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**Wednesday 29 September 2010**

**Mercredi 29 septembre 2010**

Speaker  
Honourable Steve Peters

Président  
L'honorable Steve Peters

Clerk  
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Hansard Reporting and Interpretation Services  
Room 500, West Wing, Legislative Building  
111 Wellesley Street West, Queen's Park  
Toronto ON M7A 1A2  
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Service du Journal des débats et d'interprétation  
Salle 500, aile ouest, Édifice du Parlement  
111, rue Wellesley ouest, Queen's Park  
Toronto ON M7A 1A2  
Téléphone, 416-325-7400; télécopieur, 416-325-7430  
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## LEGISLATIVE ASSEMBLY OF ONTARIO

Wednesday 29 September 2010

## ASSEMBLÉE LÉGISLATIVE DE L'ONTARIO

Mercredi 29 septembre 2010

*The House met at 0900.*

**The Speaker (Hon. Steve Peters):** Good morning. Please remain standing for the Lord's Prayer, followed by a moment of silence for inner thought and personal reflection.

*Prayers.*

### ORDERS OF THE DAY

#### CHILDREN'S ACTIVITY TAX CREDIT ACT, 2010

#### LOI DE 2010 SUR LE CRÉDIT D'IMPÔT POUR LES ACTIVITÉS DES ENFANTS

Resuming the debate adjourned on September 22, 2010, on the motion for second reading of Bill 99, An Act to amend the Taxation Act, 2007 to implement the children's activity tax credit / *Projet de loi 99, Loi modifiant la Loi de 2007 sur les impôts pour mettre en oeuvre le crédit d'impôt pour les activités des enfants.*

**The Speaker (Hon. Steve Peters):** Further debate?

**Mrs. Julia Munro:** I'm pleased to have the opportunity to provide a few further remarks on the child tax credit.

As I listened to the government yesterday talking about the fact that they are now going to look at seniors and the energy bills, it seemed to me that the most recent flurry of activity by this government has been government by sectors: Who gets a piece of the action in this case? Who gets a tax credit?

In the spring, we debated the northern Ontario tax credit. While no one is going to say someone doesn't deserve a tax credit, the reality is that it becomes a bit disingenuous when you have a sector where you decide, oh, this group needs something and now this group needs something. It seems to me that we often talk about government on the back of an envelope or a napkin, but it seems as if that's what we're viewing here as well because of the fact that tax credits are a relatively inexpensive method by which the government can curry favour with the recipients. It provides an opportunity to go out and speak to the virtues of the activity that in fact are being recognized through this tax credit.

We know statistically that a relatively small number of people actually go through the process of keeping their invoices and bills and remembering at the right time to fill out their tax return in the appropriate manner. We also know that it's a small token, a very small token, of the cost of providing these kinds of activities for children

in this particular case. It seems as if it's very hard to look at this without the kind of cynicism that I've suggested: that the government has decided who the winners are and who the losers are in this lottery of who gets tax credits. As I say, in theory, of course there's nothing wrong with recognizing it. I think, though, that the timing demonstrates a certain reaction of the government and so does who they choose to be the winners and the losers in this lottery of who gets a tax credit and for what.

**The Deputy Speaker (Mr. Bruce Crozier):** Questions and comments?

**Ms. Cheri DiNovo:** It's a pleasure to respond to my friend the member from York-Simcoe's comments. Certainly, this is not a bad thing, but when you consider that the HST on about \$500 worth of children's activities is \$40 already, it's not much of a good thing either. I'll be speaking at some length about this a little later.

Suffice to say that we're looking at a credit of about \$75 million on the average expense across the province of about \$150 million. So really, this is paying back the voter with their own money and not giving all of it back, either. It's certainly a credit that's going to go to middle-class and upper-middle-class families far more frequently than it will go to lower-middle and lower-class families and the poor because of the way that it has been instituted, and I'll speak about that as well.

But let's face it: At its hub, this is an election ploy. This is the first of many election ploys; we've seen another coming out just this week. Over and over again you'll see this government essentially giving back a small amount of what they're taking from the electorate in the way of the HST. We're going to see more of this, I'm sure.

Is it a good thing? Will we vote for it? Of course we will. Is it enough? Absolutely not. We have families that are struggling, that can't pay the rent and feed their children. We have families across this province that have to choose whether their children are in extracurricular activities or not, all because of the HST. We proposed taking it off the hydro bills. That's significant. Had they proposed taking it off children's activities, that might have been more significant as well.

I look forward to speaking more about this. I commend the member for her comments. Shame on this government for the little that it is doing.

**0910**

**The Deputy Speaker (Mr. Bruce Crozier):** Questions and comments?

**Mr. Lou Rinaldi:** It's a pleasure to rise this morning to make some comments on the speech from the member from York-Simcoe.

We have been debating this now for a while. This credit was part of something that we talked about in the past, and I keep on hearing, "It's not enough. It's not enough." I would urge the members across the aisle to tell us what is enough.

We talk about this partially giving back the HST that is being collected. Well, Mr. Speaker, I would say to you that they need to be fair to their constituents and to Ontarians by telling the whole story, because part of the tax reform, which includes the HST, meant a substantial reduction in personal income tax, and it meant the reduction for low- or no-income families—a PST rebate that they never had before that they will get every three months. They need to talk about the child benefit that this government introduced a couple of years ago that means over \$1,000 per child per year if they qualify. They're not saying that.

I would say to the members opposite that—you know what?—there are challenging times. I'm not sure there's anybody out there, regardless of what income, who's not facing some challenging times. That's not unique to Ontario; it's not unique to Canada. It's unique to the world. The majority of the economists in Canada, and probably in the world, are telling us that the steps that Ontario has taken are probably the right steps.

This is one of those things that—we're cognizant that raising families is challenging. It was challenging when I had four little kids. But this is another one of those steps that helps those families meet those daily requirements.

**The Deputy Speaker (Mr. Bruce Crozier):** The member for Durham.

**Mr. John O'Toole:** First of all, Bill 99 and yesterday's Bill 109 are an admission of guilt by Premier McGuinty: guilt that they've hit the tax ceiling on the people of Ontario. We heard that from the New Brunswick election, that they also recognized that Liberal governments have a predictable history of tax and spend—in excess, really.

When I look at this bill, I say that, fundamentally, it's sort of like social engineering. Premier McGuinty, in all fairness, is doing it with the children and those young families that can't afford to register for hockey, and yesterday he did it with the seniors. He's giving them a tax credit. Again, an admission of guilt—too much tax. He's picking off focus groups so that he can try to swing their vote back, because he's losing the confidence of the people of Ontario. I don't know what has happened to the Premier. He was always such a nice guy, sort of like Ward Cleaver. But my point is this: You are, as the member from York-Simcoe said, really picking them off.

What I think you could do is accomplish two things in this Bill 99 that would help all the people of Ontario. First of all, you could, for instance—a friendly amendment to the House leader—actually extend this to seniors who register for a program in tai chi. Think of the quality of life that you would be offering them: a tax break for the HST they'd be paying on a physical fitness program, a wellness program, a program on nutrition, a program on using medications wisely. These are extensions that could

easily be extended to seniors with very little cost, but it would show a sign of sympathy and compassion for a group of citizens who are no longer able to afford to live in Ontario under Premier McGuinty.

**The Deputy Speaker (Mr. Bruce Crozier):** Questions and comments?

**Hon. John Wilkinson:** I'm delighted to rise and add a few comments about this.

I want to say to the good people of Ontario that there is an existing federal credit, and the nature of that credit is that it helps save income tax if you owe income tax. But there are many people in Ontario, those with the least, who don't actually pay income tax. Under our proposal, this credit goes to people whether or not they actually owe income tax.

I want to thank the minister for bringing this measure in, because it ensures that there is a certain amount of equity on this to make sure that children, and particularly the parents who are paying for these programs, receive a benefit. And it is not just restricted to those who are in the middle class and above, because it's important for all of our children to be able to participate.

That's why I'd say to our friends in the federal government that they may want to consider changing their model to more reflect the progressive piece of tax policy we have here in Ontario, which ensures that all people who support their children by way of enriching their lives are able to receive the benefit of this important new tax credit.

The other thing I would commend to the federal government, and something I'm very proud of as a member of our government, is that we've gone beyond sports. As someone who, growing up, was an athlete and also a musician, I remember how much money my parents spent for me to have my music lessons. So I'm delighted by the fact that those young people now have the ability, with the support of our tax base, to ensure that they're broadening those activities that are so important to children. Again I would say to our friends in the federal government that this is something we think they should consider as well.

I think we've taken a new leadership position in Confederation on this matter, and we look forward to the federal government following our progressive lead on this—

**The Deputy Speaker (Mr. Bruce Crozier):** Thank you. The member for York-Simcoe, you have two minutes to respond.

**Mrs. Julia Munro:** I'd like to thank the members from Parkdale-High Park, Northumberland-Quinte West and Durham, and the Minister of the Environment for their thoughtful comments.

I would just say, in the moments I have, that I'd like to take up the challenge provided to me by the member for Northumberland-Quinte West, who says that we say "Not enough," and what answer I have to that. Well, the answer is very, very simple. The member referred to the challenging times in which we live. I don't think there is anyone who would not agree. But I think the difference on the two sides of the House is that so much of the chal-

lenging times in which we live has been provided to us thanks to the government and its responses.

Obviously, the eHealth scandal comes to mind, and the scandal that the OLG provided to us a few years ago, which, by the way, we're going to learn more about in 45 minutes—chapter 2 on the OLG and the scandals that rock it.

The local health integration networks have demonstrated themselves to be ineffective as carriers of money and as being able to work within their communities, maybe partly because of “local.” When you've only got 14 in the province, it's a demonstration of a definition of “local” that few of us would agree with.

So, in other words, what I have to say to the member across is that many of the things that have made Ontario's challenging times greater are because of what the government has done.

By taking the HST and not making any kind of accommodation with provincial—

**The Deputy Speaker (Mr. Bruce Crozier):** Thank you. Further debate?

**Ms. Cheri DiNovo:** It's a pleasure to rise on behalf of my constituents and the folk of Ontario to speak to government Bill 99.

First of all, for those who are watching at home, you should know that what this does is provide up to \$50 for each child for household spending on children's activity programs. It's designed as a 10% credit on spending up to \$500. It's rebatable if you don't pay income tax. That's the gist of it.

The context in which this bill is brought forward, however, is very different. Again, to go back to the comments by the member from Northumberland–Quinte West, the challenge of how would we do it better: Quite frankly, we on this side of the House and in the New Democratic Party would have done it better by not introducing in the first place a regressive flat tax like the HST for which we have to provide subtle corrections.

