics.

He is a physician. On one hand, he can point to how important access to these drugs is for patients in need of pain management. On the other hand, he understands how important it is that the patient and prescribers better understand the dangers associated with these drugs, and that those responsible for the wide availability of these drugs for illicit purposes are identified and dealt with appropriately.

It took a lot of courage on the part of Dr. Glazier and his family to share their story. Dr. Glazier has gone on the record himself in support of our narcotics strategy. In a recent Toronto Star article, he said, "The main purpose [of the strategy] is to prevent these kinds of deaths and this kind of suffering, and we felt we had to do what we could to support it, even if it meant being in an emotional and difficult place."

I think a lot of good has already come from the bravery that Dr. Glazier has shown. I've heard of other parents and people suffering from addictions coming forward to tell their stories. What Dr. Glazier has experienced first-hand is happening to families province-wide.

1330

When it comes to prescription narcotics abuse, the facts are staggering: Thousands of people have died as a result of the abuse of narcotics. The coroner's office has reported a dramatic increase in overall opioid-related mortality. Indeed, three times more people die as a result of prescription narcotics than of HIV/AIDS. Narcotics-abuse-related admissions to publicly funded treatment and addiction services doubled between 2004 and 2009. Prescription drug charges in Toronto tripled between 2005 and 2008. And according to police, OxyContin has become a lucrative commodity trafficked by both individuals and organized crime groups.

Dr. Glazier's story is just one of the many stories I have heard about the damaging effects of narcotics.

I have heard from Dr. Andrew McCallum, the chief coroner for Ontario. He said that "deaths due to prescription drug use, unlike illicit drugs, can be more easily prevented with the right tools."

The chiefs of our First Nations communities have declared states of emergency because of this problem—a problem that is devastating their communities and their people. And I've heard from pharmacists who have been terrified after being robbed at knifepoint for their drugs that they keep on hand.

According to Dennis Darby, the CEO of the Ontario Pharmacists' Association, "The misuse of prescription narcotics is a growing concern in Ontario and has become a serious safety issue for pharmacists and for their patients."

The police report that there has been an increase in crime because these drugs are trafficked on the street. Deputy Chief Ian Peer from my hometown of London joined me at the end of August as we released our strategy. He said, "Misuse and abuse of prescription narcotics does not just impact one's health. It impacts public safety in many Ontario communities. I am very pleased to see the province bring forward the narcotics strategy...."

The abuse of prescription narcotics or painkillers has emerged as a public safety issue in jurisdictions around the world. These drugs are being over-prescribed, they are being overused, and they are being obtained illegally and sold on the street for profit, while the people who buy them are getting sick and are dying.

Canada is one of the world's top per capita users of prescription narcotics, and in Canada, Ontario is at the top of the list of narcotic use on a per capita basis. It is not something we are proud of. This situation cannot be allowed to continue. We have to take steps to reduce the abuse so that people who need pain relief get it, but in the right doses and for the right length of time.

That's where our proposed legislation comes in. This legislation, if passed, would allow the Ministry of Health and Long-Term Care to collect, analyze, and disclose personal health information that relates to all prescription narcotics and controlled substances.

You see, Speaker, today there is simply no mechanism in place to stop people from going to several different doctors and several different pharmacies over and over again to get prescription narcotics. This has resulted in very high quantities of prescription narcotics and controlled substances being prescribed and dispensed, all with minimal oversight.

We are proposing an electronic database to enable the ministry to collect, monitor and analyze information related to prescription narcotics and other controlled substances. We would then be able to identify patterns of inappropriate or excessive prescribing and dispensing. It would allow us to implement a province-wide system of alerts when attempts to visit multiple prescribers, or visit multiple pharmacies, are detected. The database would provide access to comprehensive information, promote better prescribing and dispensing practices, and reduce the risk of addiction and death.

In particular, this database would allow for monitoring and analysis of this information for the purpose of flagging concerning or problematic patterns in usage, prescribing and dispensing. We are also moving towards a tiered response to the inappropriate use of narcotics, which could include educational support and resources, reporting to the appropriate regulatory college and, in extreme circumstances, reporting to law enforcement.

The database would provide greater accountability for health care professionals and protect our patients.

But the database is only one part of our overall narcotics strategy. As part of our broader narcotics strategy, we will also raise public awareness about safety, including youth education. We will also incorporate more narcotic and pain management education into the medical school curriculum, and we will work to educate prescribers and pharmacists about the appropriate use and dispensing of prescription narcotics. And by working with a group of experts, we are developing recommendations on how we can best move forward with better treatments for addictions. We're working to find a balance between access to pain treatment for patients and preventing misuse, abuse, and addiction.

You will recall that the all-party select committee of the Legislature on mental health and addictions released its report just a few weeks ago. Recommendation number 11 of that report was that the Ministry of Health and Long-Term Care should immediately address the problem of addiction to prescription painkillers. With this proposed legislation, we are taking quick action to address the committee's recommendation.

We're committed to creating a mental health and addictions system that provides the right supports to people when they need them, as close to home as possible. Work is under way right now to improve the integration and collaboration to better meet the needs of Ontarians. We are basing our decisions on the best evidence available.

My advisory group on mental health and addictions will provide advice on overall direction and priorities for a new 10-year provincial strategy. This group is composed of a mix of consumers, families, providers, and researchers from across the province. Developing the strategy gives us the opportunity to raise the profile of mental health and addiction issues, it will help us identify opportunities to leverage existing resources, and it will ensure that the concerns and needs of people and families living with mental illness and addiction are addressed.

I take very seriously the select committee's report and will take it into consideration along with the recommendations made by my advisory group, our ministerial colleagues and our partners as we work to develop a comprehensive 10-year mental health and addictions strategy for Ontario.

Sadly, it is no exaggeration to say that people are dying due to their addiction to prescription painkillers. As a government, we simply have to act, and we have to act now. This legislation is a big step forward, and I am asking all members to support it.

The Acting Speaker (Ms. Cheri DiNovo): Further debate?

Mrs. Liz Sandals: I'm pleased to rise in the House today to expand on the comments made by the Minister of Health and Long-Term Care at this second reading of our government's proposed Narcotics Safety and Awareness Act.

As the minister just said, the misuse and abuse of prescription narcotics is having a devastating effect on individuals, on their families and, indeed, on entire communities across Ontario. Drugs containing oxycodone or other narcotics can lead to addiction in anyone, and they affect everyone differently. Some people can take them as prescribed and move on with their lives; others become addicted. Neither the person's level of education, nor socio-economic status, nor personal traits determine the outcome. In every community, across the spectrum of all ages and both sexes, addiction to prescription narcotics can lead to very damaging outcomes.

Often, what touches off dependence is a commonplace occurrence that can happen to any one of us, something like an injury at a workplace, dental surgery, an accident. The person's physician or dentist may prescribe narcotic-containing medications for the pain. Without suffering any sort of prior traumatic history or personal difficulties, the individual can get addicted. He or she needs more and more of the drug when pain makes it unbearable to do without the drug. People who have never abused drugs in their lives get on oxy or another narcotic and can't get off it on their own without the help of some sort of support network or medical intervention.

1340

Previously productive people become unable to support themselves. In fact, the Workplace Safety and Insurance Board says that the over-prescription of addictive narcotics can have a damaging effect on injured workers' health and ability to return to work.

When the public accounts committee was looking at the Workplace Safety and Insurance Board this past winter, it was interesting that this whole discussion around the high cost of dealing with people who are addicted to oxycodone came up in the report of the Auditor General on the WSIB in looking at areas where their costs have escalated. So it isn't just medical professionals who are telling us about this need do something to intervene. It's actually coming from places as unexpected as the province's Auditor General.

In response, the WSIB has developed and implemented its own narcotics prescription strategy and welcomes our government's initiative in promoting responsible use of these addictive drugs.

It's a shocking, sometimes even shameful thing for people and their families to discover that they are addicted to prescription painkillers. And it leads to much worse. They may lose their family health care provider, who no longer wants to continue providing the drug. They may face stigma, the loss of productivity and, in extreme cases, the loss of family, friends and other community connections as they fall deeper into the spiral of addiction.

For the broader community, the effects are very serious too. Feeding their drug habit becomes the central focus of addicted people's lives. If they can't get prescriptions from their doctor anymore, they may resort to crime to support their addiction. That means more rob-

beries, more violence and more drug trafficking in communities right cross Ontario.

Prescription narcotics have become a highly lucrative commodity, resulting in widespread diversion from legal use into trafficking by individuals and organized crime groups.

Significant increases in pharmacy robberies and thefts of narcotics are making their profession dangerous for pharmacists in communities across Ontario. In fact, the pharmacy just down the street from me was broken into a few months ago during a rash of narcotics-related break-ins at pharmacies in Guelph.

This is a problem that has been many years in the making. Since 1991, prescriptions for oxycodone-containing medications have risen by 900%. That's nine times the use level that it was just a few years ago. The ministry spent $156 million on narcotics for Ontario drug benefit program recipients in just one year, 2009-10, for 3.9 million prescriptions. This equates to an average of over six prescriptions per person on that drug plan. Now, obviously, not every individual has six prescriptions for painkillers, which tells you that some individuals have a very high number of prescriptions. But the average annual cost per person is $260 for the Ontario drug benefit program.

Such overuse and misuse mean higher rates of narcotics-related overdose deaths, which, tragically, have doubled since 2004. They also mean higher rates of addiction and admittance to treatment centres, where, again, admissions have doubled between 2004 and 2008. This places additional pressure on the province's 150 substance abuse treatment programs.

One of the groups most affected is First Nations. In fact, a majority of Ontario's First Nation communities, including the Chiefs of Ontario, have declared a state of emergency over the abuse of prescription narcotics, particularly oxycodone-containing drugs. The Matawa Chiefs have stated that prescription narcotics abuse and addictions are putting "people's lives at risk, resulting in spiking crime rates, theft, violence, child neglect and elder abuse." The Matawa Chiefs also expressed growing concerns about the development of an underground economy with drug dealers targeting their communities, and with rising crime.

Minister Matthews mentioned the report of the Select Committee on Mental Health and Addiction. I was very privileged to serve on that committee, and every single First Nation community we visited as we travelled around the province identified the abuse of prescription narcotics as, really, their leading addiction challenge currently. We heard about it over and over again, and I think it's one of the things that truly surprised the committee, in the sense that we didn't realize how extensive the problem was until we talked to the folks we visited with around the province.

We heard in one remote northern community that one tablet of OxyContin could cost several hundred dollars. People were so desperate to get hold of the drug that the price had gone to this unbelievable level as it was being illegally trafficked.

But I wouldn't want to leave readers with the impression that this is simply a First Nations problem. Again, as we travelled around the province in urban Ontario and in rural Ontario, we heard the same thing. It's a rising problem: narcotics addiction through prescription narcotics. In fact, I've heard the same thing in my riding of Guelph.

One of the first visits that I had as a new MPP was from Sister Christine, who runs our local drop-in centre. The first thing she wanted to talk to me about, actually, wasn't poverty or the lack of housing, which would be what I might have expected. The thing that was at the very top of her list was her observation of the growing number of people, among the most vulnerable people in our community, who were becoming dependent on prescription narcotics.

Over the years I've heard from families who are at their wit's end. Again, we hear the story all over the place: Someone has been injured, goes for surgery, is prescribed prescription painkillers and becomes dependent, and the family is at their wit's end trying to figure out how to intervene in this cycle of addiction.

Wherever the select committee went in the province, we heard that this was indeed a problem and, as the minister mentioned, this led us to make the recommendation that the Ministry of Health and Long-Term Care should immediately address the problem of addiction to prescription painkillers. So, I'm very pleased that the minister has recognized that the problems are serious and we just cannot let this situation fester and do nothing about it.

We, as a ministry and as a government, feel that we need to take strong action to turn the tide. That's why the minister struck the Narcotics Advisory Panel to provide advice on how best to develop Ontario's narcotics strategy. It was established in March 2009. The 12-member group includes family physicians, pain and addiction specialists, pharmacists, coroner's office representatives, professional regulatory bodies and law enforcement. They recommended a multi-pronged approach of a broad narcotics strategy, and this proposed legislation is one piece. But the broader strategy will focus on treating patients with addiction, investigate additional options for treating and supporting those addicted to prescription narcotics and controlled substances, develop educational workshops on the treatment of narcotics dependence, and support the work with relevant partner treatment and addiction organizations and agencies, including the Centre for Addiction and Mental Health and ConnexOntario.

1350

We also intend to educate Ontarians about the danger of misusing and abusing prescription narcotics. We will take steps to ensure that these drugs are appropriately prescribed, dispensed and used. It may be interesting to you to know that our narcotics strategy would put Ontario in line with six other provinces and 33 US states that have prescription drug monitoring programs in place already. Our government is focused on helping individ-

uals, families and communities avoid and recover from the effects of prescription drug misuse and abuse.

We need the support of every member for our proposed Narcotics Safety and Awareness Act to make this happen. I sincerely hope that all three parties will support this legislation.

The Acting Speaker (Ms. Cheri DiNovo): Questions and comments?

Mrs. Christine Elliott: I am pleased to rise at this point to make a few comments on the remarks that have already been made by the Minister of Health and the member from Guelph. I will be expanding on them in due course in my own remarks, that is, but we certainly acknowledge the need to take steps to deal with the growing problem with prescription drug abuse. It is exploding across communities all over Ontario, and it is something that is going to require a multi-faceted approach, of which the maintenance of this database is one part.

There are many other recommendations that have been made by a number of groups that have knowledge of this issue: by the pharmacists' association, by the College of Physicians and Surgeons and by our own Select Committee on Mental Health and Addictions. We released our report at the end of August and did recommend that the minister take steps immediately to address the issue of prescription drug abuse. I'm pleased to see that this matter is coming forward in a very timely manner, because it is something that needs to be addressed. We have had far too many fatalities.

There was a physician who was in the audience and was part of the narcotics control panel. He had tragically lost his own son some 14 months ago as a result of an accidental overdose of prescription drug medication. Any one of our young people that we lose to such a horrible addiction—we certainly need to do everything we can as legislators in order to make sure that we stop this problem in its tracks.

There are lots of other issues that I would like to speak about. There are some concerns that some groups have with respect to maintaining a balanced approach to this to make sure that the people who do require pain medication for chronic conditions for legitimate reasons will continue to have access to those medications. We look forward to hearing from those groups in committee once we pass second reading so that we can make sure that this is a fully balanced approach that deals with the problem but doesn't prevent those needing the medication from getting it.

The Acting Speaker (Ms. Cheri DiNovo): Questions and comments?

M^me^ France Gélinas: I was pleased to see that shortly after—that shortly that it was the day after—the Select Committee on Mental Health and Addictions put out their report, Navigating the Journey to Wellness: The Comprehensive Mental Health and Addictions Action Plan for Ontarians. One of our recommendations—number 11—talked about the need to address narcotics misuse in as brief a time frame as possible. The next day, the minister actually announced that she was going to take a step in that direction. When we talk about quick timing, I was very pleased with this.

We have 23 recommendations. There have been 22 days since then, and the rest of them are not coming quite as quickly. But still, let's celebrate small victories, and that certainly was one.

As soon as the House was called back, the Minister of Health introduced Bill 101, which we're talking about today and which gives us a better idea as to what needed to be changed in the law in order to move their strategy forward. The creation of a data bank, the creation of a monitoring system, is certainly something that we support. It's something that is needed in Ontario and something that will help, so we will certainly be in favour of those steps.

In my remarks, I will be going into further details as to what also needs to come with Bill 101 in order to truly reflect recommendation number 11 in our report, and I look forward to doing so this afternoon.

The Acting Speaker (Ms. Cheri DiNovo): Questions and comments?

Mr. Mike Colle: A while ago, I was speaking to the mayor of Brockton, Charlie Bagnato, about the fight people of his community have had with the problems of OxyContin and the devastating effect it's had on young people especially, and the addiction that is devastating. It's very much directly related to this legislation.

We always think of drugs—we think of cocaine, we think of marijuana and all these other drugs, but, sad to say, these prescription narcotics that you get at your drugstore are devastating families all across Ontario. The drugstores—they're legally prescribed. The astonishing stat here is that between 1991 and 2009, prescriptions for narcotics containing oxycodone, like Percocet and OxyContin, rose by more than 900%.

I see some young people sitting here in the audience. Be wary of these prescribed drugs. If you've got a problem, see your doctor. There isn't always a solution through narcotics prescriptions. Please avoid them. I think what we're trying to do is educate all of us—all the doctors and pharmacists, all the families, parents and students across Ontario—that this kind of madness has got to stop. It is horrendous.

I know there is a multi-million dollar football player, JaMarcus Russell with the Oakland Raiders—this guy is making about $10 million a year. He's addicted to this thing called purple drank, which is basically codeine syrup plus some alcohol. He's so buzzed out, he's no longer playing football. This is a guy who had the whole world in front of him—$10 million a year, a quarterback with the Oakland Raiders, an incredible superstar. But because of an addiction to codeine that's prescribed, legally or illegally, this young man is now basically devastated—

The Acting Speaker (Ms. Cheri DiNovo): Thank you. Questions and comments?

Ms. Sylvia Jones: I'm pleased to respond to the minister's and the parliamentary assistant's comments on the leadoff for Bill 101.

I was happy to hear the minister make reference to the database as being only one part of the strategy. It's vitally important that we are able to track where these prescription narcotics and drugs are being prescribed and by whom, but it is equally important to actually assist people who have already become addicted. We saw that first-hand, of course, travelling with the Select Committee on Mental Health and Addictions.

I think particularly of a very proactive band council in Sandy Lake, where they purchased a drug-sniffing dog and were able to decrease the amount of prescription drugs that were basically being smuggled into the community. But the chief's point was that we still have the young people and the individuals who have this addiction and we must treat that addiction.

I hope that once we get past Bill 101 and once we have it in committee, the next stage we will talk about is how we can actually ensure that those people who have become addicted are going to have the access to treatment that they so desperately need. It's not like switching off a switch; it's a pretty tough addiction to shake. We owe it to the individuals who have already been caught in that web to ensure that the access to treatment is available to everyone in Ontario.

So while I support Bill 101, I hope it's not the last step on this journey.

The Acting Speaker (Ms. Cheri DiNovo): The Minister of Health and Long-Term Care has up to two minutes to respond.

Hon. Deborah Matthews: I would like to thank the members from Guelph, Whitby–Oshawa, Nickel Belt, Eglinton–Lawrence and Dufferin–Caledon.

I have to say that I am extremely pleased with the response that this legislation is receiving from members in this Legislature. I think we have, many of us, started to learn and have heard first-hand stories about the devastation that is caused by the abuse of prescription narcotics, and it is very heartening to hear that members from all three parties in this Legislature are encouraging us to push forward with this. We, of course, know that this is not the solution to all that ails, but it is a big step forward. It will prevent new people from becoming addicted, and that is a very important part of a comprehensive strategy to reduce the abuse of prescription narcotics.

I think that, as people in this Legislature, we sometimes have opportunities to talk to people that we would not if we didn't have this very privileged role, and I do encourage all members in the House to take the time to visit the addiction treatment centres in their communities and talk with people who have first-hand experience with this major problem. I think if we all do that, we will be able to move forward as quickly as possible. The faster we can get on with this, the happier I'll be.

1400

The Acting Speaker (Ms. Cheri DiNovo): Further debate?

Mrs. Christine Elliott: I appreciate the opportunity to speak once again on behalf of the PC caucus to the Narcotics Safety and Awareness Act, 2010.

In my response to the minister's statement on this subject on September 15, I did indicate preliminary support for this bill, subject to a more thorough review. We continue to support this legislation but stress that it must be only the first in a series of steps that need to be taken in order to properly address the issue of prescription drug abuse in Ontario. The minister has already acknowledged it as such, so we look forward to seeing more strategies forthcoming in the next few months.

In the time available to me, I would like to speak to the extent of the problem and some of the other steps that in our view need to be taken, as well as to outline some of the comments and concerns that have been expressed to me to date with respect to this bill.

Ontario is in the midst of a public health and safety crisis stemming from the inappropriate prescribing, dispensing and illicit use of the group of prescription drugs known as opioids. These drugs, which are commonly referred to as narcotics, are used to relieve moderate to severe pain. There are two types of narcotics that are usually taken orally: short-acting and long-acting. Percocet and Tylenol 3 are types of short-acting medication, while OxyContin, which contains oxycodone, is an example of a long-lasting medication. In instances of severe addiction, these tablets are not ingested orally but are either crushed and snorted as a powder or are mixed with liquid and directly injected.