This is an extremely subtle correction for an extremely big tax grab. That's what is happening here. By best-guess estimates of economists, the average HST tax grab on family recreation will be about \$150 million. This gives back about half of that.

The HST alone on \$500 a year is \$40, so really it's only \$10 a year they get back—I mean, \$10. Considering the grab on hydro rates, the not-so-smart meters, the HST itself and its impact, this is pretty small. I mean, this is pretty niggling. I can tell you, on behalf of my constituents, that they are suitably underwhelmed.

**0920**

For one thing, we know—this is a fact; this has been proven in government studies. I point to the study done in Alberta, which shows that any tax credit you have to keep all your receipts for and then apply for at the end of the year is much more likely to be taken up by middle-class and upper-middle-class families than it is by working-class families and lower-income people—much more likely. First of all, there's that. Quite frankly, very few people are even going to apply for it. Those who

apply for it are going to get very little back out of the huge tax grab that's going to be asked of them. This is in a province where we have one in six children living in poverty.

Many of the families in my riding would love to be able to take music and ballet lessons. They'd love to be able to take after-class lessons of any sort, including tutorials to help them with what they're not getting in the classroom. Again, we're dealing with classroom teachers who are overwhelmed with workloads. There's a lack of adults to help them. There are families across Ontario—the family bite to raise money just to keep the educational system going is about \$600 million a year.

I just went to the ribbon cutting for a playground in one of my public schools. It cost the parents \$50,000. When I was in school, we didn't have to raise money like that just to pay for public education. This HST is on top of everything else that is besieging families with children today in the province of Ontario. Really, when you see the big picture in which Bill 99 sits, it's a pretty small recompense.

I could go on; I could talk about the lack of daycare in this province, that it costs the average family at least \$1,000 per child, and that's if they're lucky enough to get a space.

**The Deputy Speaker (Mr. Bruce Crozier):** I know that the member for Parkdale–High Park, when she's going on, will not want to go too far from the bill we are discussing this morning.

**Ms. Cheri DiNovo:** Never would I do that. I am taking what the member from Welland would call a scenic route to get back to Bill 99, the children's activity tax credit.

We are speaking about the children's activity tax credit, an amount up to \$50 and, by the way, lest I be corrected, \$100 provided to a child with a disability. Rather than this, the folk in my community who have children with disabilities at home would beseech the government to please take the HST off hydro rates, because they're at home with their children with disabilities all day. They have a far larger share of their hydro being used during the day, especially if there are machines involved—oxygen machines and whatnot—in trying to keep their children or family members healthy. So this is little salve to families with disabilities.

My families with children with disabilities would prefer increases to Passport funding. That would be nice, because they don't know what they're going to do with their children once they finish high school. I have a number of families who have children—one family in particular—in a wonderful high school, Lucy McCormick, which deals with children with disabilities in my riding. Their child is about to graduate. What then? Where is the help then? They've been here several times sitting in the visitors' gallery. They've been asking for help for their children with disabilities. I'm telling you, please, this isn't enough. This isn't enough—not even close. Not even remotely close, particularly considering the bite of the HST generally.

We in the New Democratic Party are not anti-tax. We're not. We are anti flat, regressive taxes. The HST is a flat, regressive tax. What do I mean by that? A flat tax taxes poor and lower-income people proportionately more than upper-income people and middle-class people. That's why we oppose it. It's not a fair tax.

*Interjections.*

**Ms. Cheri DiNovo:** There is such a thing as a fair tax, my friends across the aisle. There is such a thing. This is not it. The way to correct an unfair tax is not by giving people back a soupçon of what they pay out to you, just before an election. That's not the answer to a regressive flat tax; it really isn't. But that is, in effect, what Bill 99 does.

When I say "fair taxes," the New Democratic Party is also against giving away the people's money—and it is the people's money, our constituents' money—to the tune of \$2 billion a year to corporate tax breaks at a time when people are struggling, at a time when people in my riding are struggling.

I received a letter from a young woman. She's a ministry candidate. She does pulpit supply, she teaches music and she takes in lost and stray animals; she feeds them and fosters them. She said that the difference to her hydro rate and the difference in terms of HST have made it impossible for her to feed her animals and feed herself on what she brings in.

We're talking here about people with very little income: seniors who are on fixed incomes. G99, the children's tax credit, is not going to help the seniors in my riding who are opening up their hydro bills and are appalled by what they see—and neither will your seniors' credit, by the way.

We have asked you to take the HST off hydro—a very simple request—and you won't. You won't.

*Interjections.*

**Ms. Cheri DiNovo:** The Minister of the Environment, who's heckling me, seems not to understand that the HST, as a regressive flat tax, hurts the poor and middle-income and fixed-income people more. It simply does; all flat taxes do. That's really undebatable. I mean, that's just a fact, right? Progressive taxes: different matter.

But to get back, because I want to get back to Bill 99, the children's activity tax credit, which gives \$50 back if you spend \$500—and keep all your receipts, mind you—on your children's recreation; that's after-school programming. Whereas we know that families, just in HST alone, spend \$150 million a year on their children's recreation, this will give them back \$75 million. It basically takes a dollar and gives them back 50 cents. That's what this credit does, at best. That's if people apply for it.

To rehash what I was saying, we've been shown by study after study that this kind of tax rebate, where you have to keep your receipts, is much, much more likely to be applied for by middle-class and upper-middle-class families than it will be by working-class families or lower-class families. They won't take advantage of it, and even if they do, they'll get very little back for the

amount of money they're paying out. Again, that's an undebatable point.

Again, to go back, the member from Northumberland—Quinte West asked what we in opposition would do better. Whoa. It's a challenge; I've only got 10 minutes left. We've had a government that has been in place for seven years, so it's seven years to cover here, but let's just try. Let's end this on a positive note.

What would we suggest? First and foremost, we would suggest—and we have—that you take the HST off the hydro rates. There you go. That would help families. That would help families that cook dinners at 6 o'clock, that run their laundry, that look after their seniors, that look after their children with disabilities during the day. That would help families.

What could you do? Hey, you could look at a daycare program. We've long been advocating that in the New Democratic Party. They have one in Quebec; they have it in other places—Manitoba, for \$17 a day; \$6, \$7 a day in Quebec. Here, \$1,000-plus a month, if you can find a space. You could do that.

You could maybe fund the public education system so that parents didn't have to raise \$600 million a year in fundraising just to keep the public education system going. You could do that.

Passport funding: My folk have been asking, "Where is the Passport funding for our children?" You could do that and a myriad of other moves.

**0930**

Quite frankly, the problem of tax credits for people who enrol their children in recreational programs—it's something that many families in my riding wish they could do. They wish they had the \$500 to put out, on top of everything else, to enrol their children in extra-curricular activities. They wish they had that: people who are living on social assistance, people who are living on ODSP, people who are living on minimum wage. These folk in my riding—from around the world, because, face it, in south Parkdale, we have 65 mother tongues spoken in our high schools. People from around the world, some working two or three jobs just to get by, wish they had the \$500 extra to spend on extracurricular activities so that they could collect this credit in the first place. This isn't speaking to them. I get it. In fact, it's very rare that this government does speak to them, except perhaps on ODSP to claw back the special diet allowance, which is the most egregious act I think I've witnessed in a long time in this place.

But even for middle-class families that have the wherewithal to think to keep all their receipts, who want to put those receipts in, who want to do the right thing and get every tax credit that's coming to them, this won't come close to matching the HST bite that they're going to be paying for recreational activities for their children. Anybody here who has had children, who has put them in ballet or music lessons or anything else, knows that you're spending at least \$30 a week on those lessons—at least \$30 on those lessons. Five hundred dollars a year? It's not going to go far. A \$50 tax credit when actually

your HST bite will be way more than that is not going to help very much, particularly in an environment where you're being hit by higher hydro bills, where you're being hit every time you go to the store. Particularly in that environment, this is pretty small.

Are we going to support it? Of course, because anything is better than nothing. This is like a mantra on this side of the House. Anything is better than nothing, even when it's crassly put forward in the year before an election when the polls are falling and everybody on the government side knows that people out there hate the HST, don't want to pay it and are hurting. Even when it's crassly put forward, even then, we in opposition will support it, because anything is better than nothing. Quite frankly, for my families, they are desperate enough that anything is better than nothing, but it ain't enough. It's not enough. It's not nearly enough.

The message I would like to leave with those across the aisle is simply the message that comes to us in letters every day, and I know it comes to you, too: You, who care about your constituents, who care about those people in your ridings who are suffering, who can't make ends meet and who just can't take another hit, know as well as I do that this isn't enough.

I trust that you will be working with your cabinet, and I trust that you will be trying to get your Premier and leader Dalton McGuinty's ear. I trust you'll be trying to do that to really make the case for those like the woman I brought before you who can't feed her animals and herself anymore; the seniors who can't pay their taxes, who can't pay their hydro bills, who may lose their houses and have to go into a residence because of the extra bite on their hydro bill.

Perhaps you will bend the ears of your cabinet members so that your constituents will also have a voice—the same voice they used to speak to us. We hear it. We hear it and we bring it here. We have lost track of the tens of thousands of emails that we have received about the state of the province of Ontario—everything from post-secondary education to the special diet allowance. You name it; people can't pay it. They can't pay it anymore. And \$50 is not going to cut it as recompense for that.

I hope, for your sake, but really more for your constituents' sake, that you will not speak with one voice across the floor but that you'll break rank and speak on behalf of your constituents for a change, because that's what is needed here. We don't need rank partisanship in this place. People and the electorate of Ontario have no patience for that anymore. They would like to see real action from the government—for which we, in the opposition, would support you—on behalf of their constituents who are hurting, who can't pay the bills and who are driven more and more to the use of food banks because they can't pay this extra bite. It's just that extra bite that makes all the difference. This little, tiny recompense—\$50 back to the people who are hurting the most, those with families—isn't the answer.

This is seen, by my constituents anyway, and I'm sure by some of yours, as a cynical pre-election ploy. Again,

we are voting for it because this little bit of something is better than nothing. Hopefully we will hear from those across the aisle that they are in agreement and that they are in agreement with their constituents that far more is needed.

**The Deputy Speaker (Mr. Bruce Crozier):** Questions and comments? The minister of innovation—I'm still having trouble with that.

**Hon. Glen R. Murray:** Research and Innovation.

**The Deputy Speaker (Mr. Bruce Crozier):** The Minister of Research and Innovation; thank you. I won't make that mistake again.

**Hon. Glen R. Murray:** I stand here very proudly as a member of this Liberal government when it comes to children. A \$50 tax credit leveraged against a federal tax credit is, for many working families, real money in my constituency. But they don't look at it as if the only thing the government is doing is giving them a tax break.

Day-long learning, in my community—and when I listened to the member from High Park-Parkdale, I was wondering what city she lived in. Day-long learning is an unprecedented commitment to children and families. This is a government that also underwrote the loss and federal withdrawal by the Conservative Party of 8,500 child care spaces. Day-long learning—

**The Deputy Speaker (Mr. Bruce Crozier):** Minister of Research and Innovation, I remind you that the questions and comments relate to the speech of the member from Parkdale-High Park.

**Hon. Glen R. Murray:** Day-long learning, replacing federal cuts to child care, a \$1,200 child tax benefit, recreational activities like music and art—I could mention many more; I only have 45 seconds.

I don't know of a government in Canada that is doing that kind of work. The \$50 in that context is very good. It's very rich coming from parties opposite that have done full-frontal assaults on childcare, nearly left 8,500 children without daycare, and a party who can't match that record. It's just a little rich.

**The Deputy Speaker (Mr. Bruce Crozier):** Questions and comments?

**Mr. John O'Toole:** The Minister of Research and Innovation didn't even use the 45 seconds; that's how much he has to say on this topic.

My point is this: The member from Parkdale-High Park I think speaks with reasoned and considered passion, and makes informed comments with respect to this, like most of the comments that she makes in this House as a pastor and a person of deep spiritual conviction.

But the issue here really comes down to—first of all, some of the members on the government side don't really understand the bill. First of all, you get the money whether you pay income tax or not. Secondly, you have to spend \$500 to get the \$50 credit. When you spend \$500, you're actually spending about \$40 in HST. So they're giving it back, plus you have to file for it; you have to keep the receipts. It's full of red tape and you get a measly \$6 back. That's what would actually go in your jeans—\$6.

We are trying to be reasonable here this morning. We will move a friendly amendment with your indulgence, and that would include seniors. Seniors should be entitled to an active tax credit as well. Imagine seniors who may have osteoporosis or who want to take a fitness or a walking program for their health and their own quality of life. Why should they be burdened with an HST when they're trying to avoid costs to the health care system? It's a simple thing here: Extend it to seniors.

**0940**

The minister of innovation has the right to speak for 20 minutes here on this topic. I'm very passionate about this. It is a very tokenistic amount. It's populist politics at its worst. Even yesterday, they tried to trivialize seniors by giving them—

**The Deputy Speaker (Mr. Bruce Crozier):** Thank you.

**Mr. John O'Toole:** It's tragic.

**The Deputy Speaker (Mr. Bruce Crozier):** Thank you. The member for Timmins-James Bay.

**Mr. Gilles Bisson:** I am so glad that I have an opportunity to respond to the comments made by my colleague, because she's right. What you've got is a provincial government that is out of control when it comes to taxing and imposing user fees on the average person on the street. They're trying to find ways to soften the impact so that when the election happens a year from now, they'll be able to say, "Oh, yeah, we raised your taxes with the HST. Oh, yes, we raised your hydro bill. Oh, yes, we had property taxes go up because of the things that we've done. But don't worry. We're going to give you some tax credits that will make it all go away."

But the reality is, I think, that people see two things. One, it's a government desperate to hold on to power, which quite frankly has done some things that are quite wrong, and it's trying to figure out how it can soften the impact on the electorate. The other thing is that I don't think the public is buying it. I think the public understands that this government has made some pretty bad decisions, and at the end of the day, all the tax credits that you want to give in regard to, in this case, the child activity tax credit or the one that was announced yesterday, are not going to buy the love of the voter in the next election. I think people see it for what it is. This government, quite frankly, is a government that has been—to excess—into the pockets of hard-working people, and people are fed up.

If you see what's happening in the mayoralty campaign today in the city of Toronto, with Rob Ford, that's what this is all about, and this government hasn't figured it out. People are hopping mad—it's as simple as that—and they're tired of having their pockets picked. People are saying, "Enough is enough. We need to have some civility when it comes to how our governments treat us."

To my friend the minister across the way who talks about the stellar record of this government when it comes to daycare: Listen, I was a member of a government that expanded daycare to unprecedented numbers in this province. I take no lecture from the member across the

way, who tries to say his government did something on daycare, because, quite frankly, it doesn't measure up to what we did in five years in government.

**The Deputy Speaker (Mr. Bruce Crozier):** Questions and comments?

**Mr. Phil McNeely:** I'm very pleased to support this act to amend the Taxation Act, 2007 to implement the children's activity tax credit.

*Interjections.*

**The Deputy Speaker (Mr. Bruce Crozier):** Order. If you have a conversation, take it outside.

**Mr. Phil McNeely:** On page 2 of the act, which I have here—this is the first time that the federal program did not include these—are music, dramatic arts, dance, activities with a substantial focus on wilderness and the natural environment.

I've always felt that there was a difficulty for dancers, who provide such great physical fitness in their programs, whether it's step-dancing, Highland dancing or the other dancing that we see in our communities. We have a lot of that in Orléans, yet there's no help for them. They provide their own space. So this is great. This is a step forward. Unlike the federal tax credits, we are including these excellent activities in this program.

The other activity that I'm very pleased to see as well is the natural environment—"a substantial focus on wilderness and the natural environment." In our riding, we have a program spirit—Sunshine families, and of course we've also got all the Scout groups. This program will help them. The dollars will be there to help them grow their programs and really offer programs to our children which are very important, especially today when we have all the issues around water pollution and air pollution. We will be able to get our kids out on the Ottawa River in Orléans. They'll be able to use those programs. This will help. This will grow the number of kids who can participate. I'm very pleased that our government has come forward with this.

**The Deputy Speaker (Mr. Bruce Crozier):** The member for Parkdale-High Park, you have up to two minutes to respond.

**Ms. Cheri DiNovo:** It's a pleasure to rise and to respond to the members who have made comment, particularly my friend who's the Minister of Research and Innovation.

The challenge that this government has a stellar record on children is, quite frankly, laughable. If you just compare our neighbours Quebec and Manitoba—one has child care for about \$7 a day; the other, child care for about \$17 a day—my families would love to have that here, and don't.

The simple response to the comments from across the aisle is this: Why are families so angry, then, if this is such a gift? If this is such a gift, why do I hear at the door that to spend \$500 and get \$6 back, as the member from Durham mentioned, is really not much of a gift at all, that in fact they're spending way more and that many of them can't even afford the \$500 a year to receive the credit at all. And we know that even if they spend it, they have to



save their receipts, and they probably won't claim it. We've seen studies that have shown that.

This is simply a ploy, and everyone sees it as such. They see it as trying to make up some ground that has been lost, and they're angry. They're angry at this government. You see it in the polls, you see it at the door, you see it in the malls, and you see it in the schools: Families are angry. They can't afford it anymore. Not only families; seniors and single parents, who are just struggling to get by. We have in this province one in six children living in poverty. It's an unprecedented level of poverty we haven't seen since the Great Depression. And this government crows about how wonderful they've been for children? Please. Methinks they speak too much.

**The Deputy Speaker (Mr. Bruce Crozier):** Further debate?

**Mrs. Joyce Savoline:** Do we have a quorum?

**The Deputy Speaker (Mr. Bruce Crozier):** Is there a quorum present?

**The Clerk-at-the-Table (Ms. Lisa Freedman):** A quorum is present, Speaker.

**The Deputy Speaker (Mr. Bruce Crozier):** Further debate?

**Mr. Jeff Leal:** It is indeed a pleasure for me to have the opportunity to speak on Bill 99 this morning, An Act to amend the Taxation Act, 2007 to implement the children's activity tax credit, brought forward by my colleague the Minister of Finance, Mr. Duncan.

I would be remiss this morning—just to put in a plug for Peterborough Day, Mr. Speaker; I know you will give me a little latitude. In room 247 between 10 a.m. and 2 p.m. today, there's a good opportunity to see what the riding of Peterborough is all about.

In the members' east gallery today, I would like to introduce a good friend of mine Mr. Jay Amer—Jay, it's good to have you with us—who is a former senior executive for the Greater Peterborough Area Economic Development Corp. He now has his own consulting firm in Peterborough, specializing in airport and manufacturing development. So it's great to have Jay with us today. He's also entering into the political forum. He is a candidate for trustee for the Kawartha Pine Ridge school board, and I know we wish Jay all the best in that endeavour.

I'll get back now to Bill 99, Mr. Speaker. I know you're trying to corral me here.

In the riding of Peterborough, of course, we have a reputation as a great sporting community. Just recently, of course, our Peterborough Lakers senior A lacrosse won their 13th Mann Cup. What is significant about that is that many of the players who play for the Lakers were products of Peterborough's minor lacrosse system, and it's all those volunteers who have spent countless hours to develop young men and women, to introduce them to Canada's national game, lacrosse, to provide those skills necessary to teach them to be part of a team.

This tax credit will certainly facilitate the opportunity for more and more young people in my community to enrol in sports, to take the opportunity to play in one of Canada's great games—and conversely, hockey. We all

know that when you go throughout Canada, the Peterborough Petes are one of the most distinguished junior A hockey franchises in Canada. Indeed like the Peterborough lift lock, the Peterborough Petes are one of those enduring symbols of Peterborough that everybody seems to know about. Again, many of these players who come up to play for the Peterborough Petes have come up through Peterborough's minor hockey system, whether it's the church league or the city league, an opportunity for kids to be enrolled in hockey. Again, this tax credit will facilitate that.

**0950**

Just recently we've witnessed that Cito Gaston, the great manager of the Toronto Blue Jays, will be retiring, and Mr. Bautista hitting 52 home runs. Again, there's an opportunity through Peterborough minor league ball to bring our youngest citizens into that organization. It's not a question of whether they'll become professional players in any given sport; it's the opportunity to be part of something, to reach out in a community and make kids part of something, which I think is so very important.

I'll just get a plug in for my own children this morning.

**Mr. Mike Colle:** You talked about everybody else; you may as well talk about your kids.

**Mr. Jeff Leal:** My son Braden, who is 12, plays both soccer and basketball. And my daughter, who is 10, Shanae, plays soccer, basketball and hockey.

I had a conversation with many people in early September—you know, you're starting to sign up for the fall sports like basketball and indoor soccer—and many of the parents at the registration desk were saying, "It would be good if the government of Ontario could come forward and give us a little assistance to help us sign our kids up for sports."