These narcotics are powerful pain relievers that, used properly, provide relief to sufferers of chronic pain. Recently, however, their use has been diverted, and opioid misuse now accounts for an increasing number of fatalities, a huge increase in addictions, growing crime rates and significant social consequences that have already been alluded to by the minister and by her parliamentary assistant.

This problem is not confined to Canada, but Canada is the world's largest per capita consumer of opioids, and Ontario is at the top of the list in Canada for narcotic use on a per capita basis. Between 1991 and 2009, the number of prescriptions in Ontario for oxycodone drugs rose by 900%. OxyContin, a type of oxycodone drug, is the most easily procured opioid for non-medical use on the streets of Toronto. According to a report recently prepared by the College of Physicians and Surgeons of Ontario on this subject called Avoiding Abuse, Achieving a Balance, "There has been a steep and unprecedented increase in the number of individuals seeking treatment for oxycodone addiction since controlled-release (long-acting) oxycodone products became available in 1995. The number of admissions at the Centre for Addiction and Mental Health (CAMH) medical withdrawal management service seeking treatment for opioid detoxification related to controlled-release oxycodone went from 3.8% of ... admissions in 2000 to 55.4% in 2004," a startling increase.

CAMH also found that among Ontario high school students, one fifth reported using opioids or at least one prescription drug without a doctor's prescription in 2009, compared to only 12% of students who reported smoking cigarettes. That was shocking to me. I had no idea that the amount was so high.

The Acting Speaker (Ms. Cheri DiNovo): I'd just ask you to stop the clock for a minute. I would ask those members who would like to have private conversations to perhaps take them to the members' chambers outside. Thank you.

The member can continue. Thanks.

Mrs. Christine Elliott: Thank you, Speaker.

The report also contains statistics concerning fatalities. Deaths due to oxycodone rose from 35 in 2002 to 119 in 2006, an increase of 240%.

The impact on public health is clear; so too are the legal and social consequences. In communities across Ontario, the trafficking of prescription narcotics by both individuals and organized crime groups has resulted in a doubling of prescription drug arrests in Toronto between 2005 and 2008 and a significant increase in pharmacy robberies and thefts of prescription narcotics. As many of us have seen, most pharmacies now across the province of Ontario have signs in their windows or on their doors saying that they do not routinely carry products with oxycodone, but they will special-order it in for specific patients' use. That's to keep them from having robberies being perpetrated across the province with an ever-increasing frequency.

The problem with the abuse of prescription narcotics is particularly acute in many First Nations communities. Being a member of the Select Committee on Mental Health and Addictions, I had the opportunity to travel to some of our First Nations communities where the population has really been decimated, particularly in the north, where the OxyContin tablet that may sell on the streets of Toronto for $45 to $50 sells for several hundred dollars. In a situation where you may have an average income per month of about $1,000, and one tablet can take up several hundred dollars, you can imagine the kind of social upheaval that this problem is causing in many of our communities, as it is across all of our communities in Ontario.

Before I move on to the legislation itself—and I'd like to spend a little bit of time on that—there is one further statistic to share, and that is the cost of these drugs within our health care system. In 2009-10, the Ministry of Health and Long-Term Care spent $156 million on narcotics for Ontario drug benefit program recipients, or 3.9 million prescriptions. This equates to an average of six prescriptions per person and an annual cost of $260 per person. This, of course, doesn't include the number of narcotics prescriptions that are paid for privately, but the implications are clear: We need to do something about this problem, and we need to do it immediately.

So what does Bill 101 do? It's part of Ontario's overall narcotics strategy, which aims to promote the proper use of prescription narcotics and to reduce drug abuse and addictions among Ontarians. In developing this strategy, the ministry relied upon the expert assistance of the Narcotics Advisory Panel, and we are certainly grateful for their advice and counsel, as well as the assistance which the ministry has received from key stakeholders, including health profession regulatory colleges, First Nations communities, law enforcement officials, pharmaceutical manufacturers, third party payers, families who have lost children to narcotics overdoses, and individuals themselves suffering from addiction.

According to the ministry, the narcotics strategy will:

(1) curb inappropriate access to prescription narcotics and other controlled substances by providing education and raising public awareness about the safe use of these drugs;

(2) partner with the health care sector to support appropriate prescribing and dispensing practices through education;

(3) improve monitoring of the prescribing and dispensing of narcotics and controlled substances through the development of a provincial narcotics database; and

(4) look into options for treating and supporting those addicted to prescription narcotics and controlled substances.

So Bill 101 deals with one element of the strategy, and that is the creation of the database, but there are many other aspects to this strategy that remain to be implemented. The provincial narcotics database would allow the ministry to monitor and analyze prescribing patterns to detect unusual or inappropriate behaviour and to take action as necessary. Currently, there is no way for a doctor or other prescribing health care professional to find out if his or her patient has recently been prescribed a narcotic or other controlled substance.

1410

That came as a big surprise to me, and I would imagine that comes as a big surprise to many people across the province of Ontario, but that's the way it is right now. This has led to a massive increase in what they call "double-doctoring" or "doctor shopping," where people go from one physician to another and one pharmacy to another in order to stockpile medications which they either want to use themselves or to traffic on the market through third parties.

Other jurisdictions have already dealt with this problem. In the United States, 41 states have already enacted legislation for prescription drug monitoring programs. Nova Scotia has a program that includes legislation, monitoring, education and support for patients and health care professionals which is currently being followed by New Brunswick. Other provinces, including British Columbia, Alberta, Saskatchewan and Nova Scotia, have triplicate prescription programs. To date, both Saskatchewan and Nova Scotia have reported a decrease in narcotics use as a result.

Within Ontario, there appears to be strong support for Bill 101. The Ontario Pharmacists' Association supports the Ontario narcotics strategy. I quote from their press release dated August 27 of this year: "Prescription nar-

cotic diversion and abuse is a serious safety issue for all of us—from the pharmacists and other health care professionals who are trying to ensure patients have access to the medicines they need, to the communities that are harmed by diversion and abuse." This remark was made by Dennis Darby, the CEO of the Ontario Pharmacists' Association.

The Ontario College of Physicians and Surgeons is also developing their own strategy to deal with prescription drug abuse. They have issued a report called Avoiding Abuse, Achieving a Balance: Tackling the Opioid Public Health Crisis, which I referred to just a few moments earlier. This report actually resulted from a May 2009 forum that was facilitated by the college with a wide spectrum of stakeholders to identify issues and potential solutions. So this has been discussed for some time now and there are some very thoughtful opinions and views that are being brought forward by this report. But the report notes, and I would say correctly, in my view, that there's no simple solution to this problem. Any approach has to be multi-faceted in order to effectively deal with the problem.

This particular report, the report issued by the Ontario College of Physicians and Surgeons, makes some 31 recommendations that are grouped under five central themes:

"—significantly enhance the training and ongoing education of health care providers;

"—improve education and awareness of the public with a particular emphasis on high-risk communities;

"—create a coordinated, accessible system for the treatment of pain and addiction that is based on the interprofessional model of care and includes an expanded network of specialized ... pain clinics;

"—make greater use of technology to improve outcomes for patients and reduce diversion by: taking immediate steps to make all opioid prescription information available to all prescribers and dispensers; establishing a drug information system (including a drug monitoring system) that allows all prescribers and dispensers to access complete medication profiles;

"—empower health care professionals, institutions and law enforcement agencies to reduce diversion by facilitating information-sharing and establishing a duty to report criminal activity."

The Select Committee on Mental Health and Addictions also considered the growing threat of prescription drug abuse. A number of the members of the Legislature here today were also members of the committee. We heard from hundreds of presenters, including mental health and addiction specialists as well as individuals and families, about the problems with our mental health and addictions system. We also heard from many of them suggestions for change.

Our report, the final report of the Select Committee on Mental Health and Addictions, Navigating the Journey to Wellness: The Comprehensive Mental Health and Addictions Action Plan for Ontarians, was released to the public on August 26 of this year and was unanimously adopted by all members of this Legislature just last week.

So there are a number of individuals and groups that have made a significant number of recommendations, some of which have been incorporated in the overall narcotics control strategy, but I believe there is more that is yet to be done. But all of them have stressed, again, that there is no simple solution to this problem and that we need to take action on a number of fronts.

Some concerns have been expressed to me that I would like to just speak briefly about. The first issue—and I think it has largely been dealt with but I look forward to hearing about it in committee—is some privacy and confidentiality concerns that will necessarily be involved once you have a number of people who have access to a person's prescription history. There is some tracking of this in various different places, but this will be the first time that there will be this comprehensive system and there will be a number of people who will have access to it. I look forward to hearing from the Information and Privacy Commissioner that all of her concerns with respect to this bill have been addressed.

The second issue is a concern with the creation of the database. I think it needs to be said that if we had a properly functioning system of electronic health records here in Ontario, we might possibly have avoided some of the problems that we have encountered with prescription drug abuse. But the fact is, we don't have such a functioning system and—

Interjection.

Mrs. Christine Elliott: Well, that's right. As the member from Halton has indicated, we've spent almost a billion of taxpayers' dollars on creating a functioning electronic health records system and we still don't have one, and it's going to be at least 2015 before we get one. I think that's why we need to create this separate prescription database as sort of a band-aid solution until we have a properly functioning eHealth system across the board.

I think that my concerns in this respect would be that this is going to cost more time and money for Ontario taxpayers. We probably could have avoided it if we had the system up and running. It has been estimated that it's only going to take $1 million to implement this database and that it should be up and running within the next year. Well, I would say this government doesn't really have a good track record when it comes to creating electronic databases, so I won't be holding my breath that it's going to come in on time—on the time side or on the money side. That is going to be a particular challenge, but nonetheless, the idea of creating a database is important.

The third issue I'd like to address is just the lack of coordination. One of the major issues that we confronted with the Select Committee on Mental Health and Addictions was how to deal with the sort of fragmented approach that we take with respect to mental health and addictions treatment here in the province of Ontario. There are hundreds of agencies, both mental health and addiction agencies, across the province but they're not

uniformly distributed, not available in all parts of the province and they don't always work together. That is why we came up with our first and probably most important recommendation, which was the creation of Mental Health and Addictions Ontario as the large, umbrella organization to coordinate the availability of a core basket of mental health programs and services across the province and to make sure that no matter where you live, whether you live north, south, east or west in this province, in a rural area or an urban area, you will have access to the same treatment facilities. This is significantly lacking with respect to addiction facilities particularly.

That is why we are recommending that the minister—in addition to recommendation number 11, which is to immediately address the issue of addiction to prescription painkillers, we're also urging her to take a serious look at implementing the other 22 recommendations; there are only 23 contained in this report. We're going to be looking forward to her announcement in the very near future that she intends to implement the full report, because in our view this is going to be necessary in order to give Ontarians the type of mental health and addiction services that they really need.

There has also been a concern expressed to us by a number of groups, which I spoke to a little bit earlier, about the need to make sure that we have a balanced strategy, that we develop one that's going to prevent the abuse of prescription drugs but, on the other hand, is going to make sure that there is relief available for those people in Ontario who truly need it.

I have been given some statistics. I understand that there are an estimated 2.4 million to 3.6 million Ontarians living with chronic pain, some of which is quite debilitating and includes neuropathic pain, arthritis, back pain and fibromyalgia, and that there is a real need for a variety of treatment options for people who are suffering from chronic pain. This includes access to different medications and devices as well as psychological counselling, exercise and physical therapy. They also need health care professionals who are educated about pain management, and patients themselves need to play an active role in their own self-management.

1420

These are all components of a comprehensive pain strategy that Ontario desperately needs. Other jurisdictions, such as Alberta, Quebec and Nova Scotia, have successfully implemented pain strategies. So we need to make sure, as I said, that we allow for that balance that we really need when we're speaking about creating this database.

Another issue that I've heard about—this is something we heard about in the Select Committee on Mental Health and Addictions and really relates to this basket of services we're talking about that is available across the province—is a serious lack of addiction treatment facilities, particularly for young people. We heard from parents across the province who needed to send their children to other jurisdictions, usually in the United States—they seem to have some of the best and most available facilities.

So we really need to take a serious look to make sure that our young people, in particular, can be treated in their own province, where their families live and their supports exist. Again, that's something we wanted to deal with, with the creation of Mental Health and Addictions Ontario, within the select committee, and we even went so far as to write a mission statement to help guide them on their way, which indicates that Mental Health and Addictions Ontario will work to "reduce the burden of mental illness and addictions by ensuring that all Ontario residents have timely and equitable access to an integrated system of excellent, coordinated and efficient promotion, prevention, early intervention, treatment, and community support programs."

I think that's again something we need to be cognizant of as we consider how we're going to control prescription drug abuse. It's not enough to just identify it within the database; that's a good first step. But we need to make sure we have facilities that we can get people into, once the issue has been identified, so that they can get the help they need.

Finally, I would just like to explain a bit about the extent of the problem and some of the other concerns that have been expressed to me. I did receive quite a long communication from a family in southwestern Ontario, when this legislation was first introduced, which explains some of the struggles they had with their son and, I think, really shows that this problem isn't restricted just to the Ministry of Health. It's a big problem and has many facets, but there are other elements of this that I think we need to be cognizant of and make sure we address.

Just to tell you a little bit about what happened here and explain the family's concerns, these were parents of a 30-year-old son who recently passed away from the cumulative effect of a number of prescription medications as well as an inadvertent fatal dose of fentanyl. This young man had suffered from social phobia and anxiety for many years, which he masked with prescription painkillers and quickly became addicted. He began to go from doctor to doctor to obtain prescriptions.

From October 2009 until this young man's death in February 2010, there was a significant increase in the number of medical appointments he was attending. I was given a list by the family of the number of physician and other health care professional visits he had and the number of prescriptions this young man got, and I actually couldn't believe it—the list went on. Over this five-month period, this young man received 61 prescriptions, all for prescription painkillers. He went to eight pharmacies and saw 12 health care professionals: 11 physicians and one dentist.

This shows the extent of the problem, which in itself may not be that unusual when you're talking about young people who have this kind of problem. But there is another little twist in this. Since 2007, this young man had been a recipient of social services, first through Ontario Works and then through the Ontario disability sup-

port program. As such, he qualified for a drug benefit card, which covered the cost of medically recommended medications, and his transportation costs to medical appointments were also covered. The payments for transportation were made directly to this young man, and he was called upon to make the payments in turn to the transportation company under the honour system. Unfortunately, the payments were not made and an outstanding bill from the transportation company in the amount of $1,687 was discovered after this young man's death.

There are many issues here. One is, surely there must have been a red flag at the Ontario drug benefit program as a result of the increasing number of prescriptions. Sixty-one prescriptions over a five-month period is incredible. You have to wonder why someone didn't ask questions about this. Secondly, how could anyone have thought that giving cash for transportation to a young man with a known addiction problem would be a good idea?

The family has asked me to raise these comments because they're really hoping that something is going to happen, as a result of their son's tragic death, to make sure that this doesn't happen to other young people, and that the appropriate adjustments are going to be made.

Finally, they asked me to express these views, and hopefully the ministry and the minister will be able to take some action on this:

"As a family we have carefully considered the events that transpired in the months leading up to our son's death. We believe that the way in which the social service program has been administered in my son's case, and the lack of appropriate safeguards, provided him the resources as well as enabled him to return to his addiction, resulting in his ultimate death. We question why a central registry for pharmacies to access was not in place to screen (and prevent) individuals from obtaining the same prescription at a number of places. Significant government funds have been recently spent, yet there is not an electronic single health file for physicians to ensure that patients are not 'doctor-shopping.' We question why there was not an inquiry or a review ... when there was a significant increase in the medical appointments, with the majority of them being at walk-in clinics as well as to my son's family physician visits.

"We would like a meeting with the ministry personnel to address the issues that have been presented as well as to look at strategies that can be implemented so that another family does not undergo the tragedy that our family has recently experienced.

"To summarize, our family would have concerns with the following matters and would like them to be addressed:

"(1) The 'honour system' regarding transportation costs for individuals with serious substance abuse issues.

"(2) A recipient's ability to attend multiple doctors.

"(3) A recipient's ability to have prescriptions filled at multiple pharmacies for the same and, at times, conflicting medications."

I will provide the family's information to the minister, and I would ask that the ministry look into these issues. I believe there may be a need to involve the Minister of Community and Social Services as well, just to highlight some of these issues that we also hope would be addressed within the context of this legislation.

As I said, we do support this legislation and we look forward to getting it into committee and to moving forward with the database and all other elements of the narcotics control strategy. I hope that the government will set aside the necessary time in order to hear and receive input from the public. We believe that it will be necessary to go on some travel with these hearings, particularly in the north, to make sure that people from all parts of Ontario have the opportunity to give us their advice and counsel with respect to this legislation, so that we can make sure that we actually are going to be attacking this growing problem in our province and come up with the best possible solution.

I thank you for the opportunity to make a few comments this afternoon, Madam Speaker.

The Acting Speaker (Ms. Cheri DiNovo): Questions and comments?

M^me^ France Gélinas: I was very interested in what the member from Whitby–Oshawa had to say, particularly the issues she raised about privacy. With the new data bank and the new monitoring that will go on, things will change to help the people of Ontario, but it also, on the flip side, needs to be done well to make sure that we protect people's privacy.

We are going to be gathering data in a database, which links us back to eHealth. She certainly made the point that there are reasons to be a wee bit worried, because this government hasn't really been that stellar in developing eHealth. We hope that this is a new beginning, where this database will really make us all proud.

1430

She also talked about the lack of a coordinated system and went through this tragic case that she shared with us, which ended up in a most tragic way, and how those people deserve answers. Even without the changes, how could it be that nobody picked it up? How could it be that nobody knew? I would say to this that people did know. People could have done something but have not, and I haven't seen or fully understood how our new database and management system will force people to act, because there is knowledge that it happens already out there. There are people who know of physicians who abuse their prescribing power, pharmacists who do the same or patients who are multiple-doctor-shopping and yet nothing is done. So now a system will know. Where does the action come in?

The Acting Speaker (Ms. Cheri DiNovo): Questions and comments?

Mr. Phil McNeely: I'm very pleased to see this bill being debated in this Legislature, as I have spoken several times in the past with pharmacists and they tell me about all the problems of overprescription, the problems of misuse and abuse of prescription narcotics and the

amount of these that are getting on the street. They're getting on the street through, many times, illegal means, and it's very difficult for the pharmacists to control it.

I know, with the electronic database and the other areas that are going to be improved, that we can get better control of these drugs. We must get better control of these drugs, because it's not only a major cost to our ministry in the costs of those prescriptions but it's the damage that's done to our youth and to the people who are consuming these drugs illegally. It's a step forward in control. It's knowing who is getting these prescriptions.

The electronic database will certainly help the pharmacists in being able to spot anything illegal. They tell me that when they speak with each other, three or four of them have had the same false prescriptions, the same people coming in to use prescriptions, and that seems to be a hit-and-miss method of control. So this would permit pharmacists to know and to be able to control. The system coming from the doctors, prescriptions coming from the doctors, will permit this whole area to be better monitored and better controlled and save our government money, but also save all those dollars that our kids—

The Acting Speaker (Ms. Cheri DiNovo): Thank you. Questions and comments?

Mr. Robert Bailey: I'd like to rise as well in support of this bill. We've already had a number of our speakers, especially the member from Whitby–Oshawa, who spoke in support of it. We've got some concerns, and we'd like to see it go to committee for improvements to the bill, as she's already outlined.

I know from my community in Sarnia–Lambton—this is also an issue there. It's not just in the larger urban areas. It's also a concern in small-town Ontario: Sarnia, Petrolia, areas like this. I have a family who are in the law enforcement business, and they tell me that from time to time this drug, OxyContin, and other drugs similar to it cause many concerns. Of course there are always the social concerns in families that this is causing as well, and to our young people, as a number of people have highlighted these tragic stories.

So I would urge the minister to take this bill to committee and to have the committee travel to hear these stories from both law enforcement and the medical community and from the families affected by these drugs. Also I'm sure the educational community and schools could have a big impact on this by talking about many of the issues that they see on a day-to-day basis in the classrooms and with people in after-school activities.

We have a number of issues. I don't think just creating the narcotic drug-tracking database will get to the root of the whole problem. It's a good start. We think that there are a number of other issues that need to be addressed as well. I look forward to the rest of the afternoon and the debate from all sides of the House, as people have brought their own experiences and their own riding issues to this House.

The Acting Speaker (Ms. Cheri DiNovo): Questions and comments? There being none, the member from Whitby–Oshawa has up to two minutes to respond.

Mrs. Christine Elliott: I appreciate the comments made by the members from Nickel Belt, Ottawa–Orléans and Sarnia–Lambton. Some of the issues that they brought up—particularly, the member from Ottawa–Orléans had concerns with respect to public safety and the safety of pharmacists that are raised by this legislation. It is certainly hoped that the creation of the database will deter people from trying to misuse the system and will prevent the kinds of robberies that we're seeing, not just in urban Ontario but across the province. That's going to be another benefit that we'll be receiving from this legislation.

The other issue is the one of education. There is a real need to, I think, educate the public with respect to the very addictive properties of some of these medications that people start out taking quite innocently, for back pain or sports injuries or ailments of that nature, but that can quickly turn them into addicts who will do most everything to get the drugs that they need. So we need to educate the public. I think there's still some education that is needed on the part of physicians; there is an educational component to their curriculum just to make sure that they are prescribing medications that are appropriate for the injury and monitoring very carefully to make sure that people don't become addicted.

Other things that have been suggested to me are that they need to take a look at physician compensation as well; to make sure that physicians have the time to spend with their patients to make sure that they are not becoming addicted, and that often takes more time than physicians are able to spend with most patients in the course of their day; and that they should be given additional courses as time goes on to make sure that they continue to be apprised of the properties of these drugs and make sure that their patients are taking them for the proper reasons.

The Acting Speaker (Ms. Cheri DiNovo): Further debate?

M^me^ France Gélinas: It is my pleasure to put a few comments on the record about Bill 101, the Narcotics Safety and Awareness Act.

On August 26, the Select Committee on Mental Health and Addictions released its report, of which I'm really proud, called Navigating the Journey to Wellness: The Comprehensive Mental Health and Addictions Action Plan for Ontarians. We have together, as a group, put forward 23 recommendations. Recommendation number 11 was about the misuse of narcotics.

On August 27, the Minister of Health announced a narcotics strategy for Ontarians. That was pretty fast. The strategy consists of five parts:

—first, the creation of an electronic database that would collect, monitor and analyze information regarding the prescription of narcotics and other controlled substances;

—second, working with health sectors—so, think physicians, dentists, pharmacists and nurse practitioners—to raise awareness about appropriate prescribing;

—third, working with the health sector—the same people—to raise awareness about appropriate dispensing;

—fourth, engaging in patient education to address excessive use and misuse of prescription narcotics and other controlled substances; we've heard a little bit this afternoon about youth usage of those drugs; and

—fifth, focusing on addiction treatment services.

This is what the announcement was all about.

On September 15—we went back on September 13, so, three days after we went back—the Minister of Health introduced Bill 101. Bill 101, once passed, will fulfill the first element of the narcotics strategy. Remember when it was announced in August? We're talking about five parts to it. Bill 101 really focuses on the first one; that is, allowing the Minister of Health and Long-Term Care and the executive officer of drugs—funny title there, but what can I say?—the ability to collect, analyze and report on the prescribing and dispensing of narcotics drugs; so, a database.

1440

It defines prescription narcotics and other controlled substances—which we will refer to from now on as monitored drugs, but basically they're mainly narcotics and a few more. Not only will that include opioids—which includes oxycodone and drugs that we've talked about, such as morphine, codeine and Tylenol 3—but also non-narcotic drugs, including stimulants such as methylphenidate, which is better known as Ritalin; benzodiazepine, better known as Valium; and barbiturates. Most of them are opioid drugs but some are non-narcotic drugs, and they will all be under the label of "monitored drugs" in our new database.

They will create a provincial electronic monitoring system that provides alerts when attempts are made to make multiple visits to prescribers or multiple visits to dispensers. So we will not only be gathering data, it will be used for monitoring.

It mandates information that prescribers and dispensers must provide to the minister and make it an offence to fail to disclose this information. That was a big surprise to me. I always thought that, in order to get a prescription, you needed to have your name, your OHIP number, the date, the signature of a physician and the actual drug that was being prescribed. Well, it turns out that you didn't really need to have all of this to have a prescription filled, but now you will. I thought it was always there, but now we're making it clear—dot the i's, cross the t's—that you will need all of that information on your prescription or you will get rejected and have to go back to square one.

It allows the minister to appoint inspectors who may enter a place of practice of prescriber or dispenser without notice or warrant. So those inspectors could go into a physician's office, a dental office; they could go into a pharmacy where those drugs are being dispensed without any warning—I'm guessing so that they can help those health providers do their job better.

Regulation-making authority for the Lieutenant Governor in Council for designated additional monitored drugs: Remember, I read you a list of what was going to be in. This list could be expanded. They will have the power to do this, specifying additional information that must be provided, among other powers.

There is nothing in the legislation that moves forward on the other elements of the narcotics strategy. Remember, I started by reading you the five elements of this narcotics strategy. Bill 101 focuses on the first one. So everything that has to do with the education piece on the prescriber, on the dispensing side, on the addiction and treatment—all of this is not in the bill. We're hoping it will happen, but nobody really knows. Bill 101 does not address that. I sure wish it would be addressed, but it is not.

During both the narcotics strategy announcement and the introduction of Bill 101, the minister spoke about the scope and severity of Ontario's narcotics problem. Nobody will deny it. There is no question that we in Ontario have a serious problem with narcotic drugs. Come to northern Ontario and go to isolated First Nations communities—it is obvious. It makes the front page of the paper. When I was a supervisor for the nursing station in Gogama, we had a desperate man run his truck through the side of the clinic in order to break in.

The government is going ahead with those dispensing machines. I just want to forewarn: Never underestimate the power of a forestry worker with an axe who wants to get to those drugs. They will get them no matter where they are.

We have a big depot for the ambulance in Sudbury. It was also broken into in the hope of finding drugs. It doesn't matter where you go in northern Ontario, it doesn't matter where you go in isolated First Nations communities; whether you read the paper or go to the coffee shop, you will hear about this. Nobody disputes it. We need to do something. This is an issue that many communities have dealt with for a long time and an issue that requires effective and timely action, and you will hear me say "especially in northern Ontario and First Nations communities," because I really believe that action is needed for those communities.

Statistics from the College of Physicians and Surgeons of Ontario on the scope of the problem are really sobering. The main source of prescription opioids are doctors' prescriptions—37%, considerably higher than the street source, which stands at 21%, or a combination of prescription and street, which is at about 26%. I would say that those statistics are pretty well province-wide. They certainly hold true where I come from.

According to one study, over 66% of deceased patients on opioids were seen by a physician in an outpatient setting four weeks prior to their death. This supports the hypothesis that increased rates of inappropriate or inadequately monitored opioid prescription contribute significantly to morbidity and unintended opioid-related death.

Oxycodone abuse is a growing problem. Prescription for oxy increased a staggering 850% between 1991 and 2007. Since the long-acting oxy has been added to the

Ontario drug formulary, there has been a fivefold increase in mortality and a 41% increase in overall opioid-related mortality. This is a recipe for disaster. Since controlled-release oxy products became available in 1995, the number of hospital admissions related to controlled-release oxycodone went from 3.8% to 55.4% in 2004.

I am going through all of these statistics to show you that no matter how you look at it, we have a huge problem that has huge consequences on a big segment of our population. These consequences come with drastic outcomes in terms of their quality of life and often lead to their demise.

CAMH found that among Ontario students from grades 7 through 12—those are relatively young people. We're talking about youths who are 12 to 17 years old. One fifth of the students surveyed—that's 20%—reported using opioid drugs in 2007. That's one in five of those cute-looking youths using those drugs. I've just gone through the statistics to show you the effect that those drugs have on people's health, on communities and on families.

By contrast, only 12% of students reported smoking cigarettes in 2007. It is a bigger problem than tobacco, which we all know is huge among our youth. Coroners' investigations have found that a high number of deaths are the result of a combination of drugs, some illicit, some prescribed, but the most troubling cases are arising in the chronic, non-cancer pain sector through illicitly obtained prescription opioids, which made the death toll double between 1992 and 2004.

This alarming rise in the number of unexpected deaths is clearly linked to the use of these drugs. Between 2002 and 2006, we can see a 49% increase in deaths directly related to opioid drug use. Deaths, specifically from one drug called oxycodone, are rising rapidly and accounted for a 240% increase, here, again, between 2002 and 2006. The numbers speak for themselves. It is time for action. Enough people have suffered, enough people have died, and too many people are addicted. It is high time to do something about it.

1450

Let's look at what it looks like on the streets. We know that a prescription, if you buy it yourself, if your physician gives you a prescription, comes to about $4 a pill. When you sell it on the street where I live, you resell it for $80 to $100 a pill. Can you see where the attraction comes from? Go to an isolated First Nations community, where the rates of poverty are staggering, people can barely get by, entire families are crammed in and there's 27 of them living in a two-bedroom house, sleeping in shifts, and then throw in one or two of their family members with an addiction. It doesn't make for anything good. We have to act.

We agree that the creation of an electronic database is a step in the right direction. However, I have significant concerns about the absence of details regarding the other four pillars of the narcotics strategy that was put forward by our Minister of Health, the partial scope of the electronic prescribing/dispensing under this new database, and the absence of a comprehensive plan for addressing narcotics addiction—and I will expand upon those.

As I said, the NDP will support Bill 101 because we want it to go to committee. I will go into more details as to making sure that the committee travels and comes to regions in the north and comes to the First Nations so that the bill really takes into account what is going on in those communities.

Given that Ontario has the highest use of opiates in Canada, it's kind of shocking that we are lagging behind so many other provinces in our attempts to control the inappropriate use of those drugs. If we look at Canada, we'll see that British Columbia, Alberta, Saskatchewan, Manitoba, Nova Scotia and PEI already have prescription monitoring in place, but Ontario doesn't. Bill 101 is going to fix this.

That's not where my concerns lie. My concerns come from what is missing in the bill rather than what is in the bill. Many questions have not been answered. I would like extensive committee hearings on this bill and I would like to move it in a more comprehensive direction.

Here again, I want to be on record to say that the committee has to go to isolated First Nations, because the misuse of prescription narcotics in those communities has completely changed those communities for the worse. We go into communities where the rate of addiction stands at 70%.

When you're dealing with a problem of this magnitude, sometimes a one-size-fits-all strategy doesn't work as well; plus, the delivery of health care in the north and in isolated areas of the north is completely different. Most of my riding doesn't have pharmacies; most have visiting primary care providers. A lot of them will dispense their own drugs. It's very different than in an urban area, where there is a range of primary care providers—you have hundreds of physicians practising in most urban centres; you have dozens of pharmacies. A strategy that works in that framework may not work so well when the one who prescribes is also the one who dispenses and is the only show in town, and this show only comes into town a couple of times a month.

So the concerns of those people, but also the strategies that they have, have to be heard, have to be taken into account so that this new legislation, this new step forward, will benefit everybody in Ontario.

What specifically is missing from Bill 101 that I would like to see? First, we'll all agree that this is a complicated issue, and solely putting forward a new database and data monitoring is not going to solve it all. Second, chronic pain management: In this, I talk about the inadequacy of training and the lack of availability of those services. Third, we have to talk about primary care and interdisciplinary care if we really want to tackle the misuse of narcotics. We also need to talk about addiction treatment such as methadone, which is the one most used in those cases. We need to talk about health professional education on chronic pain, on opioid management and on interdisciplinary collaboration. We need to talk about electronic tools beyond a database, moving toward an

electronic health record. As well, we need to have an evaluation of Bill 101's electronic monitoring system. We have to set out how we will know if this bill is doing what we had intended it to do.

We all know that we are dealing with a complicated issue. The problem of narcotics abuse is complex, and it will require a multi-pronged approach in order for it to be successful. There is a pervasive concern regarding whether Bill 101 will be effective in reducing the narcotics problem currently in Ontario—not that Bill 101 is not good, but it is not comprehensive enough. Ontario's current crisis of narcotics abuse is about a lack of many things: appropriate pain management services; a failure in this province to ensure that every Ontarian has a primary-care provider; it is about addictions and the lack of treatment services; it is about the failure to institute comprehensive electronic health records and electronic prescriptions; it is about a lack of interprofessional collaboration and interdisciplinary care; and it is about a lack of education, especially impartial, non-pharmaceutical-run education, for our health care professionals, and the list goes on. Those are serious concerns.

CPSO, the College of Physicians and Surgeons of Ontario, recently released a report on this very issue called Avoiding Abuse, Achieving a Balance: Tackling the Opioid Public Health Crisis. I read their report from cover to cover. It is a whole lot more comprehensive than Bill 101, and it is worth the read. For one, the report is about 40 pages long, and it includes 31 substantial recommenddations to tackle this issue. Today, the government is moving forward on one of those 31 recommendations: the one regarding the database and the management system. The CPSO report covers the entire breadth of the problem at hand. They can regroup their recommendations in five areas, and I'll read directly from their report.

Five key recommendations from the CPSO: "Creating a coordinated, accessible system for the treatment of pain and addiction"—if we want to tackle the misuse of narcotics, there has to be a system for the treatment of pain and then the treatment of addiction if you have developed an addiction to those medications.

Second, "Taking immediate steps forward to make greater use of technology to improve outcomes for patients and reduce diversion": This is, in part, what Bill 101 will work on.

Third, "Enhancing the training and ongoing education of health care providers and improving education and awareness of the public": Education about appropriate pain management, about dispensing, about prescribing, about the patient's use of those medications.

Fourth, "Empowering health-care professionals, institutions and law enforcement agencies to reduce diversion by facilitating information-sharing and establishing a duty to report criminal activity." This is not addressed at all within Bill 101. It is not addressed at all within the Ministry of Health's five pillars to action, but it is certainly something important and something that they raised in their report.

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We in the NDP have talked to stakeholders across the spectrum, from mental health groups to chronic pain groups to regulated health colleges to people living with an addiction. All they talk about is the need for comprehensive action. Together, they point to the vast majority of recommendations in the CPSO report. This is a report that has been put out to tackle the same issue that the minister wanted to tackle, but it does so in a much more comprehensive way which, everybody will agree, has the most chance of succeeding. Bill 101 is but a small part of this. The creation of a database, the sharing of information, the management is but one small part. The rest of it still needs to be in place, or we won't succeed.

I want to take this opportunity to commend the CPSO for the excellent work on this report, as well as all of the experts who were involved in writing this report.

There is no question, there is no denying, that an electronic monitoring system is an important tool, but it is only one small step and cannot impact the myriad factors that have contributed to the crisis Ontario currently faces. We've heard the statistics. We all agree there is a crisis. We all agree that the database is a helpful tool. What we're all saying is that it needs to be more comprehensive in order to succeed.

Let me talk a bit about chronic pain management.

There are between 2.4 million and 3.6 million Ontarians who live with chronic pain. Some of it can be quite debilitating. Yet there is no chronic pain management strategy in Ontario. Depending on the community in which you live, your access to pain management varies widely. But I can guarantee you one thing: Of the three health science centres that offer pain management, and of the few clinics not associated with a university that offer pain management, none of them is in northern Ontario; none of them is in isolated rural Ontario either, where the problem seems to have taken a disproportionately big proportion. Few dedicated chronic pain management clinics exist, and even fewer people know how to gain access to them.

There is inadequate education on not only narcotics but other pain management strategies for health professionals.

The reality is that because of delisting from OHIP services, many services that could effectively help in pain management are not accessible to most Ontarians any more. If you think about physiotherapy, which can be used for neuropathic pain, joint pain, arthritic pain etc., it is less invasive and it certainly has a lot fewer side effects than medication and narcotics. But those services have been delisted. What does that mean? That means that if you want access to physio, you have to pay. There are a few hospitals which still offer outpatient physiotherapy, but as they try to balance their books, there are less and less of those services available. So here we are looking at strategies to control pain that are now not affordable to most working Ontarians, at least Ontarians without coverage.

There is also inadequate education on not only narcotics but on other pain management strategies for health professionals. That's the reality. In Canada, there is no specialty for pain management specialists. Health professionals are often trying to do the best they can for their patients, but they do not have the tools to be making the right evidence-informed decisions.

We can now see support groups popping up just about everywhere for people with neuropathic pain who cannot find a way to manage their pain—who cannot find the help they need. When you go to see a health professional, pain is a symptom. Pain is never looked at as the problem itself; it's looked at as the side effect of something else. But for a lot of people—2.4 million to 3.6 million Ontarians—pain is a reality of life. The acute phase of their problem is gone long ago, but the pain has become part of their life and they have very little help in managing that pain.

The government acknowledged, in their narcotics strategy announcement, that there is a need for additional education and collaboration with health professionals, but we have not yet heard anything about an emphasis on chronic pain management. If we look at other provinces, Alberta, Nova Scotia and Quebec all have chronic pain management strategies. Why doesn't Ontario, the most populous province of them all, have a chronic pain management strategy? Creating such a province-wide strategy for chronic pain management is essential at this point, and I want to remind everybody that that strategy must bring equitable access for the people of northern Ontario as well as isolated First Nation communities.

Talking about primary care and interdisciplinary care, with close to a million Ontarians who still do not have access to a family physician, we must acknowledge that this is a significant barrier to reducing narcotic problems in Ontario. The CPSO—College of Physicians and Surgeons of Ontario—report I was just quoting, Avoiding Abuse, Achieving a Balance, states, "Access to health resources depends … on patients' and health care providers' ability to navigate … [an] integrated health system. An integrated system is one in which family physicians are closely linked to other primary care providers, as well as to specialty care physicians, particularly those working in specialized pain clinics. The ideal system would enable patients to access the most appropriate care from the most appropriate provider, easily and locally. …

"Within an interprofessional model of care, patients are treated by different types of providers with training and expertise in different aspects of chronic non-cancer pain and addiction management."

When CPSO talks about narcotic management, they always talk about pain control and addiction management. Those two have to be linked.

"The objectives of interprofessional care go beyond just treating physiological symptoms to addressing psychological needs, social and occupational functioning and quality of life.

"For interprofessional care to be effective, there must be strong linkages between family physicians," whom they call the gatekeepers of the health care system, "and other providers." Those other providers include "specialized pain clinics, nurses, pharmacists, physiotherapists, occupational therapists, psychotherapists and counsellors," and the list goes on.

When Ontarians have a primary care provider, the potential for abuse declines. Let me repeat that: When Ontarians have a primary care provider, the potential for abuse declines—which means that for the one million Ontarians still without a family physician, the risk goes straight through the roof. Patients are more likely to be referred to an appropriate kind of pain management service and are more likely to receive a correct diagnostic if they have a primary care provider.

1510

On the issue of primary care, let me quote from the report from CPSO on page 9: "Ontario's traditional fee-for-service physician payment ... under OHIP encourages physicians to see high numbers of patients relatively quickly. This can be a disincentive to conducting comprehensive assessment and follow-up of patients with chronic non-cancer pain and addiction."

The fee-for-service model does not serve us well. You cannot provide quality primary care in a solo fee-for-service model. This has to go the way of the dinosaur. We need to move on, yet close to 60% of our primary care providers—60% of physicians—are still on fee-for-service when we know and the college knows that you cannot offer quality primary care within the solo fee-for-practice model.

The report goes on to say that community health centres "would be particularly useful given their focus on marginalized patients. Patients with opioid addiction are marginalized not only because of negative societal perceptions surrounding addiction, but also because they" may "face specific barriers to accessing primary care: They may lack transportation; they may have difficulty finding a primary care physician willing to treat patients with addiction; and their intense involvement with the methadone treatment program may alienate them from regular daily activities" such as working.

So CPSO is quite clear: Fee-for-service will never give us quality care. If we want this interdisciplinary team model that will deliver results, the community health centre is the way to go, with their salaried physicians who have the time to look into issues and who are not forced to go through a lot of patients just to be able to make a living.

The second part that is not in Bill 101 and that I would like to address is addiction treatment services. The Select Committee on Mental Health and Addictions, in our report, Navigating the Journey to Wellness: The Comprehensive Mental Health and Addictions Action Plan for Ontarians—while we were gathering information for this report over the 18 months that we met, we held 30 days of hearings, we heard 230 presenters and we read 300 submissions. We found out that the province has contracts with 150 service providers for addiction services, but in spite of those 150 service providers, Ontarians are

not getting the assessment, the treatment and the services that they need to deal with their addiction.

Our recommendation number 11 reads as follows: "The Ministry of Health and Long-Term Care should immediately address the problem of addiction to prescription painkillers." Today we see a piece of this in Bill 101, but the question of addiction treatment services continues to be ignored, and we do not have a comprehensive strategy in front of us. We have no details on this, although, when the minister made the narcotics strategy, she went into the five pillars that I talked about at the beginning of my hour. It does not seem the government has entered into discussion with stakeholders on what this extension would entail. Government must acknowledge that we cannot separate the need for action on opiate abuse from addiction to other substances, and my colleague from Welland often links it to addiction to other things, such as gambling.