I'm pleased that the Minister of Finance has responded to that, but indeed broadened the number of activities that are available. We have aerobics, badminton, ball hockey, baseball, basketball, biking, curling, dodge ball, figure skating, floor hockey, football, golf, gymnastics, hockey, horseback riding, ice skating, karate, kick-boxing and other after-school extracurricular activities such as cadets. We have three cadet corps in Peterborough; we have an army cadet corps, a navy cadet corps and an air force cadet corps. We have chess, we have choir, and something that I probably should have enrolled in many years ago: cooking for kids. We have cardiopulmonary-resuscitation programs, CPR, that I think are very valuable programs for our youngest citizens to be enrolled in. We have crafts, dance, drama, drawing, first aid, gardening for kids, Girl Guides, languages, leadership development, lifeguarding, musical composition and theory, musical instruments, non-medical therapeutic activities for children with a disability, lacrosse, running, skiing, soccer, snowboarding—which is becoming very popular—squash, swimming, tennis, track and field, volleyball, water polo, painting, photography, poetry, public speaking, Scouts; sculpture, sewing, tutoring, voice lessons, and it goes on and on and on.

I think what is so important about this particular credit is that it covers the non-sporting area. We're just in a partnership right now with the government of Canada, the province of Ontario and the city of Peterborough to refurbish the Market Hall in Peterborough. Many of you have had the opportunity to be in Peterborough, on George Street, the main street of Peterborough. The Market Hall, with its great big clock, is one of the enduring symbols of our community. We're spending about \$10 million to renovate Market Hall, and that has been the centre, over many decades, for children's theatre groups. Again, this will encourage parents, guardians and grandparents to enrol individuals in these kinds of programs to experience what life has to offer.

The other thing I'd just like to comment on is something our government did a number of years ago. I believe it was when the member from St. Catharines was the Minister of Tourism. We brought back a program that allowed for dollars to be used to keep gyms open on Saturdays and Sundays. The previous Conservative government just whacked those fees on the weekends, and I heard from basketball groups and indoor soccer groups; they just couldn't pay the dollars that were necessary to rent those gyms on weekends. That was quite sad, because schools are hubs of community activity, particularly my rural high schools in places like Lakefield and Norwood. It was the opportunity to keep those public buildings open on weekends—to provide those dollars, because you have to hire caretakers, usually at time and a half. So these dollars were utilized to keep gyms open, to encourage our young people to participate in programs.

From a preventive health perspective, we want to keep our young people very active. There are a number of reports that have come out over the last number of years indicating that child obesity is becoming a very serious problem in North America. We have the opportunity, I believe, to make sure that our kids stay active in a wide variety of areas. Enrolling them in sports, of course, is a good way of doing this.

Also, one of the things that I particularly think is important is the fact that we're providing \$100 per qualifying child with a disability. Mr. Speaker, I know you've spent time with Community Living in your part of Ontario, in the riding of Essex, and I know one of the things that all members of this House have encountered through meetings with Community Living and other groups within our ridings dealing with children who have disabilities—and we know the unique challenges that presents. So I think one of the really big advantages of this piece of legislation, Bill 99, is that we're providing special recognition for parents or guardians who have children with physical disabilities and an opportunity to allow those citizens in our communities to fully participate in a wide variety of activities. I know this is something that's been acknowledged far and wide as a very positive initiative.

I've listened to the opposition; I've listened to the third party. While there are some concerns that they're legitimately raising, I think this is an opportunity—this

piece of legislation—to have all parties in this House come together to support it. We all want to do what's best for our youngest citizens. As I often say, children represent about 10% of the population but 100% of our future, and anything we can do to keep our kids involved in a wide variety of activities will certainly bode well for the future.

I think what's very important about this piece of legislation is that if you don't qualify to pay income tax in the province of Ontario, you will still receive the benefit. It makes this comprehensive in nature, and recognizes all income groups within the province of Ontario.

The other area that needs some discussion this morning is the impact of the HST. People who are listening to this discussion this morning will know that municipalities can rebate back for GST expenditures. They will also get a rebate back on HST expenditures. I've certainly talked to officials within the city of Peterborough—my former good friend Brian Horton, the director of finance, whom I worked with for many years. There will be the opportunity, as the HST rebate comes back to municipalities—that we will not see some of the, I believe, exaggerated increases that have been talked about in this House in terms of rentals of facilities that are owned and operated by the municipal level of government. I know a report was done for Peterborough city council a number of months ago that actually outlined in detail how the HST rebate back to the city of Peterborough would work and offset any potential costs on ice rentals as long as it's a municipally operated facility.

**1000**

We're extremely pleased in Peterborough, along with other communities, because we have an extensive number of arenas in our community. There are also a number of soccer facilities, tennis courts and basketball courts operated by the city of Peterborough. We're really blessed in our community to have these kinds of facilities, and there is an information program going out from the city of Peterborough to inform parents who are enrolling their kids in recreational programs that are utilizing city of Peterborough facilities in terms of rentals.

My friend from Durham is here this morning, and I know he's going to drop by for Peterborough Day. Just to let the House know, the member from Durham played for the Peterborough Petes a number of years ago.

**Mr. John O'Toole:** Not on the ice.

**Mr. Jeff Leal:** He learned his minor hockey in Peterborough. He's a good example of someone who came up through the system and played for the Petes. I don't know how long his career was with the Petes—

**Mr. John O'Toole:** It was about an hour.

**Mr. Jeff Leal:** About an hour? He thought he was ultimately going to the Toronto Maple Leafs, but—

*Interjection.*

**Mr. Jeff Leal:** Yes, that's right; the Montreal Canadiens owned the Petes in those days, but I think that's an example of someone who played minor hockey.

Because my wife is a teacher at St. Catherine's in Peterborough, I have the opportunity to talk to parents

who are enrolling their kids in a whole variety of programs. There is a threshold level of spending of \$500—I recognize that—but between what we're offering and what is offered by the federal government, it indeed does provide some offsets for those costs.

With regard to keeping receipts, a number of the sporting organizations in Peterborough now, as they sign people up, are reminding parents to hold on to those receipts. Indeed, one of the things that worked particularly well was, during the federal home renovation tax credit, Home Depot would actually provide an envelope to customers where they could keep their receipts. So this may be an opportunity for a number of sports organizations—as they sign up young people, they might, in a proactive fashion, provide an envelope to provide safe-keeping for those receipts that one would accumulate as one signs up their youngest citizens.

I note here that the bill is pretty specific. It:

“(a) includes the cost to the qualifying entity of the program in respect of its administration, instruction, rental of required facilities, and uniforms and equipment that are not available to be acquired by a participant in the program for an amount less than their fair market value at the time, if any, they are so acquired, and

“(b) does not include,

“(i) the cost of accommodation, travel, food or beverages,

“(ii) any amount that is an eligible fitness expense,

“(iii) any amount deductible under,

“(A) section 63 of the federal act in computing any person's income for any taxation year, or

“(B) subsection 118.1(3) ... of the federal act in computing any person's tax for any taxation year, or

“(iv) any amount that may be claimed by any person under subsection 102(1) of this act for any taxation year.”

It clearly outlines ineligible activities. It talks about ineligible programs. It talks about qualifying activities. This lays it out pretty clearly. It can't be something that's involved in the normal part of a school's curriculum, but I know that in my area, the schools that are operated by both the separate and public boards have after-school programs that indeed would be eligible for this.

I think this is pretty comprehensive in nature, and I know that if I take the opportunity, and if you have, Mr. Speaker, to chat with your sports organizations in your community and those organizations that have drama and theatre—this is something that's well received.

It may be that we'll perhaps look at some amendments. I know that the member from Durham has mentioned tai chi. That's an activity haven in Peterborough. Certainly at the Mapleridge seniors' centre, there are a number of those citizens who are involved in tai chi. It's a wonderful program. It involves many seniors. Through the committee stage, there's always the possibility to look at these kinds of things.

We do know that keeping our seniors active is crucial. There are many indicators today that keeping seniors active is particularly helpful from a preventive health care perspective.

I don't want to digress too much talking about seniors this morning and not get back to a number of other organizations. The fact that Scouts, Guides, Sparks and Venturers are all included in this shows that we want this tax credit to be very comprehensive in nature, an opportunity to encourage people to sign up for these various groups.

It's interesting too: We're seeing a kind of rebirth of cadet corps in communities. I notice in Peterborough that the army cadet corps is growing. The Navy League, which sponsors navy cadets in Peterborough, is growing, and certainly the air force cadet group is growing. I think there's a renewed interest in pursuing careers in the Canadian Armed Forces. These young pages right here may want to consider serving their country in the Canadian Armed Forces. One of the ways we can instill citizenship in our youngest citizens is by encouraging them to look at cadet corps or Scouts or these kinds of organizations where they get the opportunity to pursue their citizenship badges and really appreciate what the responsibilities of Canadian citizenship are all about.

I see my time is running down. I could probably spend a couple more hours on this piece of legislation, but that's it for today.

**The Deputy Speaker (Mr. Bruce Crozier):** Questions and comments?

**Mrs. Joyce Savoline:** I'm finding it hard to respond because not a lot of what the member from Peterborough said had anything to do with Bill 99. But what I do know is that providing this tax credit is a clear admission of guilt on the part of this government and that they got it wrong. Not only that, but by giving the tax credit the government has raised the consciousness of the electorate. They get it. They now know you got it wrong.

What you have to understand as a government is that, first, families have to have the \$500 to spend to get the \$50 back. But with all the increases—layer upon layer of health tax, HST, of whatever is going to come of the eco tax, the absolutely incredible amount of money that people have to pay in their energy bills every month—people are falling short of being able to send their kids to hockey or ballet to get any tax credit back. People have finally woken up to what this government is about.

You know what? This tax is a tax on health promotion. We're trying to keep our kids well rounded and healthy, and this government is taxing them out of that possibility.

While I feel this \$50 is not enough, this government feels like this is the best thing since sliced bread. When will we find this out? We will find it out on October 6, 2011, when all the chickens come home to roost and this government will have to answer for the number of tax increases, fee increases—all the increases they've added—and for handing back money to people that is their own and should have been kept in their pockets in the first place.

**The Deputy Speaker (Mr. Bruce Crozier):** The member for Timmins—James Bay.

**Mr. Gilles Bisson:** I listened to the government and their defence of this particular initiative. Is giving a tax

credit to individuals a bad thing? Absolutely not. But let's see it for what it is. This government has had its hands in the pockets of the people of Ontario for the past eight years. Dalton McGuinty ran, I remember, in the first run-up to the election to his first term on "I will not raise taxes" and put his hand on the pledge and pledged that he would not do so. What is the first thing he does when he gets elected? He imposes the highest tax that citizens have seen in the history of this province, with the health tax premium that was put on people's paycheques, and it's been the same thing all the way through.