This legislation aims to reduce the supply of illicit narcotics, but we cannot simply cut off the supply and think nothing of helping to cure the addiction. We cannot allow the addiction to simply shift to what will become a more available drug. It is sad to say, but if oxy were to disappear from the streets of Sudbury, I have a sneaking suspicion that most of those addicts would turn to heroin. This is no choice. If we're going to have an impact on the supply, and the supplies of OxyContin are going to go down and make it harder and harder, this is not going to treat the addiction. It's not because you cannot find your fix that your addiction has disappeared. If it is not implemented right, all that will happen is that in Sudbury, they will turn to illicit drugs that are worse than the addiction they have now, that carry bigger risks to their health and to their lives than the addiction they have now. This is something real and this is something that we have to take into consideration as we move forward with this strategy.

We all want to get rid of inappropriate use of prescription narcotics, but we cannot do this at a cost of developing heroin addicts all over our province. This is not the solution. Nobody wants this. We know that this is what will happen. Let's be proactive about it and make sure that as the supply of prescription narcotics becomes better monitored, the availability of treatment is also increased, so that people have help dealing with their addiction rather than shifting their addiction.

The ministry has an obligation to clearly lay out a plan for ensuring that every Ontarian who is dealing with addictions like these has access to treatment. Without a plan, we are going to make things worse for the people with addictions, their families and the communities, because we all know what happens when the demand for those illicit drugs goes up.

Currently, the wait-list for assessment and treatment for addiction services is months long. You may have had your assessment, waited for weeks and said, "I am ready. I know I have an addiction and I want help in getting out of it," but then you are sent back home for months to fend for yourself until your turn actually comes up for your treatment. During those weeks and months on the wait-list, lots of catastrophic events happen.

What our government is doing to change this remains a mystery. Nobody knows. Because Ontarians who are addicted to these kinds of drugs will not simply stop being addicted without help, the government must be prepared to do the hard work, from ensuring a full range of assessment and treatment services in addiction to the work of preventing access. Only when all of those pieces work together will actual progress be made in combating addiction to prescription drugs. Here again, I feel compelled to say that as this strategy rolls out, the ministry has to ensure equitable access to the people of the north and equitable access to First Nations communities.

I want to talk a little bit about the issue of methadone clinics. In spite of the drastic increase in opioid addiction in Ontario—methadone is one of the treatments of choice right now—the number of methadone programs has not kept pace. Again, there are huge variances in Ontario in terms of access. At this point, I sound a bit like a broken record, but I have to say it: If you look at the level of access for the people of northern Ontario, who have higher-than-average addiction rates, we don't have access to methadone. Very few physicians practising in northern Ontario have the right to prescribe this treatment. There is also an absence of culturally appropriate treatment for First Nations communities, a lack of holistic treatment services, such as counselling, that would be linked to your primary care providers.

Addictions are complex, and there is not one approach that works for everybody. The fact that so many Ontarians do not have access to primary care providers, that counselling services are not funded and that methadone and other treatment programs are so unevenly distributed across the province are all issues requiring immediate action and attention as we move ahead.

1520

We have started to think about drugs such as subutex and suboxone that are also used, similar to methadone, for opiate addiction. Those are starting to be available in Ontario. We don't even talk about them in northern Ontario, because they don't exist. Those are not options that exist for people in northern Ontario.

Another issue that was mentioned in the pillars that the minister put out is the issue of health professional education. Family physicians receive, on average, 16 hours of pain education. That, by the way, compares to 87 for veterinary students, and it is hugely inadequate. If anybody is interested, physiotherapists receive 49 hours.

In the CPSO report, it is noted that, "Since the early 1990s, family physicians have been inundated with materials and information from pharmaceutical companies about the value of using opiates for more effective pain management. This education was largely focused on the potential benefits and failed to include education about the potential risks, including misuse, addiction and diversion. There was also little attention paid to the importance of appropriate goal setting, screening, monitoring for safety and effectiveness and protocols for

tapering or discontinuing" those medications. "As a result of issues stemming from mis-prescribing and other problems, some physicians have stopped prescribing oopioids for chronic pain" altogether. "This has resulted in some patients being undertreated," while other physicians continue to overtreat or prescribe inappropriately.

"Education, based on the best available evidence, delivered from non-commercial sources"—that is, not pharmaceutical companies—"is paramount in helping all health professionals deal effectively with chronic non-cancer pain, including the effective and safe use of oopioid medication."

We know we have to do better. We know that our health care professionals are struggling with this issue, with some not prescribing at all and some over-prescribing, and that the key to this is education. Chronic pain management needs to be approached in the same way that chronic disease management is; that is, long-term planning and goal setting.

Primary care providers need the educational training, as well as access to retraining, so as to determine whether oopioids are appropriate, screen for the risks of those medications and their misuse, and set realistic goals with the patients. Currently, there is no comprehensive continuing education system for health care providers in Ontario, and it's estimated that 50% of ongoing education is delivered by pharmaceutical companies, the same companies who profit from selling those drugs.

CPSO and other colleges are working to develop standards for ongoing education, but the government may need to support those. I remember hiring quite a few new graduate physicians in my previous life, and they were always very stressed about prescribing narcotics. In their first months and years on the job, they would often refuse to prescribe narcotics. This is no better than when the older physician retires and you take over his or her practice and realize the high percentage of the clients who are on narcotics. Both extremes are no good. Those medications have their use, but they should be used wisely within a chronic disease management framework.

I want to talk about technology. Bill 101 proposes a good first step when it comes to narcotics tracking. When this legislation passes, it will mean that the Ministry of Health can collect prescribing and dispensing data for all patients in Ontario when it comes to narcotics and other controlled substances. But this is not a comprehensive drug tracking system. That is, it will only track the few identified medications that I talked about. The rest of them will continue to go untracked.

I am not clear if a health professional will be able to access this information in real time. I've asked the question twice and got a different answer, but I'm hoping to clarify this point soon, one way or another. I would hope that information would be available in real time. We know for a fact, and I know, that the system will send out alerts to health providers if they are concerned with the prescribing or the dispensing patterns for a specific patient, and that will be linked to their OHIP number to identify them.

Health providers all speak about the dire need to have a full system of drug information in Ontario, not just for narcotics but for all of the drugs in Ontario. This would allow physicians, nurse practitioners and dentists as well as pharmacists to make fully informed decisions. With the system proposed in Bill 101, health providers will continue to have only a partial view of their patients.

You have to realize that as it is right now, pharmacists often have a pretty good idea of what is being prescribed to who. They often are in a privileged position to see the prescribing patterns of different physicians, because they are the ones who fill the prescriptions. If you work in a community where you tend to fill prescriptions from the same physicians, you get to know their dispensing patterns. This knowledge is already there. Unfortunately, it has nowhere to go to improve this physician dispensing. We would hope that trends would be available to physicians so that they can see how they compare to their peers and they can see if their prescribing pattern is in line, higher or lower than their peers'. I'm not sure if that will be in, but I hope it will be.

We're talking about a database. Whenever we talk about health records, you can't help but think about eHealth and you can't help but think about the Auditor General and the $1 billion spent on eHealth with not as much to show for it as we would have all liked. Had we had an electronic health record and had the $1 billion given us an electronic health record, we wouldn't be here. We would already know who prescribes what and who receives what and who dispensed it, but we don't. So here we are, with Bill 101, creating a database and we all cross our fingers and toes that it will work, but this lack of electronic health records continues to paralyze our health care system and leaves Ontario patients at a disadvantage. How can health professionals make well-informed decisions when they only have a small piece of the information that is needed? I see that time is running. How could that be?

A little piece that I wanted to talk about was evaluation of Bill 101. The government has been totally silent on the standard by which they will be measuring the success of Bill 101. There are no achievables in there. How will we know if this bill has accomplished what it has set out to do?

There is significant concern that this could become a numbers game rather than really ensuring excellent health care for all. If people who are addicted to the drugs that are now being monitored simply switch to another drug, then the stats will look very good. I could see the headline: "The number of prescriptions for OxyContin has gone down so many per cent, etc. etc.," but the stats we're really interested in are how many people are struggling with addiction? How many people are struggling with chronic pain that is not being addressed? Those are the types of statistics that I would like to see linked in.

Primary care providers and pharmacists could become reluctant to prescribe and dispense narcotics, although we know that those drugs are effective. When they are well

monitored, well supervised, they help people with chronic pain. They also help people with acute pain. Many providers are already reluctant to provide access to these drugs, but we cannot forget that they are important medication to many Ontarians.

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So this bill could have two consequences—it could have many, but two that are quite obvious—one of them being that because we are shining a light on those medications, nobody will prescribe them anymore, and then you'll have this vacuum for people living with pain. Or the other way around: We are very successful in decreasing the number of those prescriptions, but we have no effect whatsoever on the number of addicts, who have simply switched to another drug.

Bill 101 is a step forward, but it is only one step in the many that need to be taken. The government announced a narcotics strategy with five elements in it that made it more comprehensive. In Bill 101, we only see the details of one of those five elements.

I've also talked about the College of Physicians and Surgeons of Ontario, which has put out their own report with 31 recommendations. One of their recommendations dealt with in Bill 101. The other 30—to have a comprehensive approach to narcotic misuse—are still lacking. Bill 101 is an important part of the puzzle, but it is but one part.

What is next? How is the government planning to move forward with a seamless system that ensures high-quality health care for Ontarians and a real safety net and basket of treatment services for Ontarians facing addiction? We still don't know.

In the select committee on mental health, the first part of our first recommendation is the creation of Mental Health and Addictions Ontario. Mental Health and Addictions Ontario would bring this comprehensive approach to those complex issues. I was happy to hear the minister talk about changing mental health and addictions. She talked about the right provider being closer to home, which is certainly in line with what the select committee on mental health was talking about when we were talking about addiction. I hope that those pieces of the strategy move forward with Bill 101 at the same time as the new database is created.

My colleague has said, and I will say the same, that we will support this bill and that we need to have extensive committee hearings on the bill. We need to hear the voices and advice of the many groups and individuals who are touched by these issues.

We especially need to hear people from the north and we need to hear First Nations communities. This bill will touch them with the creation of the database, and the monitoring of the prescribing and the dispensing, in a very different way. I've touched on it a bit. When you live in an isolated community, the person who prescribes is often the same person who dispenses, and this person comes maybe once a week, maybe once a month to your community. Those realities have to be taken into account if we want to make sure that the goal of this strategy—to help the people of Ontario with the misuse of prescription narcotics—is to be felt equally by everybody in Ontario. The realities of the north, the realities of First Nations communities, are too far apart from the realities of an urban setting to not take the time to go and listen to them. They have creative solutions in line with Bill 101. They support Bill 101; I haven't heard any major opposition to it. It is a good start in the right direction, but it will have consequences for those communities that are completely different than those that we think about when we think about multiple doctors and multiple pharmacies. You need to listen to those people. You need to make sure that the bill will be as effective for them as it is to everybody else who lives in urban Ontario.

The Acting Speaker (Ms. Cheri DiNovo): Questions and comments?

Mr. Kevin Daniel Flynn: It's a pleasure to join the debate today. I certainly enjoyed the comments from the member from Nickel Belt, whom I spent a lot of time with over the past 18 months, along with the members from Whitby–Oshawa, Dufferin–Caledon, Oak Ridges–Markham and Peterborough.

It's interesting how this debate is going. We're not all saying the same thing—that would be boring if we did—but I think we're saying very similar things. The suggestions that are being offered to the minister are being offered in a constructive way. Certainly, the previous speaker said that we're off to a good start and we've made a good first step; I think she used that term. It's a pretty fast first step as well. This came out the day after we delivered our report. That was kind of nice to see, because I think it meant that we were all listening to the same people around the province of Ontario and the people around the province were saying the same things. We were all hearing the same things.

As urban members—or "suburban members" would be a better way of putting it—we often relate drug problems to the urban setting. We think that drug problems are the problems of the inner city, and yet with OxyContin, Percodan and Percocet, we found out that actually this is a problem that plagues isolated communities and, surprisingly enough, also plagues rural communities. It's something you don't hear a lot about: drug problems in rural communities.

I'm hoping that as a good first step, as it has been put, this is going to put us on the right track towards a policy that all members of the House can agree is a way to move this issue forward in a way in which the people of Ontario really want to see this important issue dealt with.

The Acting Speaker (Ms. Cheri DiNovo): Questions and comments?

Mrs. Christine Elliott: The member from Nickel Belt made a number of interesting observations that, because I only have two minutes, I can't really comment on in depth, but I would just like to pick up on a couple of the points that she made. One is the idea that we need to come up with a comprehensive addictions strategy in Ontario, not just to deal with prescription drugs—the narcotics that are being prescribed, such as OxyContin

and Percocet—because that will only drive an addict into other kinds of medications, either non-prescription, like heroin, or other types of prescription meds. Just because you tighten the access to certain kinds of medications doesn't mean the addiction goes away; it just means that people turn to other kinds of drugs. We need to bear that in mind.

Also, the suggestion has been made that as we tighten down on restriction of some of these types of drugs, we will see an increase in the number of people seeking methadone treatment. I'm not in a position to say whether that's a good thing or a bad thing, but I think it is something that we need more information on, to understand whether that is really the best type of treatment for some of these addictions and something—if we did create Mental Health and Addictions Ontario, the umbrella organization that has been recommended by the Select Committee on Mental Health and Addictions—that we'd be able to pursue, and bring the experts together to understand best practices in treatment of all kinds of addiction, so that we would know whether something like methadone is the best course of action to follow in order to treat this kind of addiction.

The other issue that she mentioned is the need to use culturally appropriate services, particularly for First Nations communities. I would certainly echo that. Some of the practices that are being brought forward in many of the communities are really in conjunction with the elders, with the nursing community and members who live in those communities, and are the best treatment programs and have the most chance for success.

The Acting Speaker (Ms. Cheri DiNovo): Thank you. Questions and comments?

Mr. Peter Kormos: I listened very carefully to the comments by the member from Nickel Belt. Now everybody understands why we're so very proud of her role as health critic. She presented to this chamber a very fair, thorough, intelligent and balanced analysis not only of the bill but of the issues that it purports to address. If anything, there was an imbalance of non-partisanship, which I intend to correct when the rotation comes around to the modest 20 minutes that will be allowed me.

1540

This has been framed very much in the context of addictions. I suppose that's the nub of it: If these particular prescription drugs weren't addictive, the problem wouldn't exist. That has caused me, then, to reflect on the broader issue of addictions. Perhaps the member from Nickel Belt gave you some forewarning of where my focus might be, but we'll wait, because the member for Nickel Belt will be responding and then the rotation will go.

I don't expect there to be a lengthy second reading debate on this. Our goal here in the NDP—and Ms. Gélinas, the member for Nickel Belt, our health critic, has referred to it—is to get this bill out into the community. We've got a very narrow window here. The member for Nickel Belt made it very clear that some of those communities that are most impacted by this crisis are rural communities, remote communities, and that means those northern native communities. the government has an opportunity now to demonstrate to those northern communities and those northern native communities that they are part of this government's Ontario and that this government, this Parliament, is interested enough in their problems in those remote native communities which have suffered so much that it's prepared to send its committee to those communities. Perhaps the October break would be the most appropriate time, wouldn't it?

The Acting Speaker (Ms. Cheri DiNovo): Questions and comments?

Mr. Jeff Leal: There's no question: The member from Nickel Belt brings tremendous insight to this particular topic. I certainly considered it a privilege, along with others, to have the opportunity to serve with her on the select committee looking at mental health issues.

I only have a minute plus to recount the visit that we all made to Sandy Lake. We heard the young chief and his band council at Sandy Lake tell us, in very emotional, passionate terms, about the amount of OxyContin and Percocet that got smuggled into his particular First Nation community via Winnipeg, and the actions that he took as chief to try to cut off that supply of OxyContin and Percocet that was coming from pharmacies from Winnipeg, which is the closest regional centre to Sandy Lake. We saw parents of children who were clearly addicted, using their fairly meagre financial resources to acquire these two prescription drugs, and the impact that it had on families within the community. The member from Whitby–Oshawa touched upon the use of healing circles and sweat lodges to try to deal with this particular problem.

I happen to think this bill presents a unique opportunity for this Legislature to come together to put together a really substantive piece of legislation that I believe could have a very profound impact on many communities across this wonderful province, but particularly these isolated communities, First Nations communities, in northwestern and northeastern Ontario, and indeed rural communities throughout Ontario. We have a real opportunity to get this right.

The Acting Speaker (Ms. Cheri DiNovo): The member from Nickel Belt has up to two minutes to respond.

M^me^ France Gélinas: I'll start by thanking the member from Oakville for his comments. Yes, it is a first step, and I think it is a first step that everybody agrees needs to be done, so let's move on with it.

The second is the member from Whitby–Oshawa talking about the need for culturally appropriate treatment. We know that as supply decreases, people with addiction will turn toward treatment, will seek out help. It doesn't matter how the help will come to them. Whether it be quitting cold turkey or having a support system of counselling in place, some form of support, help and therapy that works has to be there to help them manage this difficult period when you get rid of your addiction.

I'll thank the member for Welland for the nice compliment. He only does it in the House, so I take them when they come.

To the member from Peterborough, I was there when Chief Adam Fiddler talked to us about some of the families, saying they couldn't give them money because they used it for drugs, so they started giving them vouchers, but they would sell the vouchers and buy drugs. So they started giving them food so they wouldn't sell the vouchers, but they sold the food to buy drugs. At the end of the day, it always ended with 12 little children hungry and empty cupboards and an empty fridge in the house, if they still had a house. So, yes, we need to move forward.

The Acting Speaker (Ms. Cheri DiNovo): Further debate?

Ms. Helena Jaczek: It certainly is a pleasure to rise today in support of Bill 101, An Act to provide for monitoring the prescribing and dispensing of certain controlled substances. I'm particularly pleased because it gives the members of the Select Committee on Mental Health and Addictions an opportunity to speak not only on this important bill but also to talk about what we heard during the time we served on the select committee.

I do share the impatience that my colleagues, in particular the member from Whitby–Oshawa and the member from Nickel Belt, have expressed in seeing the 22 recommendations we made brought forward to this House and acted upon. Having said that, Bill 101 is clearly an important first step. It is our recommendation 11, and I hope the fact that it was introduced by the minister so speedily bodes well for the rest of our recommendations.

In talking about addictions, I always like to look back at the definition of what we are talking about. I found one that I think is worth repeating here: An addiction is "a primary, chronic neurobiological disease with genetic, psychosocial, and environmental factors influencing its development and manifestations." Clearly, with this bill, we are influencing the environmental factors that lead to addiction in our attempt, here, to restrict access to prescription narcotics.

Addiction is a very complex issue. It is influenced by genetic factors; it's influenced by psychosocial factors. During our time on the select committee, it was very clear that the whole issue of mental health and addictions was very intertwined. This is why, with our recommendation for an overarching body to focus on these issues, we feel we have the best chance of success. So I would acknowledge some of the comments made regarding a future more comprehensive approach, and I'm sure the minister is looking very closely at these types of recommendations.

It's important to understand the issue of dependence: why people keep needing their substance. In other words, this is a physical manifestation that occurs. When someone starts taking an addictive substance, they gradually reach a state of adaptation, and when the substance is withdrawn, they actually have a physical manifestation. So, if you stop the addictive drug or rapidly reduce the dose, you will find that you have certain symptoms. You will need the substance to regain your sense of equilibrium—the type of relaxation qualities, a sense of peace, sometimes enthusiasm. You will physically need to get back into that state and this, of course, is what drives addicts to secure by any means the substance they've become addicted to.

1550

People become tolerant to addictive substances, so that it requires ever-increasing doses to achieve the same sensations that they find help them in coping, very often, with their daily lives.

The history of addictions is instructive as well. Obviously, since time immemorial, people have relied on alcohol to give them the sensations of relaxation and energy and the pleasurable effects that are associated with addictive substances. In fact, I think perhaps members will remember the opium dens of the stories of Sir Arthur Conan Doyle, who was actually a physician, he who penned the famous Sherlock Holmes series of stories. Very often, Sherlock Holmes, in his investigations of various crimes in those stories, went into the opium dens of London down by the Thames. The clear association with criminal activity was recognized more than 100-and-some years ago—that the effects of opium would often release some of the secrets that were needed for Sherlock Holmes to conclude his investigations.