**1010**

People's hydro bills have gone through the roof. Just recently, there's been an OEB increase on the hydro bill of 9%. The OEB has allowed an 8% increase in the profits of private utilities and public utilities. There has been an HST increase on the hydro bill. So we've got about a 30% increase just in the past six months, and people are saying, "Enough is enough."

And what's the government trying to do? They recognize that they've got a problem. They say, "Jeez, we go back to our constituencies on the weekend and people aren't happy about getting whacked"—not once, not twice, not three times, but four or five times in the last couple of years by this government picking the pockets of people dry. And the government says, well, you know, rather than stopping their ways of picking money out of people's pockets, they've decided that they are going to put forward some of these tax credits. Well, they are what they are. They are an attempt on the part of the government to say, "Look at us. We're dealing with your issue. Don't be mad at us. Re-elect us for a third term." I think it's not in the cards. I think what's clear is that you're starting to see an anger that's palpable in Ontario, because people have caught up to what this government's all about and they're looking, quite frankly, for somebody who is not going to pick their pockets—

**The Deputy Speaker (Mr. Bruce Crozier):** Thank you. The member for Thunder Bay–Atikokan.

**Mr. Bill Mauro:** I'm pleased this morning to have an opportunity to speak briefly in support of the comments made by my colleague from Peterborough on Bill 99, An Act to amend the Taxation Act, 2007 to implement the children's activity tax credit.

The part that I want to focus on a bit—I know the member from Peterborough had an opportunity to mention this towards the end of his remarks, and it's probably the piece that I get the most questions or calls about in my riding association office—is how this has the potential to help them when it comes to facilities that are owned by municipalities. We're seeing that a lot of people are feeling that there are going to be significant increases. A lot of people are linking this back to the implementation of the HST, that when their kids enrol, whether it's in a hockey program or whatever it may be that is in a facility that's municipally owned, somehow this is going to have a severe impact on the fees charged by the municipality back to the association using the municipal facilities.

It's important to know and underscore, for those people who are interested in this issue, and I know the member from Peterborough talked about it briefly at the end of his remarks, that when it comes to the implementation of the HST, for municipalities, by and large, I don't think it's incorrect to state that it will be revenue-neutral when it comes to municipalities and the HST. So in fact, when they apply for their rebates, for any costs that accrue to a municipality, they're going to get almost all of those costs back, and therefore any increases in the use of municipally owned facilities, when it comes to offering programs, will be increases only as a result of a municipal decision. They will be unrelated to the implementation of the HST.

This particular tax credit that we're offering is going to further enable parents to enrol their kids in programming: \$500 of eligible expense, up to a \$50 rebate, for those under 16, and \$1,000 of eligible expense for a child with a disability under the age of 18, for a total of perhaps as much as \$100 back on programming that's eligible.

**The Deputy Speaker (Mr. Bruce Crozier):** Questions and comments?

The member for Peterborough, you have up to two minutes to respond.

**Mr. Jeff Leal:** I want to take the opportunity to acknowledge the comments from my colleagues from Burlington, Timmins–James Bay and Thunder Bay–Atikokan to my remarks this morning.

We're all in ridings and we all have the opportunity to look at minor sports organizations, and people who are involved in Cubs and Scouts and Venturers and Sparks and all those kinds of activities. The volunteers who come forward, year in and year out, the individuals who take their time to share their life experience, to share their skills, to share their leadership qualities with the next generation, is something that is very important to us all, because we need to remind ourselves, the 107 of us who are in this chamber, that there will be a new generation—we're probably looking at some of them in our pages just today—who will take these seats. One of the ways that they hone their leadership skills over a period of time is to be involved in many organizations within the community.

Bill 99, I believe, is a vehicle to make that happen, to provide a rebate for parents, for guardians signing kids up, be it a sports activity or a non-sports activity, which I think is so important to keep vitality within our communities.

I'd be remiss if I did not recognize in the members' east gallery Bette Jean Crews, the president of the Ontario Federation of Agriculture, who is here at Queen's Park today from the great area of Northumberland. Bette Jean, we give you a hand. It's good to see you. She's a good example of somebody who shows leadership each and every day in our farm community, and a good example of the future leaders.

*Second reading debate deemed adjourned.*

**The Deputy Speaker (Mr. Bruce Crozier):** My trusty pocket watch would indicate that, pursuant to

standing order 8, this House is in recess until 10:30 of the clock.

*The House recessed from 1015 to 1030.*

### INTRODUCTION OF VISITORS

**Mr. Jim Wilson:** It's my pleasure to introduce the parents, brother and grandmother of our page Christopher Millar. We have with us Eric and Maureen, his parents; Scott, his brother; and grandmother Marion. Please welcome them to Queen's Park today.

**Mr. Yasir Naqvi:** I want to introduce the grandparents of page Thomas Davidson, who lives in Ottawa Centre. Ross Davidson and Doris Davidson are here, who live in the great riding of Don Valley West, represented by Minister Wynne.

**Mr. Ernie Hardeman:** I'm sure that many of the members of the Legislature are aware of the great breakfast that was served this morning in the dining room by the Ontario Agriculture Sustainability Coalition. They provided it to us to make a presentation on the state of agriculture in the province of Ontario. The president and chair of the committee is in the gallery today, Bette Jean Crews.

**Hon. Carol Mitchell:** Well, I'll tell you, this is Bette Jean's day today. I also am so pleased to be able to recognize Bette Jean, who is the president of the OFA, and I just want to thank her for all the tremendous work that she does on behalf of agriculture. Thank you very much, Bette Jean.

**Mr. Robert Bailey:** It's my pleasure as well to welcome to the Legislature, from the Ontario duty-free association, Ms. Tania Lee and Mr. Peter Brain from my riding of Sarnia-Lambton. They will also be joined by Mr. Guy Langevin, Mr. Chris Foster and Mr. Jeff Butler, representing all the duty-free stores across Ontario. There's also a reception today from 11:30 to 2:30 in room 228.

**Mr. Jeff Leal:** This being Peterborough Day, I invite everybody to room 247 between 10 a.m. and 2 p.m.

In the members' east gallery, we have the reeve of Douro-Dummer and the warden of Peterborough county, Mr. J. Murray Jones. His claim to fame is that he was in elementary school with the member from Pickering-Scarborough East. So there we go.

**Mr. Steve Clark:** It gives me great pleasure to introduce representatives from the Ontario East Wood Centre and Eco-Industrial Park, located in the township of Edwardsburgh/Cardinal. I'd like to introduce Sandra Lawn, the project leader, who is also the former mayor of the town of Prescott; Councillor Hugh Cameron from the township of Edwardsburgh/Cardinal; and Michael Wildman, the chief administrative officer from the township of Edwardsburgh/Cardinal. Welcome to Queen's Park.

**Mr. John O'Toole:** With your indulgence, I'd like to introduce in the visitor's gallery Doris and Ross Davidson, who are from Toronto. They're here to celebrate here with their grandson Tom Davidson, one of the pages, who is the lead today. Welcome to Queen's Park.

### ORAL QUESTIONS

#### HYDRO RATES

**Mr. Tim Hudak:** My question is to the Premier. The Canadian Manufacturers and Exporters say that your expensive energy experiments, tax grabs and smart meter tax machines will add some \$732 a year more to hydro bills that Ontario families pay. Last week during question period, you said that you did not believe their numbers. I suppose this is part of your more intelligent understanding of the issues than the Canadian Manufacturers and Exporters'. Premier, if you don't take their numbers at face value, can you then please tell the assembly and families in Ontario exactly how much more hydro bills are going up?

**Hon. Dalton McGuinty:** During the course of the past few days, we've been having a very important discussion about electricity, electricity rates and the commitment that we've made as a government to act responsibly and invest in the modernization of a dilapidated electricity system.

My colleague opposite maintains that he stands foursquare against smart meters, so I want to remind him of some of the things said by representatives of his party in this regard. The member for Durham said the following: "I believe you should be focusing" on "providing tools to consumers like interval meters and time-of-rate meters in their homes so that they can actually determine when to shut off the air conditioner, the television, the freezer and other appliances that are high consumers, like hot water heaters."

One day they're in favour of smart meters; when it suits their fancy, they're not. I think Ontarians want to know: Where do they actually stand when it comes to important issues like the rehabilitation of electricity in Ontario?

**The Speaker (Hon. Steve Peters):** Supplementary?

**Mr. Tim Hudak:** Ontario PCs stand for choice, to give families the option of whether they want to participate in time of use that would actually encourage conservation, or not. Just like in British Columbia, just like in California, just like in Florida, Illinois and other jurisdictions, we think families can make the best choice, as opposed to Premier Dad across the way, who knows what's best for the rest of Ontario families.

Let me ask the Premier a question that he dodged the first time around. The Ontario Energy Board recently wrote a letter to the Canadian Manufacturers and Exporters. After originally denying that they had any forecasts of hydro rate increases, their letter backtracks and says, "Board staff has in fact conducted a preliminary analysis and forecast of electricity costs." Premier, you have the report. Will you make it public today?

**Hon. Dalton McGuinty:** I think it's important that we continue to help Ontarians understand where the Conservatives try to be at different times. In their 2007 campaign document Energy for the Future, co-authored by the MPPs for Renfrew-Nipissing-Pembroke, Carleton-Mississippi Mills and Durham, they said Ontario should

“invest in conservation—to offset demand” and “demand management—to shift peaks in consumption to off-hours.”

Again, one day they're in favour of something; one day they're against something. I think what Ontarians want to know is: What do they actually stand for?

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

**Mr. Tim Hudak:** I know, Premier, that you are obviously refusing to answer my very direct question. You can choose to answer it here during question period, you can choose to answer to the media, but Premier, you need to come clean and answer this question.

The Ontario PC caucus has uncovered a letter from the Ontario Energy Board that acknowledges that they've done the study of exactly how much more energy costs are going to go up for Ontario families. You have chosen to bury it. You refuse to release the Ontario Energy Board's study on how much rates are going to go up for Ontario families.

Premier, you have changed. What's with this secrecy? Why won't you come clean? Answer the question Ontario families are asking. Release that report. How much more are hydro bills going to go up under Dalton McGuinty?

*Interjections.*

**The Speaker (Hon. Steve Peters):** Stop the clock, please. I just remind the honourable members that it is important for all of us to hear the questions that are asked and the answers that are given. I found it difficult to hear the question that was just being asked and I also, on the previous answer from the Premier, had some difficulties listening to the answer. I would just remind members on both sides to be respectful to all members.

Premier?

1040

**Hon. Dalton McGuinty:** I think what we've uncovered here is the flipping and flopping of the Conservative Party, flipping and flopping like a freshly landed pickerel in northern Ontario on a hot August afternoon. It's not a pretty sight. There's lots of energy but there's not a lot of light coming from that.

I want to quote one other important representative of the Conservative Party, and that is the former Ontario Minister of Energy, John Baird, who said the following: “If we could get everyone in the province to turn their dishwasher on in off-peak hours and do their washing in off-peak hours, that would have a huge consequence.”

One day they're in favour of smart meters; another day they're against smart meters. I think what Ontarians really want to know is where they stand when it comes to electricity in the province of Ontario.

#### HYDRO RATES

**Mr. Tim Hudak:** Premier, three times I've asked you about your buried report from the Ontario Energy Board on how much higher hydro prices are going to go be-

cause of your expensive energy experiments. Three times you refused to answer—

*Interjection.*

**The Speaker (Hon. Steve Peters):** Sorry to interrupt. The Minister of Economic Development will please come to order. I don't need to hear about breakfast.

Please continue.

**Mr. Tim Hudak:** Premier, you have changed. The same kind of secrecy when you buried your sex-ed curriculum that would start sex classes in grade 1—buried it on the Internet—just like we saw how you hid your eco taxes behind the shadow of the HST, just like we saw with your G-20 law that you refuse still to this day to come clean about, you're trying to bury this report of the Ontario Energy Board on how much higher prices are going to go. Why won't you come clean, Premier? Table that report today so Ontario families can see exactly what you're up to.

**Hon. Dalton McGuinty:** We have a responsible, transparent, arm's-length relationship with the Ontario Energy Board. That member opposite sat at a cabinet table when they decided to artificially freeze electricity rates. That cost the people of Ontario \$900 million. If you want to talk about dealing with the OEB in a way that is less than responsible, then I would put that forward to my honourable colleague.

He says that he's in favour of families having a choice, so I ask him, did they have a choice when they shut down 28 hospitals, when they fired thousands of nurses, when we lost 26 million school days, when they fired meat and water inspectors, and when they allowed our electricity system to fall into decay? Ontario families had no such choice. We're choosing a responsible electricity future so that when we go to the wall and flick on the switch, the lights will come on.

**The Speaker (Hon. Steve Peters):** Supplementary?

**Mr. Tim Hudak:** Four times, Premier, I've asked you the same straightforward question. Your Ontario Energy Board admitted in a letter that the Ontario PC caucus has uncovered that they've done a study of how much higher hydro rates are going to go. I've asked you four times, and four times, Premier, you have refused to answer a simple and direct question. Premier, you have changed. People want straight answers. Tell them how much higher their bills are going to go.

I'll ask you for the fifth time. I hope you give an answer on number five. Will you release that report so Ontario families can see it for themselves?

**Hon. Dalton McGuinty:** In addition to sitting on their hands when it came to presiding over the gradual decay of our electricity rates—

*Interjections.*

**The Speaker (Hon. Steve Peters):** Order.

**Mr. Ted Chudleigh:** You used to answer questions.

**The Speaker (Hon. Steve Peters):** The member from Halton.

**Mr. Ted Chudleigh:** He answered one from me once.

**The Speaker (Hon. Steve Peters):** And the member from Halton again. That's two times.

Premier?

**Hon. Dalton McGuinty:** In addition to quietly presiding over the gradual decay of Ontario's electricity system, they also, with their "leave it to the next government to take care of" approach, left our children and grandchildren with a \$20-billion stranded hydro debt. Working with Ontarians, we have reduced that debt by \$5.4 billion. But that stranded hydro debt is still costing Ontario families \$60 a year on their energy bill. Again, that speaks to their record of mismanagement when it comes to electricity in Ontario.

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

**Mr. Tim Hudak:** Five times I've asked the Premier of the province a clear, straightforward question: Will you release the Ontario Energy Board report on how much higher prices are going? Five times, Premier, you have refused to answer the question. I don't care if I have to ask you six times, seven times, eight times, nine times or 10 times; we'll drag you kicking and screaming to the truth to make that report public so that Ontario families can see exactly how much higher bills are going to go and how much more you have up your sleeve. Will you release that report today? Will you stand—

*Interjections.*

**The Speaker (Hon. Steve Peters):** Order. The members will please come to order.

*Interjection.*

**The Speaker (Hon. Steve Peters):** The honourable member, you just asked a question and we're about to hear a response.

*Interjections.*

**The Speaker (Hon. Steve Peters):** The members from Halton and Durham—and the Minister of Community Safety.

Premier?

**Hon. Dalton McGuinty:** Again, my honourable colleague is uncomfortable when he's confronted with his record with respect to mismanagement of Ontario electricity. But I think it's important that he be made to revisit that from time to time as he adopts a shifting position with respect to electricity policy today.

Here's the truth: The fact of the matter is that they quietly presided over the gradual decay of the electricity system in the province of Ontario. They refused to make essential investments in new generation and in new transmission. They refused to work with Ontarians so that we might together conserve electricity and reduce demand. They refused to make all those investments, and today that has caught up to us. So now we're making dramatic new investments.

This is the good news: billions of dollars of investments in new generation, in new transmission and in conservation programs. We're creating new jobs at the same time and cleaning up our air. This is good news for Ontarians. There are costs associated with that. We will continue to work with families to help them manage those costs.

## HYDRO RATES

**Mr. Howard Hampton:** A question to the Premier: Last year, the Ontario Energy Board held a hearing on changes to the return-on-equity rate for electricity and gas utilities. Independent Canadian experts and consumer and business groups said that no change was needed, but American consultants, paid for by the big utilities, said that Ontario consumers should pay an extra \$240 million a year for their electricity and gas. And what a surprise: Under the Liberal government, the big utilities won.

Today, a number of consumer protection groups are asking the Premier and his government to review the flawed decision of the Ontario Energy Board. My question is this: Will the Premier order that review and save Ontario consumers \$240 million a year?

**Hon. Dalton McGuinty:** To the Minister of Energy.

**Hon. Brad Duguid:** I'm very disappointed that the NDP would continue to put out information that the Ontario Energy Board, the EDA, Toronto Hydro and other local distribution companies last week clarified to them—they made it very clear to them that their numbers are dead wrong, that their numbers are not incorrect but that they are a gross exaggeration of the facts. To keep spouting out a number that you know is not double the expectation, not triple the expectation, but five times off the impact that the Ontario Energy Board has indicated directly to your leader is wrong, and for you to continue to put that wrong information out is not only incorrect; I think it's totally inappropriate and irresponsible.

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**The Speaker (Hon. Steve Peters):** Supplementary?

**Mr. Howard Hampton:** I'll tell you what's irresponsible: for a McGuinty government to consistently line up behind the big utilities at the expense of consumers and businesses who already can't pay the hydro bills.

This is from the Public Interest Advocacy Centre, an organization that represents consumers who can't pay. They retained economic experts, not a bunch of hacks hired by the big utilities. This is what the independent economists say: "The decision by the Ontario Energy Board is flawed. The decision by the Ontario Energy Board is going to give the big utilities \$240 million a year they don't deserve." The Public Interest Advocacy Centre is asking the McGuinty government, on behalf of low-income consumers: Will you review the flawed decision of the Ontario Energy Board?

**Hon. Brad Duguid:** What's flawed here is the NDP math. What's flawed here is the lack of responsibility of that party to speak with few true facts—to speak in keeping with the facts. That is a responsibility I think you have; I think it's a responsibility that we all have.

This is a complex calculation. The Ontario Energy Board has issued a clarification of exactly what went into this calculation, and if the member wants to know what the numbers are, I'll tell him: They're five times less than the numbers that his leader was out spouting off about last week, trying to garner headlines on false information. That is totally inappropriate.

*Interjections.*

**The Speaker (Hon. Steve Peters):** Stop the clock. I ask the honourable member to withdraw the comment.

**Hon. Brad Duguid:** Sure, Mr. Speaker, I'll withdraw.

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

**Mr. Howard Hampton:** One of the letters I have is from the Consumers Council of Canada, and this is what they say: "The Consumers Council of Canada is very concerned about the decision of the Ontario Energy Board (OEB) to allow utilities to increase their return on equity to 10%."

I gather the McGuinty Liberals think the Consumers Council of Canada is wrong and that only the big utilities are right.

The Consumers Council says this: "The Consumers Council of Canada urges you to review the recent decision of the OEB in the light of the fundamentally flawed process through which this decision was made. Any decision affecting rates requires a proper hearing, which, in turn, allows cross-examination."

I say again: Are the McGuinty Liberals with the big utilities who want to gouge consumers another \$240 million a year, or are you going to listen to the Consumers Council of Canada, who had—

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

**Hon. Brad Duguid:** I'll tell you one thing we're not going to do: We're not going to take advice from a member who was in a cabinet that raised electricity rates 40% when they were in office. We're definitely not going to take advice from him.

I think the NDP have an obligation to apologize to the people of Ontario. Ontario families are going through challenging times. Ontario families are struggling as we've come through the toughest recession in recent memory, and Ontario families are working very hard to deal with increasing energy rates. The last thing they need is for a political party to try to get headlines by coming out with incorrect information, but not just incorrect information—information that is grossly inadequate. That's not coming from me; that's coming from the Ontario Energy Board, it's coming from Toronto Hydro, it's coming from the EDC, it's coming from local distribution companies across this province, who are saying—

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

#### HYDRO RATES

**Mr. Peter Tabuns:** To the Premier: Many Ontarians can't afford their hydro bills. Hydro rates are high, in part, because Ontarians are paying off debt from over-budget nuclear plants. You just said, Premier: \$60 per year. Now this government is plunging ahead with the Darlington refurbishment, even though the costs are "uncertain." Why is the government rolling the dice again on our hydro bills?

**Hon. Dalton McGuinty:** I'll try to pull together the various components of the NDP electricity plan. So we should not shut down coal-fired generation; we should not pursue energy conservation; we should, apparently, freeze rates; we should not continue to invest in clean, green energy and the jobs that come along with that. They also want us to shut down nuclear generation in Ontario. They might as well just hold up a big sign saying, "Let's turn out the lights in Ontario." That would be irresponsible. It is not in keeping with our expectations and our needs at the beginning of the 21st century. We need a responsible plan to ensure that we have a clean, reliable, stable electricity system in place to meet the needs of our families, our schools, our hospitals and our businesses. At the same time, we're going to clean up our air and create new jobs.