We know that opioids, these narcotics in particular, have played a role in our society for centuries. So it is hardly surprising that we have had what I would describe as a chronic problem with narcotics. When I was first in practice as a physician—I first practised in what I think we would describe as a suburban type of situation—I saw many people with painful conditions. I became quite used to prescribing pain medication. I was, I think, relatively well trained by the University of Toronto in those days, and I certainly knew that Tylenol 3 was an addictive substance. As the condition for which they were receiving the medication improved, I was very firm on tapering the doses and making sure that people ceased to use these addictive products and had relatively little difficulty in doing so.

After a few years, I moved to downtown Toronto. I was on staff at Women's College Hospital. Suddenly, I was seeing a very different type of practice. As a young physician, I was seen as someone whom those addicted to opioids, to narcotics, could rely upon perhaps to prescribe more easily. All of a sudden, I was seeing people with various painful conditions—usually low back pain—coming in, demanding certain painkillers by name, very insistent that they weren't improving and so on. I realized I was seeing a number of people who were severely addicted. It was only when I decided that I needed to cease the prescriptions that suddenly all these new patients who had come flocking to my office disappeared and presumably went elsewhere.

We do have a situation currently in Ontario that I think the member for Nickel Belt actually referred to where physicians are at a stage where they're concerned that because they might be suspected of overprescribing narcot-

ics, they underprescribe, and people with very genuine painful conditions are going undertreated. So we clearly need a balance here to address both sides.

I'm going to quote now from Angela Mailis-Gagnon, who is the director of the comprehensive pain program, senior investigator at the Krembil Neuroscience Centre at the Toronto Western Hospital and a professor of the department of medicine, University of Toronto. She says:

"As a doctor practising for 28 years exclusively in the area of chronic non-cancer pain ... I have used powerful analgesics such as opioids in an effort to reduce my patients' pain. While their use in treating cancer pain is well accepted, treating" chronic non-cancer pain "with opioids remains a hot and at times controversial topic. Today, we have come to witness a difficult situation in North America, where thousands of patients who could be helped are not prescribed opioids, while on the other hand we have seen significant increase in abuse and misuse of opioids."

What does Bill 101 do in terms of achieving this balanced situation? As has been stated, there are, in fact, five key elements to the strategy that our government is putting forward.

First of all, the proposed monitoring database and proposed legislation to ensure that that database is created: We know that we need good data. It's always the first step. I know, as a member of the Select Committee on Mental Health and Addictions, that we had a great deal of trouble getting what we felt were truly reliable data on a number of topics. So this type of electronic database is going to be extremely helpful.

I notice today that both the Globe and Mail and the National Post reported on the Health Council of Canada's report that specifically mentioned the inappropriate prescribing of drugs as a major issue. So here we are in Ontario certainly attempting to redress that situation.

Once we have the appropriate database, of course there is also a need for education. The College of Physicians and Surgeons of Ontario is the regulatory body for physicians. And I must say, they have, over the years, attempted to ensure that physicians are educated in the issue of appropriate prescribing.

Again, Professor Mailis-Gagnon states: "Since 1996 I have been involved with the College of Physicians and Surgeons of Ontario (CPSO) in the 2000 evidence-based recommendations for treatment of chronic non-malignant pain, as well as the Canadian Guideline for Safe and Effective Use of Opioids for Chronic Non-Cancer Pain, a product of the National Opioid Use Guideline Group for Canada." During the same period, she has taught the CPSO prescribing skills course, a University of Toronto course, for appropriate prescribing of opioids to family practitioners.

So clearly, the education has been available. Unfortunately, we seem to be faced with a situation where only a certain number of physicians have taken advantage of those guidelines. In fact, it was an interesting statistic that I read from the Ministry of Health and Long-Term Care in looking at the Ontario disability support program database on the prescription of narcotics: Apparently, 75% of those prescriptions are prescribed by only 20% of family physicians. So there are certainly some who seem to be needing a more intensive educational effort. This type of database and bringing to their attention the amount of prescriptions not only that they perhaps have prescribed but other physicians have prescribed to the same patient will be extremely important.

The next element is partnering with the health care sector to educate on appropriate dispensing. My understanding is that there has been extensive consultation with the College of Pharmacists as well as the Ontario Pharmacists' Association. Definitely, pharmacists are a second line of defence. The physician may be the primary gatekeeper in writing a prescription, but pharmacists, as some of our colleagues have noted, are in an excellent position also to be aware of patients who keep coming back for the same prescription, maybe from different physicians.

General public education in terms of the excessive use of prescription narcotics: I think it was the member for Guelph who talked about someone who, after a serious surgery, is given a prescription and really perhaps is not aware of the addictive effects of that particular prescription. Certainly in most practices, I would think it would be a basic requirement that the physician inform the patient, as well as the pharmacist in giving and dispensing the medication, to give individuals that kind of information, but some general awareness campaign is also going to be extremely useful.

Then, of course, we do come to the treatment of addictions. At the select committee level, we were, I think, overwhelmed by the stories in terms of the waiting required for treatment of addictions.

1600

Just this summer, a friend of mine phoned; it was 7 a.m. and I knew, seeing his name pop up, that it had to be pretty much a life-and-death matter if he was phoning me. He told me a very sad and difficult story. Thank heavens he ignored the potential stigma around the situation. He had just that previous evening received a phone call from his son, who is a talented artist and was travelling—this was the first that he and his wife had heard of this situation—saying, "Dad, I'm addicted to drugs. I need help." This particular friend of mine phoned me hoping that I would know how to help his son get help in a timely fashion. Having had the experience of being on the select committee, I knew that the options were going to be extremely limited, extremely difficult. That individual did end up going to the emergency department. He was in such a desperate state. He conveyed that urgency in the emergency room and he was very fortunate to be given an appointment one month later at the Centre for Addiction and Mental Health. He was so determined to fight his addiction that, in fact, he felt that he could wait that long.

I think we all recognize that in very urgent states, very urgent situations, people deserve care in a timely manner. It's certainly one of the areas that, as a member of the

select committee, we know that this is not happening in the way that we all would wish.

Treatment for addictions also, as has been mentioned, utilizes methadone as a way of at least trying to counteract the other addiction to the other opioid. Methadone itself is an opioid but is less harmful. I was thinking, as the member for Nickel Belt was talking, that the transfer of an addiction from one substance to an addiction to another is of course a potentially very important side effect of what we are proposing with our Bill 101. We clearly need to look at the issue of addictions in a comprehensive way. We need Bill 101 as an excellent first step. It is one that I feel confident will reduce dependence on this particular class of substances, but we still have all the illegal substances that are available and, of course, that tried and true addiction, alcohol. Some people get involved with problem gambling. That is a little different in that it is not an ingested substance, but is equally important.

I certainly believe that in moving forward with this bill we are doing something that is required. The regulatory colleges with their members—the physicians, the pharmacists—have been attempting to provide educational facilities, but physicians tend to be extremely busy people; pharmacists can be quite overwhelmed at times as well. Having a database that records all that is actually happening, the appointment of inspectors to ensure that appropriate prescriptions are being written: This is all a very important part of the strategy, and I anticipate we will be having some very positive results.

The debate here today I think is showing that all members can support this bill without reservation. It is something that has been the subject of considerable discussion. Reference was made to the minister's advisory panel on narcotics. It's a 12-member panel comprised of all the appropriate stakeholders—and this is only the first piece of their work. They were just established in, I think, March 2009. They are going to look at the comprehensive issues around narcotic use in the broadest sense, and that will certainly include the use of illegal drugs and the whole issue of chronic pain management, which has been alluded to.

We certainly do not see that the appropriate use of narcotics should disappear. They're excellent drugs, if used for the correct purpose. But what we have as a situation here in Ontario, as described by the minister and her parliamentary assistant, is absolutely intolerable. The rapid escalation of use must be stopped, and this is a good step forward.

The Acting Speaker (Ms. Cheri DiNovo): Questions and comments?

Ms. Sylvia Jones: I am pleased to respond to the member from Oak Ridges–Markham. She was on the Select Committee on Mental Health and Addictions with me, and I think we know all too well, because of our work on that committee and also because of our work in our various constituencies and in the ridings, what an escalating problem this particular prescription narcotics addiction has become in our communities. As a physician, she has raised some important aspects that maybe the non-doctors among us wouldn't be aware of. It was a good perspective to bring to this debate.

I think she was absolutely right when she ended her debate by saying that this is a good start. There is no doubt in my mind that this is a good beginning and will hopefully lead to fewer individuals becoming addicted to prescription narcotics. It is only the first step of what I think is going to be a long journey of prevention, treatment and, ultimately, ensuring that those prescription drugs are going to the people who need them, and who need them for pain management, and that we try as much as possible, from a government standpoint, to limit the illegal use of narcotics and prescription drugs.

It was, as always, an informative discussion brought by the member from Oak Ridges–Markham. I appreciate her perspective and look forward to further debate.

The Acting Speaker (Ms. Cheri DiNovo): Questions and comments?

Mr. Peter Kormos: First of all, let me be very, very clear: I like the member from Oak Ridges–Markham, and I'm impressed at her sincere enthusiasm to tackle gambling and other addiction problems head-on. She referenced gambling addiction and she identified it as being as addictive a thing as addictions to these prescription drugs, which this bill purports to address.

I understand her enthusiasm about being on the committee. I just wonder if she's aware of what gambling expert Dr. Robert Williams testified to in a recent Superior Court case of Dennis and the Ontario Lottery and Gaming Corp. "Among the opinions Dr. Williams provided on the basis of his research and experience were that, apart from biological and psychological factors, contributing factors to the likelihood that a person would engage in problem gambling include:

"(i) the availability of electronic gambling machines which because of high rates of reinforcement, illusion of control and deceptive 'near miss' features, are the most addictive forms of gambling;

"(ii) erroneous beliefs about how gambling works, and the probabilities of success;

"(iii) the ready availability of funds through nearby automated cash machines; and

"(iv) ineffectual self-exclusion programs."

It sounds an awful lot like Internet gambling to me; it sounds an awful lot like Poker Lotto; it sounds an awful lot like the proliferation of slot machines in racetracks across the province; and it sounds an awful lot like this government's most recent policy announcements. So I trust that the member for Oak Ridges–Markham, who I like, will join me in trying to persuade her government to abandon the folly of Internet gambling and Poker Lotto—as addictive and dangerous a thing as any OxyContin tablet.

1610

The Acting Speaker (Ms. Cheri DiNovo): Questions and comments?

Mr. Shafiq Qaadri: Of course I would commend our Minister of Health, the government initiative and, in

particular, my physician parliamentarian colleague the member from Oak Ridges–Markham. I appreciate the remarks of the member from Dufferin–Caledon when she spoke about non-doctors or the undoctored offering comments on this particular bill.

I must just say, before talking specifically about the bill, that I think I'm detecting from the MPP from Welland, along, of course, with his usual theatrical presentation, a scarcity of relevant notes. He seems to be repeating a theme—it's kind of like near misses—a little bit tangential to the particular debate at hand.

Of course there's a very important issue here before us: the appropriate use of narcotics for particular conditions. I have to say that some balance must be brought—of course, that's encapsulated within this particular bill—because, as you'll very well know, there are about four million Canadians who have osteoarthritis who actually suffer from chronic pain. There is a huge category of patients, whether post-surgical, post-accident or for various other conditions that are brought to them, who actually live with chronic, debilitating pain that essentially robs them of the colour of life.

So I'm glad to see that this bill—of course it's very important to remove the long-term addiction and addiction potential, whether it's by pharmacists, by physicians or by, as mentioned here, organized crime, with the level of trafficking, but also to remain balanced so that the individuals who really do medically merit these particular medications will continue to receive them, of course at the appropriate dosing, the appropriate schedule and with a timed review, because ultimately our goal collectively, whether as parliamentarians or, in some cases, as physicians, is to better the health and prosperity of our fellow citizens.

The Acting Speaker (Ms. Cheri DiNovo): Questions and comments?

Mr. Ted Arnott: I'm pleased to have a chance to respond to the comments by the member from Oak Ridges–Markham, and I'd like to use my time to ask her a question. My question would be, would she agree that the failure of the government's eHealth strategy, where $1 billion was spent with little to show for it in the end—hundreds of millions of dollars wasted—would she agree that if the eHealth initiative had succeeded, we wouldn't even be talking about this bill today?

The Acting Speaker (Ms. Cheri DiNovo): The member from Oak Ridges–Markham has up to two minutes to respond.

Ms. Helena Jaczek: I'd like to thank my colleague from Dufferin–Caledon and even my colleagues from Welland, Etobicoke North and Wellington–Halton Hills. Clearly, in pursuing some somewhat peripheral matters, they must be in support of Bill 101.

I think it's worth repeating some of the statistics that relate specifically to the use of prescription opioids, and I think we need to really reflect on this. Between 1991 and 2009, prescriptions for narcotics containing oxycodone, like Percocet and OxyContin, rose by more than 900%, and since 2004, some scant six years ago, the number of oxycodone-related deaths in Ontario has nearly doubled. I don't think we could see that with any other particular addiction. These are really catastrophic numbers. I'm thinking in terms, obviously, of human suffering and misery, the cost to the taxpayer through the Ontario disability support program—funding of these prescription narcotics has, again, been astronomical.

I think it's without question that narcotics are being over-prescribed, being overused and being obtained illegally and sold on the street for profit while the people who buy them are getting sick and dying. This situation cannot be allowed to continue. That's why the five key elements of our narcotics strategy will save lives and improve health outcomes for Ontarians by stopping abuse, addiction and diversion of narcotics and controlled substances while ensuring that patients who need pain treatment get it.

As a physician and as a parliamentarian, I totally support Bill 101.

The Acting Speaker (Ms. Cheri DiNovo): Further debate?

Ms. Sylvia Jones: I'm pleased to join the debate of Bill 101, An Act to provide for monitoring the prescribing and dispensing of certain controlled substances. It's a known fact that drug abuse in Ontario is an urgent and rapidly growing problem that needs to be addressed.

I'm going to take a page from the member from Wellington–Halton Hills, because I think he has raised a very salient point: Would we need Bill 101 if electronic health records were a reality in Ontario today? The question seems pretty obvious to me. When Bill 101 goes to committee, I hope that there is an opportunity and some time set aside for the scenario as we roll out eHealth, if it actually gets on the ground in Ontario. What is going to happen with Bill 101? Are we once again going to have two separate systems and two separate reporting mechanisms? I would have concerns if that was the case, and that's essentially what we're setting up—duplicate records.

This bill is set up to create a narcotics tracking database that will monitor, analyze and report information, including personal information, related to the prescription and dispensing of narcotic drugs. This will identify use/misuse, abuse, and the diversion of narcotics. What it will not do is track illegally made prescription narcotics. It will not track illegally acquired prescription drugs. We have all heard of the drug houses, the operations that are set up in basements, in storage facilities, where they are literally churning out these drugs to be sold on the street, and Bill 101 is not going to do anything to deal with that problem that we are seeing in our communities across Ontario.

Prescribers are going to have to record specific information on narcotic drugs, and dispensers will ensure that identity verification requirements are met prior to dispensing the drug. Essentially, what that means is that you will have to prove who you are, and it will be tracked by the dispensing pharmacist. I was surprised, when I spoke to the Minister of Health, who gave me a heads-up on

this bill, that in fact that is not occurring in Ontario today. Even with people who carry drug plans and the Ontario drug benefit plan, there currently is nothing in place that allows the drug holders to see who is using these drugs and who is getting them, because obviously that is a first step in trying to find where the abuse is happening.

While Bill 101 is certainly a step in the right direction, it doesn't do much to address the problem as it exists right now in our communities. This is definitely a preventative measure, and I applaud the minister for trying to proactively deal with fewer people getting addicted. It is a preventative measure only. There are thousands of individuals who are addicted to prescription narcotic drugs right now who will benefit in no way from Bill 101.

There is no reference to treatment. There is no reference to any kind of assistance for people who are addicted right now. My concern would be that we move from one addictive substance to another. When you're addicted, you will find something to serve that addiction, whether it's a prescription drug or something that you find on the streets that has been manufactured in a basement. We have to get to the core problem of treating the individuals who are already addicted, and I would hope that as we move beyond Bill 101, we actually start getting into true substantive discussions about how we are going to assist people who have those addictions right now. This bill does not address detox, therapies, counselling or treatment of any kind for those already suffering with an addiction, and without the proper treatment and services for those already with the addiction, it's quite possible that they will switch to a different drug.

1620

I know a number of the speakers have made reference to the select committee's work on mental health and addictions and our final report that came out at the end of August, but there was a particularly telling presentation that we were given the honour of learning about. That was at the Sandy Lake First Nation. I'm going to read to you from a section of their presentation because it really hits home just how deeply this problem is affecting their community, and this community is not unique. Five or 10 years ago you did not see signs on pharmacies that said, "We do not carry prescription narcotics." The prevalence that is happening in rural, northern and remote communities is, quite frankly, frightening.

This is from our visit to Sandy Lake First Nation. It starts with, "You have come to Sandy Lake at a very crucial time. As you may know, prescription drug addiction is a big problem in so many First Nation communities, and ours is no different. We have received strong, clear direction from our elders and community members that we take immediate action to combat this affliction that has such a strong hold on so many lives.

"We have been very fortunate to have a group of front-line workers and community members who are dedicated to developing and implementing a variety of programs, policies and activities to help the community deal with addiction. We have also worked side by side with law enforcement authorities to crack down on the trafficking and illegal sales of prescription drugs....

"Prescription drug addiction to OxyContin and Percocets affects many people in Sandy Lake, and the addiction is far more gripping and debilitating than any other drug we've ever known. Withdrawal is recognized to be" so "much more difficult and prolonged, lasting months and years.

"Although these appear to be legitimate medications prescribed by doctors and dispensed by pharmacists, it is a much more serious problem. They are brought in from the city and sold as a street drug. It is crushed into a powder and either snorted or melted into a liquid and injected into the veins. The current price of an 80 mg tablet of OxyContin in Sandy Lake is $320." That was actually one year ago last August, so it may have gone up since then—$320.

"This epidemic is affecting unsuspecting community members and their families whose lives, employment, financial security, emotional stability, quality of life and health are seriously impacted by their addiction.

"We did a community assessment to determine how many people were using these drugs. We discovered that 372 people were habitual users. The youngest user was 14 years old and the oldest was 45 years old. The average age of the users are between the ages 25 and 35."

The Chief, Adam Fiddler, goes on to describe some of the proactive things that they have been attempting in Sandy Lake. One, of course, I made reference to earlier, where they took funds and purchased a drug-sniffing dog, and they were able to decrease the amount of illegally acquired drugs in the community. The problem was, because people were so severely addicted, all it did was increase the street value of those that were able to get through. At that point the band council understood that you needed to do more than just try to limit what was out there and on the street and people were getting. You needed to actually treat the problem.

The other thing that they did, again, proactively, without any additional funds from any level of government, was start some treatment programs. We could have some interesting discussions and debates about how effective those were, but the reality was, they saw the problem in their community and they were trying different solutions on how to solve it. Some of them incorporated some traditional healing methods, and a lot of it, quite frankly—again, because of the location and the remoteness of Sandy Lake—was based on peer support and walking people through it. It became a very long-term process, and he makes reference to the withdrawal lasting months and years.

What we haven't talked a lot about, with this drug abuse going up so much, is the question of why. A number of speakers talked about how the increase has gone up fivefold over the course of a number of very short years. You have to, again, look at the core, the base: Why is that? One of the things, again, that we were able to learn, through the Select Committee on Mental Health and Addictions, was that many people who have mental

health issues actually self-medicate, and that self-medication becomes another addiction. So not only are you dealing with a mental health problem, but you're also dealing with an addiction problem. I guess that's why you see speaker after speaker come back to it's not just cherry-picking one recommendation out of 23 from the final report. You need to look at the entire program—well, I use the word "program" loosely, because I question whether there is any kind of cohesiveness to our mental health and addictions strategies in Ontario right now. But I believe that part of the reason we're having these issues with prescription narcotics is because we're not dealing with many of the mental health illnesses that are within our communities, and people are self-medicating.

The other thing I wanted to talk about briefly is that we're not plowing new fields here. There are other provinces that have actually been able to react and been able to set up a program—in particular, I'll use the example of Nova Scotia. Nova Scotia has a program that includes legislation, monitoring, education and support for patients and health care professionals and which is now being followed in New Brunswick. Other provinces, including British Columbia, Alberta, Saskatchewan and Nova Scotia, have triplicate prescription programs. To date—you know, we always want to talk about, "You've put the program in place; what has actually occurred as a result? Has there been a change? Has there been a decrease? Have there been more people funnelled into treatment programs?" To date, both Saskatchewan and Nova Scotia have reported a decrease in narcotics use.

But if you look at the Nova Scotia program, it includes education and support for patients and health care professionals. I question whether Bill 101 has that kind of depth in it. Absolutely, it's got the tracking component, and I think that will help in the long run to decrease the number of people who are getting addicted. But where's the education and support for people who need to know what their alternatives are if they're not going to look into narcotics? Where is the physician support that says you don't always have to prescribe a painkiller narcotic? We need to have those other components in order to ensure that we have a program that is going to serve all of our community and is not just another tracking, not just another database. I don't want to see our health resources, which are always pressed to the limit, be used only for databasing who's prescribing the drugs and who's using the drugs. I want it to go beyond that. I want to see the other side of it, which is: Where is the help coming from? Where is the treatment coming from? How do we actually assist people? I think that's a very important part of Bill 101 that, unfortunately, I believe, is missing.

If you look at the explanatory notes, it talks about how this act will:

1630

"(a) contribute to and promote appropriate prescribing and dispensing practices for monitored drugs in order to support access to monitored drugs for medically appropriate treatment, including treatment for pain"—no one is going to argue with that. We all know that there are certain illnesses and issues that are going to need these prescription painkillers.

"(b) identify and reduce the abuse, misuse and diversion of monitored drugs"—which, of course, all tracks back to why you need the database, but it is only one part of it.

"(c) reduce the risk of addiction and death resulting from the abuse or misuse of monitored drugs"—a wonderful statement that nobody is going to argue with.

We've already said that we're going to support Bill 101. I don't have any qualms with its desire to try to decrease the number of people who are becoming addicted or have the potential to be addicted, but I'm going to keep coming back to some of the information that we were learning from our work in the Select Committee on Mental Health and Addictions. If people are self-medicating by using some of these prescription narcotics because they're trying to manage their mental health issues, then don't we have an obligation as a government and the Ministry of Health to actually go a little further back and say, "How do we help? How do we assist people before it becomes an addiction to narcotic drugs?"

I think that if the government is willing to let those issues come forward in a fulsome debate—

Interjection.

Ms. Sylvia Jones: —in a full debate at the committee level, where we can actually bring in the experts and get some of these questions answered, then I would be happy to continue to support Bill 101, but we do need to listen to the communities directly affected, and we do need to hear from experts on how the concepts behind Bill 101 can actually work on the ground.

To finish up: With the $1 billion that so far has been used on electronic health records that we still do not have, I would love to have some full discussion on what the long-term plans are for this database. Is there going to be a duplicate in the eHealth records? Is there a plan for combining the two at some point? I think we need to have those questions answered, and I look forward to that discussion when we get to committee.

The Acting Speaker (Ms. Cheri DiNovo): Questions and comments.

Mr. Peter Kormos: The member for Dufferin–Caledon has been a very capable commentator on this matter in the course of the second reading debate of this bill, and I listened to her carefully.

I find once again, as I have before, that it's always not just a pleasure, but incredibly informative, to listen to the member for Dufferin–Caledon. She, like other opposition members, has been incredibly generous to the government. I suppose it's because the member has a passion for addressing the incredibly important issue of drug addiction, and I suppose it's because the member, like our health critic, is prepared to grasp at anything that may help to address that. I hope that the Conservative caucus—I'm confident that they do—share our passion for this to go out to committee. It's imperative.

I can anticipate some of the arguments being made by the honourable government House leader to the effect that, "Oh well, the Select Committee on Mental Health and Addictions already considered all of these matters." No; these are two totally different things. The committee did some very good work, and the work was so good that I was disappointed it was given but an hour and a half of debate after the report was presented to the House. I couldn't imagine why they shouldn't have received a complete debate or a full one.

But this is an incredibly different issue. This involves pharmacists, it involves doctors as prescribers, it involves the necessary technology and it involves the community in a very different way than a broad consideration of addictions and mental health did. We feel very, very strongly that especially those remote, northern and native communities have to have the presence of the committee with respect to Bill 101.

The Acting Speaker (Ms. Cheri DiNovo): Questions and comments?

Mrs. Liz Sandals: I'm pleased to comment on the remarks by the member from Dufferin–Caledon. I must say that I'm a little bit disappointed to hear the member from Dufferin–Caledon and the member from Wellington–Halton Hills trying to make it sound like this is some sort of an eHealth issue. In fact, the reason for this legislation has nothing to do with eHealth. Pharmacies actually already submit information about prescriptions, but only in the cases of people who are on the Ontario drug benefit.

The legislation that currently exists requiring pharmacies to submit that information says that the government can only use that for the purpose of billing. What this legislation allows is for the government to use the information, which already exists in the case of Ontario drug benefit users, for the purpose of tracking to identify inappropriate use. We currently have no legal authority to collect the information from pharmacists when the person is not on the Ontario drug benefit. This also authorizes us to collect the information from pharmacies.

This has nothing to do with eHealth. What it does have to do with is authorizing the government to track inappropriate use, and that's only one component of the strategy. The narcotics strategy which has been suggested by the Narcotics Advisory Panel in fact already does cover a number of the items the member requested. It does include education for the people who are doing the prescribing; it does include education for the people who are doing the dispensing; it does include education for patients; and it does include further strengthening treatment and addiction services in Ontario. It's just that those other components do not require legislation.

The Acting Speaker (Ms. Cheri DiNovo): Questions and comments?

Mr. Ted Chudleigh: Let me be clear: This bill has a lot to do with eHealth, because eHealth wasted $1 billion of taxpayers' money, and if eHealth had been implemented properly, this bill would have been redundant; this would have been done by eHealth. Further to that, the government claims that the registry will cost $1 million. This registry will cost $1 million, but the track record of this government would suggest that they could probably add at least two zeros to that million dollars before they bring that in, before it becomes operational. Of course, the Courtyard folks will have to have a go at it as well.

Considering the government's track record—they say that it's going to be implemented within a year. Given this government's track record, that probably means five years and $100 billion, and maybe they'll get the job done, because that's what happened with eHealth. eHealth is what this is all about; eHealth was so messed up, so overspent, so confused that the ability of this government to manage anything in this sector is really highly questionable, very highly questionable.

Interjection.

The Acting Speaker (Ms. Cheri DiNovo): The member from Peterborough.

Mr. Ted Chudleigh: Let me also be very clear: This is a bill that we will support. I believe we will be supporting this bill—that being said, providing it goes to committee and providing that committee travels extensively, particularly in the north, where the committee saw the amount of abuse that drugs are being put to in the north and why this committee has to travel there. That's what this bill is all about: the waste of $1 billion at eHealth and the ridiculous numbers that you say you're going to bring it in on.

The Acting Speaker (Ms. Cheri DiNovo): Questions and comments?

M^me^ France Gélinas: It is my pleasure to make comments to what the member from Dufferin–Caledon had to say—

Interjections.

M^me^ France Gélinas: —but really, I would like to comment on his comments, but I'll refrain.

The member from Dufferin–Caledon talked about her experience when she was in Sandy Lake.

Interjections.

The Acting Speaker (Ms. Cheri DiNovo): Could we stop the clock for a minute?

I've asked the member from Peterborough. I'm going to ask him again for the second time. Thank you.

1640

M^me^ France Gélinas: The member from Dufferin–Caledon talked about her experience when we went to Sandy Lake. Sandy Lake was but one of the First Nations that is having a tough time with OxyContin, Percocet and all the other narcotics. She talked about a number of people that Chief Adam Fiddler shared with us. I've had the opportunity to travel through much of that part of the north. When you go to communities like Pikangikum or Kitchenuhmaykoosib Inninuwug or some of the other First Nations, you will see that somewhere around 70% of the residents—we're talking thousands of people—have an addiction. The problem is huge.

The First Nations have their own challenge, and Bill 101 cannot be applied to them the same way it will be applied to the rest of the province. So, I certainly support

her request that the committee take the time to travel and explain: "Here's what Bill 101 will do. How can we make this a reality in your community, where electricity is hard to come by, Internet connection is off more often than it's on, and your prescribers are in your community and the drugs come from another community, often thousands of kilometres away, where there is a pharmacy. The whole system is different. They have to be taken into account.

The Acting Speaker (Ms. Cheri DiNovo): The member from Dufferin–Caledon has up to two minutes to respond.

Ms. Sylvia Jones: Thank you to the members from Welland, Guelph, Halton and Nickel Belt. I had to laugh when the member from Welland said we're appreciative of what the government is bringing forward. I think the words were, "We'll grasp at anything," and he's absolutely right: It isn't often that the government comes forward with a suggestion that we're willing to support. But we're prepared do that with Bill 101, assuming, as I said, that we get some public hearings that actually talk to and hear from the communities most directly affected.

I can't repeat enough that you must listen to the communities and how they have been devastated by prescription drug addictions. We would be losing an incredible opportunity to hear from experts and people who are actually living the nightmare if we do not use this opportunity to have travelling public hearings into rural Ontario and the north. I'm going to leave with that final plea and hope that the government House leader is actually listening and willing to be open to that opportunity. Thank you.

The Acting Speaker (Ms. Cheri DiNovo): Further debate? The member from Welland.

Mr. Peter Kormos: Thank you kindly, Speaker. First, New Democrats will be supporting this bill on second reading. We do not expect a protracted debate on second reading. Our goal, like that of the other opposition caucus, is to get this bill into committee and get that committee out, possibly even during the October break, particularly into those northern and native communities that have been identified by all participants, and by themselves, as having a particular crisis when it comes to addictions, and when it comes to addictions to the prescription drugs contemplated by Bill 101.

I was so pleased this morning when the Speaker announced that question period is going to be on demand on the Legislative Assembly website. The website for Ontario Legislature, of course, is ontla.on.ca. I suspect that most people watching this broadcast are watching it on cable. I've got to tell you that just before I came into the House, I spent an hour and 15 minutes with Rogers, who have the crappiest customer service that anybody could ever imagine. I encourage people who have Rogers Cable to cancel it and go with a satellite dish. You'll save money, you'll save grief. I mean, I need a Valium—

The Acting Speaker (Ms. Cheri DiNovo): Stop the clock for a minute.

I trust that the member, taking his usual scenic route, will touch down on Bill 101 in a minute. Thank you.

Mr. Peter Kormos: And I'll be finished with Rogers, I suppose, in a lifetime. An hour and 15 minutes on the phone. Incredibly unresponsive, obtuse, arrogant, dismissive—I just can't believe the CRTC allows that company to even exist.

But I want to talk about Bill 101 and encourage people to watch, because it's the question period on demand. The Speaker's got eight days of question period; people can go back up to eight days, so I encourage people to use that resource.

The bill's interesting. The bill is being promoted as part of a broad anti-addictions or addictions strategy by the government. Okay, it's a part. It's a very, very, very small part.

Oh, I also wanted to congratulate the minister because she showed great style in being here through the leads of the opposition parties. That's a tradition that I'm proud to see her maintain. Her parliamentary assistant is monitoring the balance of the debate, and I have great regard for that. That's a tradition that somehow has not always been the practice. So I commend the minister and her parliamentary assistant for being dutiful around this matter and treating it, I trust, with the seriousness that it deserves.

The bill doesn't really achieve that much. I agree that it overcomes the privacy hurdle. It's not that the data isn't out there; it's out there. Workers' comp has data, I presume, about the treatment for people who are being treated under the workers' comp realm; OHIP has data, but that data is protected, and so on. This, in effect, circumvents the privacy issues, but only around that certain class of pharmaceuticals, that certain class of drugs, and I don't know how broad-ranging it is. People mention Percocet, OxyContin. I mentioned Valium because I needed one after that hour and 15 minutes with the call centre, with Rogers Cable. I needed two Valiums. I don't know the range. I presume Valium could well be considered because it has, I understand, some street market value.

But the bill only involves three parties: It involves doctors—they call them prescribers—it involves pharmacists, and it involves the ministry. That's it. And the powers are, quite frankly, very limited. The bill requires doctors, as prescribers, to collect certain information. It does not require them to maintain that information for the two-year minimum that pharmacists are required to maintain the information. I don't know the explanation for that. I presume that the presumption is that the doctor's files contain that information, but I also suspect that it's one thing for the government to say this bill entitles them to access to a separate database that a doctor may maintain, either in paper form or in computer form, as compared to accessing patients' files. It's my view that an argument, a strong argument, may be made that the power to inspect the data that the doctor was required to record does not include the power to go into a patient's

file, because other data would be apparent then to the inspector.

We don't see the guideline here. We don't see "the doctor must maintain a separate registry of the data," the seven points that have to be recorded. So that's an interesting wrinkle. I don't know whether the ministry and their staff have thoughts about that. I suspect they do. It's something we could find out in committee.

The pharmacists, similarly, must record information—obtain it and record it, eight items—and retain records of that information for not less than two years.

Now, the real nub of this is, I suspect, when you take a look at subsection 8(2): "A prescriber, dispenser or operator of a pharmacy"—that's the doctor or the pharmacy—"shall disclose the information in subsection (1)," which is the information that's required to be recorded in those two sections that deal, one, with doctors as prescribers and, secondly, with pharmacists as dispensers, "in the form and manner that the minister or the executive officer directs." I suspect that that's the nub of the whole issue: "in the form or manner." That could well be the minister saying, "Okay, this is the form and manner, folks." This data is going to be recorded on your computer terminal and submitted at the end of each working day—or each week; I have no idea.

1650

All I think of now, though, is the incredible role that Tom Jakobek can play in coordinating the acquisitions of the computers and the software.

Hon. Kathleen O. Wynne: Please.

Mr. Peter Kormos: He's been out of circulation for a while, Ms. Wynne. I didn't know that he had established a new rapport with Mr. McGuinty's government. But that's the extent of it.

I understand that the College of Physicians and Surgeons has shown interest—and I've read their report—in this whole problem. But it seems to me—because people aren't making OxyContin like they make methamphetamines in meth labs. They aren't growing Percocets like you grow marijuana—

Ms. Sylvia Jones: Yet.

Mr. Peter Kormos: "Yet," Ms. Jones says. Well, who knows.

I'm not aware of any source other than—perhaps there's the occasional, I suppose, hijacking of a truck in the States or a breach of security at a pharmaceutical manufacturer, but it seems to me that the OxyContin, the hillbilly heroin, and the Percocets are 100%, if not 100% shy 0.0001%, drugs that are being legitimately prescribed and dispensed by pharmacists.

There's no power in this legislation, for instance, to reveal interesting data to the College of Physicians and Surgeons. There's no power, of course, inherently in the government to discipline doctors. I know a lot of doctors, and I'm very grateful to have a good family doctor, a general practitioner, Evan Kouros, whom I love dearly and I trust absolutely. He's just a tremendous small-town doctor who does all the things that small-town doctors always used to do, and he still does them. He works incredible hours and makes relatively little money in comparison to what he could make if he were more aggressive about not doing the kind of high-needs patients that he takes on and so on—like other doctors in Welland. I know these women and men. I know them to be conscientious and diligent and primarily concerned about the welfare of their patients. And I know them, personally, as a fact, to be very reluctant to prescribe unnecessary drugs.

We're in this whole environment now—you talk to doctors, and one of the things that I just wish governments wouldn't allow is people, and you heard this in some of the submissions, who go to the doctor now and identify which drugs they want. They identify it by the brand name because of the advertising you see on television and the advertising you see in glossy magazines. They literally say, "The next time you see your doctor, ask for A, B or C." I don't know what the proper names are, but I call them mother's-little-helper type of drugs—a Rolling Stones reference; you knew that.

Interjection.

Mr. Peter Kormos: And perhaps politically inappropriate now. I apologize for Mick Jagger and Keith Richards, but they should be apologizing for themselves, really. As a matter of fact, a discussion of narcotics wouldn't be complete without reference to them. But they're the feel-good drugs. They're the drugs that I'd say are not hard-core treatment drugs.

I talk to doctors, and doctors are very frustrated at people going to their offices and insisting that they get A, B, C or D. Most doctors I know, down where I come from, don't like prescribing drugs at all. They look for any number of alternatives before they—just like they don't like doing surgery. They look for any number of options.

When we heard the data that 20% of doctors prescribe the largest amount of these types of drugs—was that the number we heard?

Mrs. Christine Elliott: Something like that.

Mr. Peter Kormos: Wow. Either you've got a small group of doctors who handle all the high-needs cases—right?—like all the high-pain cases, or—I know there are doctors who, in an industrial community, where you've got foundries and that type of labour—down where I come from, doctors handle a lot workers' compensation cases, for instance. So I suspect you're going to see more painkillers prescribed, quite frankly, in cities like Welland or Thorold or Port Colborne than you might in some more white-collar community. I don't want to denigrate any particular community.

That certainly, in and of itself, shouldn't be the indictment of a doctor, but it seems to me that there's a serious problem within the medical community, by a very, very small group of those practitioners, around the prescription of these kinds of drugs.

The sad thing, though, is that this legislation will do absolutely nothing, unless I've read it wrong—if I've read it wrong, please say so; show me the section—to permit the disclosure of information acquired by the min-

istry to, for instance, the College of Physicians and Surgeons. As a matter of fact, the legislation—and the parliamentary assistant knows this full well because she's read it as thoroughly as anybody has. When you take a look at subsection 5(5), that specifically indicates to whom the minister may disclose information. So the minister may acquire information from doctors and pharmacists—I'm rounding that out—but it may disclose information to whom? To doctors and pharmacists.

I understand there's some value in that. For instance, it will help pharmacists and doctors identify people who are double-doctoring. But then it's up to the doctor to say, "No, I've become aware"—and I don't know whether they can say that; I don't know what level of confidence they have to keep this information with. That's the problem, right? Does the doctor have to keep private the information that he or she may have acquired that a particular patient is double-doctoring? Is the doctor entitled to check that with the patient? What is the doctor supposed to do with that information?

I suppose if a doctor had a patient that he or she was working with for, heck, a lifetime, that doctor would want to say, "I've got this disturbing information. I want to confirm whether or not it's true." Wouldn't you expect your doctor to do that? I would. If I was going to be cut off a painkiller, I'd want a chance to say, "Whoa, something's wrong here." Don't tell me it's a fail-safe system—no such thing.

In far more simpler projects people's identities get merged and overlapped—and identity theft and so on. Don't tell me there aren't going to be mistakes. The ministry can't give the information to the College of Physicians and Surgeons; the ministry may disclose it to the doctor. What's the doctor to do? What's the doctor's ethical responsibility then? Is it to tip off or warn the patient? Or is it simply to say, "I'm sorry. I have to not prescribe this drug and I can't tell you why"? Or is it to say, "No, as a result of data received, you've been double-doctoring, triple-doctoring"?

What's the pharmacist to do with it? I don't know what pharmacists say, but it seems to me a pharmacist relies on the scrip that he or she gets and the legitimacy of it. I know all about forged scrips. I was a criminal lawyer. I defended addicts who would steal a pad of prescriptions from the doctor's office and they'd forge them. The pharmacists I know—in small-town Ontario, life is much kinder, like it is for Ms. Elliott where she lives, because the pharmacist knows you; everybody knows everybody where Mr. Bailey lives or where Ms. Gélinas lives. The pharmacist knows you and the pharmacist talks to you.

This is the government that was really putting the boots to the little community-based pharmacies. Those are the very pharmacists who play a more active role. Big-box pharmacies change pharmacists every six months because they're used as entry-level pharmacy work by a lot of young pharmacists. They don't know—I'm sure they care, but they don't know they don't have the capacity.

So what's the pharmacist to do? Is the pharmacist to refuse a scrip? Because pharmacists are diligent, the ones I know, about ensuring—if they don't know the person and they're not sure, they'll call the doctor, right? You know that. You've experienced that, or most of us have, or we've seen it. That's fine by me. As I say, it works better with small, community-based, owner-operated pharmacies than it does with the big boxes. But I use a big-box pharmacy on Yonge Street here. It's owner-operated, quite frankly. It's Shoppers Drug Mart, just south of Wood Street, on the east side of Yonge Street; open 24 hours. That pharmacist is a great guy, a brilliant guy. He made a huge new investment with this big-box-pharmacy approach, but it's privately owned and operated. He takes a personal interest, and he's going to be there for the rest of the store.

1700

So what's the pharmacist to do if it's a legitimate scrip? Refuse to fill it? What are the pharmacist's ethical obligations? What does his profession say to him? Because there's no power here for the minister to disclose to the regulatory body of pharmacists that one of their members is interestingly involved in prescribing huge, huge numbers of Percocets or what have you, and maybe an investigation is warranted or at least a request for an explanation.