**The Speaker (Hon. Steve Peters):** Supplementary?

**Mr. Peter Tabuns:** As you well know, Premier, nuclear energy is not emission-free, it is not reliable and it is not affordable. A report by the Ontario Clean Air Alliance indicates that cost estimates for rebuilding Darlington are overly optimistic, that Ontarians could be on the hook for overruns of up to \$21 billion.

Ontario families are having enough difficulty paying for their hydro bills. How much higher will those bills get if you proceed with your Darlington plan and don't put the burden of overruns on the shoulders of those who do that work?

**Hon. Dalton McGuinty:** Again, if we combine the collective wisdom, shall I say, of the opposition parties—they don't want us to invest in smart meters; they don't want us to invest in new generation; they don't want us to invest in new transmission; they don't want us to invest in clean, green energy; they don't want us to invest in new jobs. They want us to shut down nuclear; they want us to find ways to continue to burn dirty coal. I think that combination represents a terrible, irresponsible approach that is out of keeping with the desires and the needs and the values of Ontario families. So we're putting forward a thoughtful, responsible plan.

We know that there are costs associated with investing heavily in the modernization of our electricity system. We understand that. But it's a plan that we absolutely need to move forward with so we have the reliability. At the same time, we're going to clean up our air and we're going to create new jobs in a clean, green electricity sector.

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

**Mr. Peter Tabuns:** Last week, the Premier was described as ducking the question by many a reporter, and I think this week the Premier has been consistent. Ontario Power Generation is seeking another rate hike to cover \$1.1 billion just to start planning the Darlington refurbishment. That's another charge on hydro bills for people who are already making it very clear to everyone in this Legislature that they are being pressed, and pressed hard.

There are less expensive and cleaner ways to meet Ontario's energy needs. Why won't this government sub-



mit its plans to a public review, an environmental assessment, so that people can question the assumptions and put forward the alternatives that will make a difference in this province?

**Hon. Dalton McGuinty:** To the Minister of Energy.

**Hon. Brad Duguid:** The refurbishment of our nuclear units is one of the most significant projects that this province will be embarking on, something that is absolutely necessary if we're going to ensure that we can keep the lights on for future generations. Now, the NDP doesn't support nuclear power; we recognize that. But Ontario Power Generation has an obligation to ensure that as we embark on this very significant project, they do adequate planning leading up to that. They will be applying to the Ontario Energy Board as they move forward, and this project is pretty far down the road still, but they will be applying to ensure that they can recover the costs of the planning and the work that goes into this project, and the Ontario Energy Board will do their job to ensure that what they're applying for is appropriate.

Let them do their job. Let them ensure that the costs are appropriate. And let us get on with ensuring that we have a strong, reliable and clean system—

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

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#### HYDRO RATES

**Mr. John Yakabuski:** My question is for the Premier. The Premier likes to talk about the importance of families and neighbours. A recent newspaper column last week reported that when your children years ago asked why you made them shovel a neighbour's driveway, you replied: "Because we can."

Premier, will you show that same can-do attitude today to your neighbours who are struggling with their hydro bills, your neighbours, families all across the province, who want to know what is in the OEB report that should tell them what is going to happen to hydro rates and how much they are going to go up under your so-called long-term energy plan? Will you show that can-do attitude today?

**Hon. Dalton McGuinty:** To the Minister of Energy.

**Hon. Brad Duguid:** For a very long time now we've been joining with Ontarians to ensure that indeed we can turn around this energy system that you left Ontarians in, a system that was in decay.

Ontarians, this government, all of us within the energy sector are working very hard to undo the damage that that government did. That involves building a stronger, more reliable and cleaner system of energy. That involves building 8,000 new megawatts of power, a 20% increase. Ontarians are involved in that. That's ensuring that they have a stable supply of energy. That's important to the very families you're talking about. They are involved with ensuring that we've upgraded 5,000 new megawatts of transmission and distribution. That's like going coast to coast in the country of Canada. That's a very signifi-

cant contribution, something that you obviously do not support.

We stand with those families to ensure—

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

**Mr. John Yakabuski:** Seven times, and now for the eighth time: Initially, the Ontario Energy Board denied it had done any forecast of how much your energy experiments and taxes on hydro are costing families—neighbours. This is a bit odd because forecasting hydro costs is exactly what the OEB does. The letter uncovered by the Ontario PC caucus shows that the OEB corrected the record by admitting that a forecast report was done, but added that your report won't be shared with the industry or families who pay the bills.

For the eighth time, it is now time that the Premier or the minister share the OEB report with their neighbours. Why? Because you can.

**Hon. Brad Duguid:** Mr. Speaker—

*Interjections.*

**The Speaker (Hon. Steve Peters):** The member from Halton, the member from Lanark, please come to order.

Minister?

**Hon. Brad Duguid:** We have continued to be very, very clear with Ontarians. We recognize that there is a cost to building that stronger, cleaner, more reliable—

*Interjections.*

**The Speaker (Hon. Steve Peters):** Members will please come to order. I'm just going to let the clock run.

Minister?

**Hon. Brad Duguid:** We've been very clear to Ontarians. There is a cost to building a stronger, more reliable and cleaner system of energy. We have had to make investments. We have had to play a lot of catch-up because that party opposite failed to make investments when they were in office.

We're working with Ontarians to ensure that we do plan into the future. That's why last week we announced that we're moving forward with a long-term plan for our energy system, building on the plan that we've put in place. We're looking 20 years ahead. We're seeking the advice of Ontarians across this province to make sure that we can build a stronger, more reliable and cleaner system of energy not just until—

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

#### HYDRO RATES

**Mr. Michael Prue:** My question is to the Premier. Ontarians are getting ripped off on their hydro bills. Patricia Morris of Hanover, Ontario, can be fairly described as an energy miser. She consumes only \$22 worth of electricity in an average billing but she gets billed nearly four times that amount—more than \$85. Miss Morris feels that she's getting gouged and wants to know why. She especially wants to know why she has to pay HST on her entire hydro bill and, most egregiously, on the debt retirement charges.

**Hon. Dalton McGuinty:** To the Minister of Energy.

**Hon. Brad Duguid:** The Premier, myself, this government have been very, very clear. We really do get it when we understand the challenges facing Ontario families today as a result of the global recession and as a result of the need to make further investments in our energy system.

Just yesterday, the Premier met with a number of seniors as he announced that 740,000 Ontario seniors will see an increase in tax relief. Under the Ontario energy and property tax credit, 2.8 million Ontarians will see tax relief totalling \$1.3 billion annually. This represents an increase of \$525 million over the 2009 property tax credit. This is going to help the very families the member has raised with those increasing energy bills. It will be of significant assistance to seniors, to low- and middle-income—

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

**Mr. Michael Prue:** Miss Morris isn't alone. We have received and heard from thousands of Ontarians who are sick and tired of being gouged on their hydro bills. The debt retirement charge is neither a good nor a service. Why are Ontarians like Ms. Morris forced to pay the HST on hydro debt, and why won't this government do as New Democrats have suggested and remove the HST entirely from hydro bills?

**Hon. Brad Duguid:** I really wish we didn't have to deal with the debt that the Tories left us—that \$20 billion that, unfortunately, the NDP would like us to wish away—but we need to deal with that debt and bring it down. That \$20 billion has come down. We're working hard to try to get the burden off the backs of Ontario ratepayers, and that is a challenge.

One of the things that we have done, recognizing that families are struggling these days given the global recession as we move through into a slow recovery, is an announcement the Premier made, as I shared with you earlier. That announcement will ensure that seniors will receive up to \$1,025 in tax relief. That's going to help. Other Ontarians who own or rent a house are going to receive up to \$900 in tax relief. That's going to be of great assistance to those families. We're going to keep working with Ontario families—

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

#### NORTHERN ONTARIO DEVELOPMENT

**Mr. David Oraziotti:** My question's for the Minister of Northern Development, Mines and Forestry. Given the economic challenges we continue to face in mining, forestry and pulp and paper, it's important that we ensure provincial infrastructure is modernized to support economic development that we all want to see take place in northern Ontario. The northern Ontario growth plan articulates the vision that northerners have for the region, and a key part of resource development is having secure,

reliable rail transportation to move these products to other parts of Canada and throughout the world.

Minister, last Friday, as you know, we took a historic step to improve rail infrastructure in northeastern Ontario. Can you elaborate on this important investment and why it was important to make?

**Hon. Michael Gravelle:** I thank the honourable member for the question. I'm pleased to say that he was able to make the announcement on behalf of our government last Friday—a \$30-million investment. I want to thank my colleague from Algoma–Manitoulin as well for the support and advocacy.

Certainly the member is quite right to note the importance our rail lines play and how that ties into our strategy in northern Ontario, providing reliable transportation for resource development, but also the economic importance this brings. Indeed, this announcement will mean that Huron Central will basically save 140 direct or indirect jobs, something that will make a great deal of difference in terms of the economic future.

But perhaps what I'm most proud of is that the province made its commitment early. We came to the table in our last budget, thanks to Minister Duncan, and made that \$15-million commitment, which helped ensure that the federal funds came forward as well. Certainly this is a very important investment in terms of our northern growth strategy.

**The Speaker (Hon. Steve Peters):** Supplementary?

**Mr. David Oraziotti:** On behalf of our community, we thank you for this tremendously important investment that supports thousands of jobs at our steel mill and other businesses in our city and region.

In fact, in Sault Ste. Marie, Peterborough MP Dean Del Mastro, chair of the federal all-party rail caucus, said, "No provincial government has ever directly invested in a freight line." The CEO of Huron Central, Mario Brault, said, "This is an exciting day for us ... this announcement is so important to the survival of the rail line."

After decades of deterioration, our community is relieved to know that the renewal of this vital infrastructure will take place. Minister, can you tell us how specifically your ministry has assisted and how the funding will be used for Huron Central?

**Hon. Michael Gravelle:** Again, thanks so much for the question and the great work done by my colleagues from Sault Ste. Marie and Algoma–Manitoulin.

Indeed, you're right: This is very important in terms of Essar Steel and the thousands of jobs that are connected with that.

The fact is, the province has invested in Huron Central before. When this first became a real issue a year or so ago, the Northern Ontario Heritage Fund Corp. was able to invest \$1.5 million in, quite frankly, crisis funding that was needed for urgent repair to the rail line while we worked to make sure we came together with this agreement.

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This major capital investment is going to upgrade the railway line's existing infrastructure by repairing and replacing rail ties, anchors and bridges and certainly improving the railway so that the service can remain profitable; so we can continue not just retaining jobs in northern Ontario, but create jobs. It's a tremendous announcement, and I'm most grateful for the assistance of my colleagues from northern Ontario.