That's my problem with the bill: the longer the preamble, the less substance. Here's another bill with a full page of preamble that says all the right things and identifies a legitimate issue, a legitimate concern. But what about the pharmaceutical industry, those for-profit drug peddlers with their glossy ads and their television ads promoting drug use and identifying their particular drug—not generic, mind you, but their particular brand name drug that they're getting the big royalties and the huge profits on—as the solution to your problem and your problem and your problem? It seems to me that the pharmaceutical industry is part of this problem, too, isn't it? Yet again, there's no role there.

Is there any role of tracking these very dangerous drugs, these addictive drugs, from their source of manufacturing to how they get implemented? I know a little bit because I've talked to salespeople in the pharmacy industry. It's a pretty vicious industry. These are the same salespeople who provide doctors with samples to try to get that doctor wedded to a particular brand as compared to another, or to a particular treatment as compared to another. Heck, I read about doctors who identified themselves as some sort of community response people; they're key people for the pharmaceutical industry. They're shills for the pharmaceutical industry because they allow themselves to be used to peddle, market, justify and legitimize—granted—drugs that have passed all the Canadian health tests and the American FDA kinds of tests. But this doesn't effectively regulate the process that's causing the harm. It's a very, very narrow right of getting information and then power of feedback.

I don't have to be on the committee. Our member from Nickel Belt is going to be on the committee. She's

going to have to grapple with this, along with her colleagues. That's why there have to be committee hearings. What does this bill say or do for people in the Far North in those native communities? The member from Nickel Belt tells me that in some of those communities a doctor flies in with little more than a stethoscope, a blood pressure machine and a prescription pad. He doesn't have anything set up; he doesn't have an examination table or those other things, the cardiac stuff where they get the graph out on you and so on. What kind of tools does that doctor have? He's got a stethoscope, a blood pressure machine and a prescription pad because he's not coming back for how long? Who knows? A month, two months. There, it's prescription as a last resort but it's also prescription as the first resort because there are precious few opportunities.

What will this bill do to help those communities? Committee, travel to northern and native communities.

The Acting Speaker (Ms. Cheri DiNovo): Questions and comments?

Mr. Kevin Daniel Flynn: It's a pleasure to join the debate again and to respond to the comments from the member from Welland, some of which I found very constructive and some of which I found, perhaps, the old way of approaching things. But certainly—not that the member is old; I guess the word would be "experienced."

I think that when you look at the strategy that's being developed to date—and some of the information that we heard from the Select Committee on Mental Health and Addictions showed that we have an issue that has really been emerging here in Ontario, not just in the past few months—this goes back to the 1990s. It's really an issue that we have ignored in a sense. We all heard about it, but as a government we weren't responding to it, and that, I think, goes back to governments of all three stripes.

What we heard from people as we travelled the province was that this is an issue of grave concern to members from rural communities, from the First Nations communities and from the urban communities as well.

I think the minister has acted wisely in choosing the people that she's consulted to get the strategy to this point, where she's presenting it to the House. She's talked to the parents, those who have lost kids to OxyContin overdoses. She's talked to law enforcement officials, to pharmacists, to doctors, talked to people who know this business inside and out, and I'm sure that each and every one of those people would suggest that the time is long overdue for action on this. Is it everything? Probably not. I haven't seen a bill in this House that is everything. Is it a terrific step forward? I think it is.

I thank the member from Welland for his comments. I thank him for expressing support for the bill when he began his comments, because if you don't think it's enough or if you think it's too much, what you can't argue with is its time has come. It's time to move on this issue.

The Acting Speaker (Ms. Cheri DiNovo): Questions and comments?

Mr. Robert Bailey: I'd like to commend the member from Welland for his exercise as he took this bill and went through it step by step, analyzed it and gave some background of issues from his riding and across the province—his long experience here in House.

Like I said, as I noticed in some of the preliminaries here in the bill, the deaths that were due to OxyContin rose over 240%, they say, from 35 in 2002 to 119 in 2006, so there's certainly a problem out there.

As I said earlier today, I know from interactions I've had with people in law enforcement—they've told me about the issues we have back in my riding, Sarnia–Lambton, small-town Ontario, so it's certainly an issue there. It's not just in the north or in Toronto or the larger urban centres; it's an issue all across Ontario.

I would urge that this bill go soon to committee and travel, as a number of speakers have said, so we can go out, hear what the people say and improve upon this bill. It's long overdue. It's something we need to do. It's a small step, but it's a step in the right direction. I think the sooner we can do that, the sooner we can talk to more pharmacists, more doctors, and also the people on the front-line services, whether it's the police departments and people who are involved in those or the group homes and homes where they have to deal with these kinds of issues on a day-to-day basis, and ask for their advice on how we can move this forward, improve this bill and bring it to fruition.

It's a small step in the right direction. At the end of the day, the PC caucus is going to support the bill.

The Acting Speaker (Ms. Cheri DiNovo): Questions and comments?

M^me^ France Gélinas: It's always a pleasure to listen to what my colleague from Welland has to say. I would say we were all listening to the voice of experience. I'll show you how his experience shines through.

I tried to understand Bill 101 as best I could. I took the briefing that was offered from the ministry. I came to the bill convinced that once the bill was passed, not only could you collect the data, but the ministry would be in a position to manage it so that if irregularities came up, they would now have the power to contact a college directly about a member of a health profession who was not following the straight and narrow. They would be allowed to connect with the police force directly.

But as my colleague so eloquently pointed out, none of this is in the bill. The bill really only says that the ministry can go back to the prescribers, the dispensers and their health organization. That's it; that's all. All this part about going to your college, making sure that there are disciplinary actions that are followed if we realize that a prescriber was overusing their prescribing authority—same thing with a dispenser. If a dispenser was going beyond the laws regarding the control of narcotics, an automatic referral would be done to the police, to the college, and all of this would be coordinated so that we go at that issue and we act upon all of that data that had been collected with this new bill. But it's not in the bill.

I guess, thanks again to a voice of experience who was able to point that out.

The Acting Speaker (Ms. Cheri DiNovo): Questions and comments?

Ms. Helena Jaczek: As ever, the member from Welland has given us an entertaining as well as an informative discussion of the bill from his legal perspective. No doubt his issues require careful consideration.

1710

It's certainly something that is already being done to a certain extent with prescribers, with physicians, when it comes to OHIP billing practices, where there is clearly a database related to fee-for-service charges by physicians. The analysis is done by OHIP officials to look for outliers. This is essentially what they do. It's an audit. They look for those who are prescribing or, actually, in the case of OHIP, making diagnostic codes on their fee-for-service submissions that are in excess of the usual. This type of audit is done, as I say. It results in a conversation immediately with the physician as to why there might be some outlying data being discovered through their billing practices. Obviously, for the vast majority of physicians, this is of considerable interest to them. Comparing themselves with the average and so on is useful information.

I strongly believe the vast majority of physicians prescribing narcotics are doing so legitimately for issues of chronic pain and they fully understand the addictive nature of their prescriptions. Unfortunately, no one is perfect, and sometimes these drugs do end up in the hands of criminals. Anything we can do to lessen that is a good step forward.

The Acting Speaker (Ms. Cheri DiNovo): The member from Welland has up to two minutes to respond.

Mr. Peter Kormos: I appreciate the comments of the various members.

By and large, you're not going to have drug traffickers with 500 tablets or capsules of Percocet or OxyContin. There's a very strange, as I understand the phenomenon—this is beer hall marketing. It's people who have prescriptions, who get the drugs legitimately, who sell them, or people who are addicted, obviously, who then double-doctor and forge prescriptions. I don't want to be simplistic, but that's about the extent of it. You're not bringing in cocaine from Colombia or pot from British Columbia and you're not dealing in huge volumes, and I suspect that this doesn't involve, for instance, organized crime or biker gangs to the same extent that other drug trafficking does. This is either addicts seeking prescriptions in an inappropriate way, double-doctoring or lying to doctors—doctors are pretty astute about that sort of stuff—or it's people who have legitimate claims, maybe whose need for the drug isn't as bad as they would have the doctor believe, who then sell the drugs in the beer hall.

Ms. Gélinas says that up in Sudbury, people are paying 80 bucks a cap for OxyContin. That's just amazing. If people are getting the 80 bucks, it's part of the problem with this type of drug addiction: People are getting the 80 bucks by stealing, by prostituting, by being drug dealers themselves in other types of drugs, by smashing car windows and stealing stereos. That's how people get the $80. It's a tragedy that has to be addressed.

Heck, I didn't want to be—I wasn't hard on the government at all. I was praising the minister; I was praising her parliamentary assistant. I want to praise her staff, who were helpful to me as well in getting a better handle on the bill.

And don't forget: Rogers, no; satellite, yes.

The Acting Speaker (Ms. Cheri DiNovo): Further debate?

Mr. Kevin Daniel Flynn: It's a pleasure to join the debate. We travelled around the province of Ontario as a select committee—I was on it to chair that committee—and we heard a number of things. We heard people come forward telling stories that I don't think they would typically tell to an average committee. People came forward, they opened themselves up a little bit, and it very, very quickly became evident to all members on the committee that something that we suspected all along, and I think is almost common knowledge, did actually exist; that is, there is a very close link between mental health and addiction. Quite often people are self-medicating because they have a mental health issue, and quite often people develop mental health issues because they've been self-medicating. It can work both ways.

We also learned that there's quite a difference between a drug addict and a drug abuser. There's quite a difference between someone who abuses alcohol and drinks too much—it's unhealthy—but could stop drinking tomorrow if they wanted to; the other side of that coin, obviously, is somebody who becomes an alcoholic. Most people don't realize that alcoholism is a fatal disease. We think somehow it's a character flaw. Alcoholism, left untreated, kills you in about 25 years.

These are some of the things that we were hearing as we travelled around the province, but I think that where it hit us closest to home as a committee was when we got into the remote First Nations community of Sandy Lake, where we suspected—like in a lot of other areas around the province of Ontario—that there would be some form of problem with prescription painkillers.

I can only speak for myself, but I sensed the same feeling among other members of the committee. I don't think anybody was prepared for the magnitude of the problem. I don't think anybody was prepared, when the chief was speaking to us—Chief Fiddler—about just how many people in the community of Sandy Lake were affected and what they were doing to get those drugs, especially Percodan, Percocet and OxyContin. If you truly needed that drug for pain management, a drug that would sell in southern Ontario for $4 a tablet was reaching as high as $280 a tablet in a community that has huge unemployment and simply cannot afford those sorts of prices.

What the chief said also was that because the only access to the community of Sandy Lake is through the airport, they put a sniffer dog at the airport, and from time to time, they were able to stem the flow of drugs

into that community. But what did that do? It's simple supply-and-demand economics. As the supply went down, the demand remained constant because of the addiction and the prices went up. That's when you started to get people paying nearly $300 a tablet, splitting it into four and perhaps getting four days' impact from that drug.

What we can't lose sight of is that there's a valuable use for these prescription drugs as well. I think that anybody who knows anybody, perhaps a family member, or who has ever been through a painful experience themselves, will understand that there's a huge role for pain management. Sometimes that involves the use of drugs; sometimes it involves other methods.

We also seem to think that it's somebody else who is suffering the addiction, that nobody within this chamber, perhaps, could ever become addicted. I want to tell you a little story about what happened to me when I was in my 20s. The dentist decided that I needed my wisdom teeth out, and he discovered that I didn't have four wisdom teeth; I had five. He had to go down really deep into one side of my mouth. As I was leaving the hospital, the doctor said, "Take these pills. They'll help with the pain." Everyone had warned me that this would be the worst week of my life, getting five wisdom teeth out, going home—

Hon. Kathleen O. Wynne: Five?

Mr. Kevin Daniel Flynn: Yes, I had five wisdom teeth.

Anyway, I went home. Everybody told me that this was going to be the worst week of my life; that I was going to experience pain like I had never had before. I started taking these pills that I was unfamiliar with. As it turned out, they were called Percodan. I had the best week of my life. I sat on the couch and stared out the window. My wife would go to work in morning and I'd be sitting on the couch. She'd come home in the afternoon and I would still be sitting on the couch, maybe with a little bit of blood running down my mouth, but I was the happiest person in the world. I was wondering when the pain was going to hit.

Well, the pain hit when the drugs ran out. That was on the Friday, and the pain hit in way that I hadn't experienced, and I knew that what people were talking about before, about it perhaps being the worst week of my life, was actually coming to be true.

I'll tell you what I did. I talked to my wife. I said, "I want you to go to the hospital and I want you to get some more of those drugs. Don't let them give you anything else. Don't take anything but those drugs." We didn't know anything about the addictive nature of these drugs. She went down to the hospital, told the hospital what I was going through, and they said, "You know what? Perhaps we ought to see Mr. Flynn."

1720

So I went down to the hospital, and the doctor looked me square in the eye and said, "These are a very addictive drug. You probably have become addicted to this drug in a week." It was the last Percodan I ever had in my life. I'm about as normal and average a person as you could possibly find, and I became addicted to prescription painkillers within a week.

I told this story to a group of grade fives—we all go and visit the grade fives. The point I was trying to make is that people with mental health issues and prescription drug addictions aren't the people we think of as the homeless people down on University Avenue. I told them about my own experience, and I got a really nice letter from a little boy in grade five who said, "Thank you, Mr. Flynn, for visiting our class, and thank you very much for telling us that you were a drug addict," which I thought got right the point in a way that only a fifth grader could. But I think he got the point: This could happen to any one of us in this room.

This happens to pro athletes. This happens to people who are trying to recover from a variety of physical ailments. We're talking about the illegal use of prescription drugs. But I think we need to talk about the legal use of prescription drugs as well, and perhaps whether they are being overused in a pain management prescription. I'm saying that there are a variety of avenues by which drugs can reach people in a way they aren't intended to reach them.

I have unfortunately had a number of deaths of young people who have overdosed on OxyContin in my community of Oakville. Two young men who were friends, shortly after each other, did just about exactly the same thing. There was a letter to the editor in the Star or the Globe the other day from one of the mothers. So it hits very close to home.

I think it's time that we start to at least get a handle on this issue; to at least understand the magnitude of the issue. Once you can measure something, you can manage something, and I think this is a first step toward the management of what has become an issue that is impacting people across all income levels, and that impacts even more severely on those of low income because the addiction drives them to spend money they simply don't have, or money that really was earmarked for rent or for food. It goes instead to feed an addiction they just don't have the assistance to beat or perhaps, sometimes, even the motivation to beat.

I think the idea of a database gives us a much better handle on just what is happening in Ontario today. Apparently it has become a much larger problem in the Maritimes as well. If we moved around the world, in some of the more affluent societies that have access to the more advanced pharmaceuticals, I think you're going to find that it's an issue as well. It just hasn't been dealt with to date in an appropriate manner.

At the same time, as I said earlier, we need to understand that advances that have been made in the development of drugs such as OxyContin have probably made life worth living again for some people who were living with pain that was just about insufferable. It has probably put them in a position where they're able to get through the day without the sort of pain they have experienced in the past.

Until you walk in somebody else's shoes, it's sometimes a little difficult to make proper recommendations. That was the beauty, I think, of travelling around the province on the all-party Select Committee on Mental Health and Addictions. It allowed all of us to park our membership cards at the door and hear first-hand from people who were brave enough to come forward, go beyond the stigma that's often attached to addictions and mental health issues, and tell stories about what has happened to them, to a family member or to a friend; what they've been able to do about it; and what supports are in place and what supports aren't in place. I think we were all hearing the same thing at the same time, as we were moving around the province.

We heard about a mother, for example, whose child was so addicted to drugs and didn't have the opportunity to get timely treatment, who was motivated to go and get that treatment to get off the drug, but simply was put on a waiting list. The mother told us that she slept by the door. The only way out of the house was through the front door, and the child would have to go over the mother to get out of the house. The mother was simply staying put: She wasn't letting the child out of the house. But nobody should to have live like that.

People who come forward and are brave enough to tell stories like that, about what they're dealing with behind closed doors, I think deserve the respect and the admiration of all members of this House, because previously, we've been afraid to talk about issues such as this. Previously, we've hidden this issue away, mental health and addictions. We've treated it not as an illness, not as a sickness; we've treated it as some sort of character flaw or we've treated it as some sort of a genetic flaw. Instead of treating it as an illness, instead of treating it as a sickness and giving it the attention it deserved, it's almost like all of us have swept it under the rug.

I think it was terrific, the attitude that the members of the select committee brought to bear during the process, and that was, we were prepared to listen, we were prepared to listen to each other as well, and we were prepared to come forward with a report that was consensus-driven.

One of the recommendations, if you read through the 23 of them—all of the recommendations, I think, are very good recommendations and they were presented in a reasonable way, saying, "This needs to be done." "You should take a look at this." "You might want to consider an umbrella organization." There was one recommendation that said, "You should act immediately," and those words were put in there—I'm sure the members will agree—for good reason. That is, we realized that the use of prescription drugs was growing to a point that if it wasn't contained, it was going to blossom out of control. If we were ever going to bring it back under control, the government had to act immediately; the government had to act now. So when the minister informed everybody that she was bringing forward a narcotics strategy that was right in line with the recommendations from the select committee, it really went a long way to validating the work of the committee. It went a long way to validating the opinions that we'd heard from the people of Ontario, who were coming forward to us, saying, "We shouldn't have to live like this"—Chief Fiddler, for example, trying to use some of the traditional means of trying to get people off OxyContin, trying to get them off prescription painkillers—and trying to use any means possible because they didn't have the right facilities, they didn't have the right assistance and they didn't have the support that was necessary to do the type of job that that community needs. The devastation that it was wreaking on that community was something that the community simply would not, over the long term, be able to sustain. You can't have unemployment at that level combined with drug addiction at that level, drug addiction at those costs, and expect that somehow, Sandy Lake is going to emerge as a healthy community. It just defies logic.

This is the first step in what I hope is going to be a number of steps that are going to systemically address each and every one of the recommendations that we put forward as a select committee. The link to mental health, I think, is very, very clear. It's one that is indisputable now and it's one where I think the people of Ontario have simply said, "Enough is enough. I'm going to talk about it." Some of the people we had come forward to present the report with us were people who were household heroes. One of them was called Canada's sweetheart: Elizabeth Manley, the skater. That's not typically someone you think of when you think of mental health or addiction. Catherine Pringle, a young lady—a very, very talented, skilful young lady who worked at Queen's Park for some time—came forward with her story: how it impacted on her family, how she worked, through her mom and her dad, to bring the issue under control to the point that she's able to live a wonderful sort of life that she is living right now.

1730

I think when people bring forward stories like that and they allow us a peek into their personal lives, we owe it to them to do our best to bring forward legislation that is going to do something about what they are bringing forward, which has just been kept under wraps for far too long.

There are five key elements to the narcotics strategy that is being brought forward. I think they are being brought forward in a systematic way and I think there's some logic attached to it.

As I said, we need to get a handle on who is prescribing these drugs. I'm sure there are drugs coming in from other provinces. I'm sure there are drugs coming in from other countries. I'm sure there are drugs that are being made illegally—OxyContin. But we know that some large number of them are coming out of the institutionalized medical system that we have right here in Ontario. The beauty of that is that it's a system that we fund and regulate. It's a system that we have control over as a Legislature. It's something we can do something about. That's why I was very pleased to see this come forward.

After the monitoring, the intent is to partner with the health care sector and to educate on appropriate prescribing, and partner with the health care system to educate on appropriate dispensing. That's fully recognizing that there is a role for these products, a role for these drugs, that for some people, the best thing that could ever have happened to them is that OxyContin became available to control the pain they're experiencing. But for those with an addictive nature, for those who are dealing with mental health issues, for those who are simply drug abusers, for those who just simply want to get high, there is a misuse that can be applied to these drugs, and it's happening.

I think we need an education system within the province of Ontario that alerts ordinary people to the dangers of these drugs. People think—and I'm sure it's wrong—that because a drug is on a prescription, then it must be a safe drug; if a doctor is prescribing it, there must be some safety attached to that. I think if it's being prescribed and it's being used as it is prescribed and it's being used by the right person at the right time in the right quantities, there is some logic to that. If people are going in and faking injuries or pain simply to get their hands on OxyContin so that they can, as the speaker from Welland said, perhaps take it to the beer hall, perhaps take it wherever they can dispense the drug themselves and make a little bit of money out of it, then that obviously is not what our medical system was intended to do.

There is a way of addressing that. I think the first step is to support the legislation that we have before us, because it does a number of things. The coincidence of timing really highlights the fact that this is an important issue that people are talking about. We heard it as we travelled around the province of Ontario. We spent time in southern Ontario, in northern Ontario. We went to Moosonee, we went to Sandy Lake, we went to Sioux Lookout, hearing the same thing over and over and over again. What surprised me was hearing how much of a problem it was in the rural communities. That was a bit of a shocker for me. As I said, in my own community it has taken a number of young lives that simply didn't have to be lost.

So I would urge all members to support this. I'm hoping it goes out for public comment as well, because certainly, if the public comment is anything like the select committee heard on its rounds, it is something that is going to be of some value to all members of this House.

The Acting Speaker (Ms. Cheri DiNovo): Questions and comments?

Mrs. Christine Elliott: I'm really pleased to hear the member from Oakville say that Bill 101, which allows for the creation of the prescription drug electronic database, is but one of many steps that need to be taken in order to deal with this problem. I have no doubt that he, who was the able Chair of the Select Committee on Mental Health and Addictions, and other government members who were also members of the committee will continue to advocate that position, as we in the official opposition will do. I'm sure the member from the third party, Ms. Gélinas, the member from Nickel Belt, will also continue to advocate for that.

We learned a lot in the select committee as we travelled around the province. One of the things that I think really opened my eyes and I started to understand much more fully was the interconnection between mental health and addictions and how it's sort of a chicken-and-egg situation: Which one came first? But there's no question that there are many people across the province of Ontario who have problems with depression, anxiety and other types of mental illness who are masking their symptoms with prescription drugs and other things like alcohol and non-prescription drugs. There's a huge problem there that needs to be addressed that I don't think I was fully aware of until I started travelling with the committee.

The other issue for I think all of us who experienced the trip to some of the First Nations communities, the Moosonee and Sandy Lake experience, was the depth of the problems associated with these addictions and the tragedies that have resulted from it. I remember meeting a grandmother who was raising her grandson, who would have been about 10 years old, because both of his parents were so seriously addicted to prescription drugs. We really need to visit these communities to learn about some of the hope that's there, too, some of the solutions that may come up that, under Chief Fiddler at Sandy Lake First Nation and other First Nations communities, we should be listening to and following as time goes on.

The Acting Speaker (Ms. Cheri DiNovo): Questions and comments?

M^me^ France Gélinas: I am happy to comment on the speech that the member from Oakville just gave. I'm especially happy that he mentioned that he sees the value of having this bill travel and to make sure that the people from the north, the people in rural Ontario, in isolated communities, have a chance to comment.

We have shared a lot of experiences that we heard when we travelled with the Select Committee on Mental Health and Addictions, but the Select Committee on Mental Health and Addictions does not mention creating a database. Bill 101 was not on our radar when we went out to those communities at all. Now it is there. It is written and translated for everybody to read, view and comment on. So I'm glad that he sees the value in going all over Ontario. I am advocating for the north—that's where I'm from—but certainly we have to do the big city also. I'm sure they have their own set of challenges with this bill. Given the prescription pattern, given the primary care models that exist to meet the needs of northern Ontario that are not available to people in southern Ontario because of the challenge of recruitment and retention that we have in rural, northern and isolated communities, they have developed their own way of prescribing, dispensing and monitoring. They need to have a say to make sure that when this bill rolls out, everybody benefits from it—every prescriber, every dispenser and every patient who will ever be prescribed one of those drugs or have to take

one of those drugs or, God forbid, get addicted to those drugs.

The Acting Speaker (Ms. Cheri DiNovo): Questions and comments?

Mr. Bob Delaney: First of all, I'd like to congratulate the member from Oakville on a very moving and very professional presentation on this particular bill. Coming, as he does, from a community like Oakville, with its row upon row of neat, well-manicured homes, one can often forget that inside those homes live people who are as fallible and fraught with problems as they are anywhere else in the province. The member for Oakville is well known in his community for his empathy and compassion with both the least and most exalted of our community, and I think that was on display here in his very moving address.

The points I'd like to make are that no one who legitimately needs prescription painkillers needs to worry about this particular initiative. Your access to it will not be blocked. Coming as I do, as well, from a relatively well-to-do community, we have our families—and almost everybody knows them—in which someone is coping with bipolar disorder or depression. If you're close to the person or to the family, one of the first things that I think surprises you is the sheer range and scope of the medication regime that people find themselves on. It comes at a moment in people's lives when they need to be able to look out to those close to them and find some support and assistance to see themselves through a difficult period, or on to a prescription drug regime that may last them the rest of their lives. What this bill seeks to do is ensure that those people who legitimately need prescription painkillers and other similar narcotics can continue to get them, and takes reasonable measures to protect the taxpayers and the rest of the province to ensure that the privilege isn't abused.

1740

The Acting Speaker (Ms. Cheri DiNovo): Questions and comments?

There being no more questions and comments, the member from Oakville has up to two minutes to respond.

Mr. Kevin Daniel Flynn: Thank you to all the speakers who followed my comments. It is appreciated.

This issue has had a constructive tone through it, right from day one. It's good to see that tone continuing in the House—

Mr. Peter Kormos: Hey, hey.

Mr. Kevin Daniel Flynn: Well, outside of the member from Welland, perhaps, but I think he's just having some fun with us. He's a bit of a contrarian, and that's part of his nature.

But when you look at the stats, we've got to treat this seriously, because the evidence is overwhelming. Look at between 1991 and 2009: When anything bad increases by 900%, you know that's a serious issue. You know that's something you have to deal with, and that, quite simply, is a fact for narcotics prescriptions. For some reason, prescriptions have increased by more than 900% in about 18 years. Since 2004, which is only six years ago, the number of people who have died as a result of OxyContin- or oxycodone-related deaths in Ontario has doubled. Left unchecked, does that double again in nine years? It probably doubles again in five years if left unchecked, as these drugs become more and more popular.

When you look at people who were being admitted to our institutions between 2004 and 2008, they have doubled as well in just four years. Clearly, this is an issue that this government and this House, the opposition party and the third party need to come together and get a grip on. I think the people of Ontario like the way that the Select Committee on Mental Health and Addictions approached things. I'd like to see us continue to move forward in that vein and work together to make sure that this issue is resolved for good.

The Acting Speaker (Ms. Cheri DiNovo): Further debate.

Mr. Ted Arnott: Thank you very much, Madam Speaker. This afternoon's debate has been very interesting. Of course, on Monday afternoons we sit between 1 and 6 p.m., and you've done a great job of chairing the session this afternoon.

I think it's been very, very interesting, the subject of second reading debate of Bill 101, An Act to provide for monitoring the prescribing and dispensing of certain controlled substances, and the short title of this bill is the Narcotics Safety and Awareness Act. Over the course of the debate this afternoon, we've had some very informed presentations by members of the Legislature, many of whom served on the Select Committee on Mental Health and Addictions and for 18 months spent a great deal of time studying these very issues and involving themselves in terms of public discussion on the issue, with a view towards working together in a non-partisan, constructive way to bring forward some recommended solutions, believing that the government would listen. I want to give credit to my colleague the member for Whitby–Oshawa, who, of course, initiated this through a private member's resolution and who started this discussion. Here we are, a year and a half later—still talking about it, granted, but the wheels move slowly around here, as we know. We hope that we are indeed making progress.

My colleague the member for Dufferin–Caledon participated in those many months of hearings, and I think it's important to give credit and recognition to the other MPPs who served on that committee. In the tradition of the Legislature, I'm going to refer to them by their riding names: the Chair, who is the member for Oakville; the Vice-Chair, the member for Whitby–Oshawa; the member for Scarborough–Rouge River; the member for Oak Ridges–Markham; the member for Peterborough; the member for Lambton–Kent–Middlesex; the member for Nickel Belt; as I said before, the member for Dufferin–Caledon; and the member for Guelph—all of whom, as I said, spent a considerable amount of their time over the last year and a half working to try to seek solutions to issues like this one.

As we have heard, this bill seems to be in response to at least one of the recommendations of this report, recommendation 11: "The Ministry of Health and Long-Term Care should immediately address the problem of addiction to prescription painkillers." Although there was no specific reference to the establishment of a registry like this, at least there was an identification in the report of a problem and a need, and the government would appear to be endeavouring to respond to that particular issue.

Of course, it has been said on our side of the House that we are prepared to support this bill in principle at second reading. It's our intention to support it and to send it off to a committee. And there is a possibility that a standing committee of the Legislature could deal with this bill, with further public hearings, perhaps, in the break after the Thanksgiving weekend—as we know, the House doesn't sit that week—or perhaps the week that we don't sit for Remembrance Day. That would allow for further discussion of the issue and hopefully amendments that will further improve the bill and ensure that it is, in fact, accomplishing the objectives that the government would set out.

From our perspective as a caucus, we have some points that we need to make during the course of this debate. Certainly we acknowledge and agree that prescription drug abuse in Ontario is urgent and growing rapidly, and there is no question that it needs to be addressed, that it must be addressed, and that it needs to be addressed immediately in a meaningful way that's effective toward solving the problem that is affecting so many of our families.

We have also pointed out from this side of the House, over the course of this debate—and we will continue to do so and remind the government, because it's our job in the opposition to hold them accountable. We remind them of the $1-billion eHealth scandal that was identified by the Auditor General as a waste of hundreds of millions of dollars of taxpayer money. Think of how that money might have been spent in a more effective way to improve our health care system, to respond to issues like this. I raised a rhetorical question a few minutes ago about whether or not we would even be discussing Bill 101 if the eHealth money had been spent in a way that was effective. We would have not even, perhaps, needed to talk about Bill 101 if eHealth had been successful.

We also point out that the legislation falls short of truly addressing many addiction problems in the province of Ontario. The Minister of Health wants to boast about strengthening the important roles of addiction treatment and education, but the legislation, of course, only addresses one aspect: the creation of a narcotic-tracking database, which will not address many of the core issues that have created the problem.

We also agree with the underlying principles of bill, but would, again, ask for full committee hearings, including hearings in northern Ontario and in our aboriginal communities, in order to make sure that we fully understand the full parameters of this bill and that all stakeholders are given the opportunity to fully comment on this as we go forward.

I think that's certainly the position of our party, and it's well understood. As the debate unfolds, I think you're going to see a consistent message from our side of the House in that respect.

I also want to put on the record a few items with respect to the context of this bill, the context upon which we begin this debate. We know and we're informed, and the government has pointed out, that Ontario has the highest rate of narcotics use in Canada, and that narcotics-abuse-related admissions to publicly funded treatment and addiction services in Ontario doubled between 2004 and 2008, in just a short four-year period. Obviously, there's a real issue there and a real problem.

We're informed that the ministry spent $156 million on narcotics for Ontario drug benefit program recipients in the fiscal year 2009-10, for 3.9 million prescriptions, and that this equates to an average of over six prescriptions per person, at an annual cost of $260 per person.

We're told that a number of First Nations communities have declared a state of emergency over the abuse of prescription narcotics, particularly oxycodone-containing drugs.

We also know that Ontario's narcotics strategy has been developed with the advice of the Narcotics Advisory Panel. This was established in March 2009, and the 12-member group includes family physicians, pain and addiction specialists, pharmacists, the coroner's office, professional regulatory bodies and law enforcement officials. So I think that's important to put on the table.

I know that during the course of the debate on the Select Committee on Mental Health and Addictions report—unfortunately, the government House leader only allocated approximately one hour for the debate on the report. That took place on a Tuesday morning—

Interjection.

Mr. Ted Arnott: —just over a week ago now. It's really insufficient in terms of the effort that went into this committee report, the 18 months of work by the select committee. To allow only one hour on the debate on the contents of the report I thought was extremely disappointing, and I'm sure it must have been extremely disappointing to the chairman of the committee and the government members. I would encourage them again to continue to speak up within the government caucus to advocate for the proposals that they worked so hard to achieve.

1750

Let's go through them quickly. There was committee recommendation number 1, that there needed to be "a new umbrella organization—Mental Health and Addictions Ontario ... —responsible to the Ministry of Health and Long-Term Care...." It was recommended that this new body would "be created to ensure that a single body is responsible for designing, managing, and coordinating the mental health and addictions system, and that programs and services are delivered consistently and comprehensively across Ontario" and that "all mental health

and addictions programs and services—for all regions of the province and for all ages, including children and youth—should be consolidated in the Ministry of Health and Long-Term Care."

I gather that this was an effort to reduce fragmentation within the delivery of these services and to ensure that there would be accountability and coordination, and that was the number one recommendation, the very first one. We have yet to hear a response from the government on that particular recommendation.

Number 2: "Mental Health and Addictions Ontario should ensure that a basket of core institutional, residential and community services is available in every region of the province for clients of all ages, identify gaps, and eliminate duplication. Referral patterns" need to "be put in place for the provision of those specialized services only available outside of a region. Each region must ... have sufficient capacity to care for clients with concurrent disorders."

Of course, this would appear to address the issue of ensuring that there is uniformity of service delivery across the province, so that there's no region of the province that has better service than another. Certainly, as Ontario legislators, all of us should, I think, embrace the concept that everyone across Ontario should have the opportunity to receive the same level of health service, irrespective of what region of the province they may live in. And again, we have yet to hear a response from the government on that recommendation, to the best of my knowledge.

Recommendation number 3: "Clients and their families should have access to system navigators who will connect them with the appropriate treatment and community support services (e.g., housing, income support, employment, peer support, and recreational opportunities). Those with continuing, complex needs should be supported by a plan that will lead them through their journey to recovery and wellness, particularly on discharge from institutional or residential treatment."

This would appear to be a recommendation to ensure that every single patient or client has someone who can help them through the system. I have heard in my riding of situations where, if people couldn't advocate for themselves and there was no family member who could advocate for them, there was just nobody there and they fell through the cracks. This would appear to be an effort to resolve that problem. Again, we have yet to hear a response from the government as to how they will implement that recommendation.

Recommendation number 4: "Mental Health and Addictions Ontario should conduct an assessment of the need for acute care psychiatric beds for both children and adults by region."

This is an effort to gather more information, to determine, I suppose, where there may be gaps in terms of service, where there is greater need in terms of acute care psychiatric beds, and I know there are vast regions of the province which would probably be identified as underserved in this respect. We have yet to hear a response from the government as to how they're going to implement recommendation number 4.

Recommendation number 5 of this select committee report: "Mental Health and Addictions Ontario should ensure that primary care providers and relevant staff in all levels of the education and long-term-care systems have access to common, age-appropriate, evidence-based assessment and screening tools."

This would appear to be an effort to ensure that everyone in the system at the staff level has access to the kinds of assessment and screening tools that they will need to make proper professional judgment.

Again, recommendation number 5: We have yet to hear a response from the government which is a commitment to implement that specific recommendation.

Mr. Ted Chudleigh: Have they done anything?

Mr. Ted Arnott: They would tell you that they've addressed recommendation number 11, so that's, I guess, a start, and that's why we're going to support it.

Recommendation number 6—here we go again: "Mental Health and Addictions Ontario"—this new agency that's recommended—"should facilitate the creation of more 24/7 mobile crisis intervention teams.

"The Ministry of Health and Long-Term Care should expand and do more to publicize Telehealth Ontario's ability to respond to callers with mental health and addictions issues." Of course, we're highlighting the existing service that our party actually put in place: Telehealth Ontario. We're wanting to draw attention to that and we're wanting to make sure that it's effective and that there is more service available, I suppose, in the evenings and overnight, perhaps during the holiday season, perhaps when, in a great many cases, people have mental health issues. People who have mental health issues have, in many cases, a great deal of difficulty during some of those special times of the year. And once again, the government has yet to make, to the best of my knowledge, a commitment to implement those two recommendations or to tell us how they will implement them.

Recommendation number 8: "Mental Health and Addictions Ontario should work with the Ministry of Health and Long-Term Care to review emergency department protocols in order to increase their capacity to deal effectively, efficiently and sensitively with people appearing with mental health and addictions issues, and when appropriate, redirect or connect them to community-based services and supports."

Here we have a recommendation that the new agency should work co-operatively and constructively with the Ministry of Health and Long-Term Care to look at the emergency department protocols in the hospitals to ensure that they are operating properly and making a difference. Here we are; recommendation number 8. Let's hear from the government how they're going to implement recommendation number 8. So far we have yet to hear from the government in that respect.

Recommendation number 9: "Primary care providers should be given the proper tools and support to enable them to develop a greater sensitivity for the mental health

and addictions needs of their patients. This can take such forms as part of formal academic programs or continuing education."

Here we are again: a recommendation to encourage and ensure that our primary care providers have the expertise that they're going to need to ensure that they can meet the mental health needs of their patients.

Point number 10: "All interdisciplinary primary care models should include a mental health and addictions treatment component (e.g., social worker, psychiatrist, psychologist or mental health worker)."

Again, a sensible recommendation that came out of this committee process. This non-partisan select committee, having listened and studied the issue for some time, came up with this suggestion. Where is the response of the government? Where is the commitment of the government to implement those two recommendations?

Then, of course, number 12: "The Ministry of Health and Long-Term Care should examine further changes to the family physician remuneration model to focus on improving access to and the quality of primary care for people with mental illnesses and addictions." Here we go again. Recommendation number 12, and no response from the government as of yet.

Recommendation number 13: "Mental Health and Addictions Ontario should ensure, coordinate and advocate for the creation of ... affordable and safe housing units, with appropriate levels of support to meet the long-term and transitional needs of people with serious mental illnesses and addictions."

This is a huge issue, I know, in terms of resolving this issue, because if there is inadequate housing for people with these sorts of needs, it makes it very, very difficult for them to overcome the problems, notwithstanding the best health care that they might be receiving. Housing is a huge issue. Where is the response of the government on recommendation number 13 from the Select Committee on Mental Health and Addictions?

Recommendation number 14: "Mental Health and Addictions Ontario should ensure that institutional and community-based service providers actively seek to involve peer support workers in all aspects of service delivery and take advantage of the Ontario Peer Development Initiative's Peer Support Toolkit Project that will enable peer support organizations to accredit peer workers." Where is the response of the government to recommendation number 14?

Recommendation number 15: "Mental Health and Addictions Ontario should work with employers and community-based service providers on strategies to increase employment opportunities and supports for people with mental illnesses and addictions."

Of course, this is a very sensible recommendation as well, to involve business, which has an interest and a stake in this problem too, and an interest in seeing it resolved. This is a welcome recommendation, and I'm sure that there would be a great number of business people who would want to get involved in that and support that, but certainly it requires government initiative and government leadership. Where is the commitment of the McGuinty Liberal government to implement recommendation number 15?

Recommendation 16: "Mental Health and Addictions Ontario should provide for the increased availability of respite care to allow family members the time and freedom to pursue personal, social and recreational endeavours in order to maintain their own mental health. It should also monitor the progress of the Mental Health Commission of Canada's Mental Health Family Link program's peer support project for family caregivers, and adopt best practices."

Certainly we know, as members of the Legislature, that respite care is a good investment in terms of supporting families who are in turn supporting a family member who has difficulties—in this case, perhaps addiction issues or mental health issues. Respite care, in many cases, means that less money has to be spent by the government in terms of helping the families, and if there is insufficient or inadequate respite care funding, often a crisis is just around the corner, which in many cases requires institutional care. That is far more expensive over the short run and the long run, and far less helpful to the patient or the client in most cases. So this is a recommendation that you would think the government would want to embrace and adopt, that the government would want to announce its support for. Where is the government support for recommendation 16?

Recommendation 17: "The services of court mental health workers should be made widely available across all regions of Ontario, in order to divert more individuals with a mental illness or addiction out of the justice system and into appropriate mental health and addictions services and supports."

Recommendation 18: "Additional mental health, drug treatment, and youth mental health courts should be created across all regions of Ontario, to provide more appropriate services for individuals with a mental illness or addiction."

Recommendation 19: "The Ministry of Community Safety and Correctional Services should direct police forces across the province to provide training for officers who may encounter people suffering from mental illnesses and addictions."

Recommendation 20: "The core basket of mental health and addictions services should be available to the incarcerated population, and discharge plans for individuals with a mental illness or addiction should be expanded to include the services of a system navigator and appropriate community services."

Where is the government's endorsement of these recommendations?

The Acting Speaker (Ms. Cheri DiNovo): Thank you.

Second reading debate deemed adjourned.

The Acting Speaker (Ms. Cheri DiNovo): Pursuant to standing order 8(a), I declare that this House now stands adjourned until tomorrow morning at 9 a.m.

The House adjourned at 1802.

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Continued from back cover

PETITIONS / PÉTITIONS

ORDERS OF THE DAY / ORDRE DU JOUR

CONTENTS / TABLE DES MATIÈRES

Monday 27 September 2010 / Lundi 27 septembre 2010

Continued on inside back cover