## HYDRO RATES

**Mr. Jim Wilson:** My question is for the Premier. Eight times now, Premier, you've been asked to release the Ontario Energy Board's report about what the future cost of power is going to be to consumers and businesses in this province. I say to you, as a former Minister of Energy: First of all, I take offence that you say we left the place in shambles. We have always had the most reliable and affordable electricity system in North America, and you know that that is a fact of life.

*Interjections.*

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

*Interjections.*

**The Speaker (Hon. Steve Peters):** Minister of Health, Minister of Education, Minister of Community Safety, Minister of the Environment, member from Sault Ste. Marie, Minister of Training, Colleges and Universities.

Please continue.

**Mr. Jim Wilson:** It is you, sir, who are taking us down a path of grand experimentation, at a huge cost to jobs, families and seniors in this province. You refuse to release your energy plan, and now, for the eighth time—ninth time, I assume—you're going to refuse to release the Ontario Energy Board report.

You represent the shareholders of the system; the shareholders are the ratepayers of Ontario. They own the system; you do not, sir. You have the responsibility to report to them in an open, honest and transparent way and tell them what they're getting for their money and how much it's going to cost.

**The Speaker (Hon. Steve Peters):** Premier?

**Hon. Dalton McGuinty:** I have a different take on this, of course. What I think Ontarians find offensive is that this former Minister of Energy presided over the quiet demise and dilapidation of their electricity system. They refused to invest in generation. They refused to invest in transmission. They ramped up coal-fired generation. They ramped up the stranded debt. They refused to do all the things that were needed to do to ensure that we can pass on to our children and grandchildren—

*Interjections.*

**The Speaker (Hon. Steve Peters):** Order. The member from Simcoe North will withdraw the comment he just made.

**Mr. Garfield Dunlop:** I withdraw it.

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

*Interjections.*

**The Speaker (Hon. Steve Peters):** Order. Stop the clock.

Member from Halton—twice, the member from Halton. I would appreciate some respect for the chair.

Premier?

**Hon. Dalton McGuinty:** I'm done, Speaker.

**The Speaker (Hon. Steve Peters):** Supplementary?

**Mr. Jim Wilson:** Premier, your—

*Interjections.*

**The Speaker (Hon. Steve Peters):** Your own member is about to ask a supplementary question. He is sitting right to my left and I can't hear him because he's being shouted down by his own party.

Please continue.

**Mr. Jim Wilson:** Premier, your rewriting of history is very interesting and very inaccurate. The only coal-fired plant that's ever been closed in this province was ordered closed by my honourable colleague to my left here, and she was Minister of the Environment under a PC government. That is a fact of history.

The stranded debt of \$35 billion that I inherited when I became Minister of Energy in the PC government came directly from David Peterson and his decisions around Darlington, which racked up at least \$14 billion of it, so you can't blame that on us. We had a plan to pay that debt off in 15 years. That deadline is quickly passing and you don't have a plan. You won't release your long-range plan, and now you won't tell consumers, upright and forthright, what the future holds: whether they're going to have a job; whether factories can afford to be open, because they don't know what their power rates are going to be and you are refusing to tell them.

You should resign, and your energy minister—

*Interjections.*

**The Speaker (Hon. Steve Peters):** Order. Premier?

**Hon. Dalton McGuinty:** To the Minister of Energy.

**Hon. Brad Duguid:** It's been a while since we've heard a rant from the member. It doesn't shed a lot of light on the issue, but it's always entertaining, so we appreciate the entertainment value in that.

He wants us to talk about what happened in the past. He wants us to talk about what happened when they were in power, when he was a minister. This is important: The Conservative government, when they were in power, changed the freedom-of-information act to exclude Hydro One and the OLG. At the time, they said it was to secure competitiveness. The only thing you ended up securing was sole-source consulting contracts to Conservative insiders like Paul Rhodes, Michael Gourley, Leslie Noble and Deb Hutton. That was their way. They want to take us back there.

The member mentioned coal. Coal went up 127% when they were in power. We brought it down 70%, and very, very soon, this government will—

*Interjections.*

**The Speaker (Hon. Steve Peters):** Order.

The member from Parkdale—High Park.

## PEST CONTROL

**Ms. Cheri DiNovo:** My question is to the Minister of Municipal Affairs and Housing. Landlords are renting units knowing that the units have bedbug infestations. We have nothing to force landlords to clean up their properties. Work orders are routinely challenged and left undone because of endless appeals. Why is this government refusing to support landlord licensing as a way of ensuring that landlords keep units bedbug-free?

**Hon. Rick Bartolucci:** Our government recognizes that there is a social, economic and psychological cost associated with this type of infestation. That's why our ministry and several ministries in the government are working with the lead ministry, the Ministry of Health and Long-Term Care, at arriving at some recommendations.

In this part of the question, I want to commend the member from Eglinton–Lawrence, Mike Colle.

**Mr. Bob Delaney:** There's a guy who's taken real leadership.

**Hon. Rick Bartolucci:** He's shown real leadership in this. It isn't about political opportunism for Mike Colle, the member from Eglinton–Lawrence; it's about coming up with recommendations. It's about finding solutions. That's why I'm very proud that he's leading this summit, which will come with some concrete recommendations we can react to.

**The Speaker (Hon. Steve Peters):** Supplementary?

**Ms. Cheri DiNovo:** The minister knows that there is inadequate response by his government to the growing bedbug problem. The member for Eglinton–Lawrence's Renters' Right to Know Act will have little real impact on controlling the spread of bedbugs unless there is a requirement to certify that previously infested units are bedbug-free before they're rented again. When will this government come forward with such a certification requirement? Show some leadership, Mr. Minister.

**Hon. Rick Bartolucci:** What the member fails to tell the House and the people of Ontario is that under the City of Toronto Act, under the amendments made to the Municipal Act, municipalities across Ontario can do what she's asking. It's up to the municipalities. We give them that responsibility.

You see, there's the difference: It's all about political opportunism over there. On this side of the House, with Mike Colle, the member from Eglinton–Lawrence—he's about finding solutions. He's about finding recommendations. He's about coming up with concrete ideas to solve this infestation, not political opportunism. It's all about real solutions. The member from Eglinton–Lawrence deserves an awful lot of praise for the great work he is doing.

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## PEST CONTROL

**The Speaker (Hon. Steve Peters):** New question. The member from Eglinton–Lawrence.

*Interjections.*

**The Speaker (Hon. Steve Peters):** At this rate, we're not going to finish question period and you will all be in your beds by the time it does get done.

Member from Eglinton–Lawrence.

**Mr. Mike Colle:** Thank you, Mr. Speaker. When my children ask, "What did you do in the war, Dad?" I guess I'm going to have an interesting answer.

The question I have is for the Minister of Health and Long-Term Care. I think all members of the House really are deeply concerned about this. Throughout the province, we've seen a growing concern about this infestation. In my own riding of Eglinton–Lawrence, I've seen real live people come to tears over this: the stress, the anxiety—never mind the bites—the lack of sleep. You can't go to work. It really affects everybody's everyday life.

As you know, later today, we're convening a summit here at the Macdonald Block, where we'll be looking for real suggestions and solutions from front-line workers like the WoodGreen Foundation and Toronto Public Health. We're looking for some solid solutions.

I'm just wondering, Minister—and I've talked to you about this before: How can your ministry really help in—

**The Speaker (Hon. Steve Peters):** Thank you, Minister?

**Hon. Deborah Matthews:** Thank you to the member for the question, but most importantly for his advocacy, his leadership and his responsiveness to his community on this issue. Thank you for hosting the summit this afternoon.

This is one issue where we all need to work together to find solutions. So my ministry is working with other ministries—municipal affairs and housing, community and social services, health promotion and sport, environment, tourism and culture. We're all working together to find solutions. We know that this is a problem that is multidimensional and certainly reaches beyond the borders of Toronto.

Our ministry will be an ongoing support to this initiative. The member from Bramalea–Gore–Malton, my parliamentary assistant, and the associate chief medical officer of health, Dr. David Williams, will be attending this afternoon. We will be working together to act on the recommendations.

Thank you again to the honourable member for—

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

**Mr. Mike Colle:** To the minister: Across the province, it's clear that we need to step up our efforts to inform the public and to try and prevent and eradicate these bedbugs with a comprehensive strategy.

There are a number of existing resources out there for help such as Toronto Public Health and the helpline, but people have been saying we need to do more. We need standardized information and research. Basically, there are no benchmarks. There's no tracking. We don't really know what's happening out there.

I'll ask the minister: Can we get a real, hard look by your ministry to help us find out how we get these

bedbugs, how we can prevent them and what we can do to inform people to ensure that they don't come into their homes?

**Hon. Deborah Matthews:** I completely agree with the member: Public information is a critical part of the solution here.

There is help available now. Toronto Public Health has a helpline—416-338-7600—to get information about bedbugs. A public health inspector will provide information over the phone about bedbug identification and what is needed to treat the infestation and prevent it from coming back. Public health inspectors are also available to present educational seminars on the issue.

But we know there is more to do, and we also know this is more than a Toronto issue. That's why the Minister of Municipal Affairs and Housing and I have written to our public health units across the province, and we are requesting their attention to this issue. We are asking that they ensure that appropriate information and measures exist at the local level across the province.

We're very much looking forward to—

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

#### GOVERNMENT CONTRACTS

**Mr. Frank Klees:** To the Minister of Transportation: Carillion Canada has been awarded multi-million-dollar contracts by the Ministry of Transportation. Carillion enters into agreements with subcontractors to perform the work, Carillion gets paid for the work and then refuses to pay the subcontractors, forcing them into costly court proceedings, and then proposes settlements for pennies on the dollar.

The ministry turns a blind eye to these unethical business practices, claiming it's strictly a contractual arrangement between Carillion and the subcontractor. Would the minister tell us how she can possibly justify doing nothing while Ontario businesses are essentially being extorted by one of the ministry's largest contractors?

**Hon. Kathleen O. Wynne:** I think the member opposite knows quite well that our ministry complies with the provisions of the Construction Lien Act in all cases, in all of our construction contracts. In fact, the member opposite has had the opportunity to come in and to be briefed on this subject in our ministry. We've tried to provide him with all the information that we could on this subject, and certainly with the individuals who are concerned.

We have a legal agreement in place with our primary contractors and we ensure that all our legal obligations are met. As I say, the member opposite has had opportunities in the past to come in to talk with us in the Ministry of Transportation, and that offer stands, for him to come in and ask further questions.

**The Speaker (Hon. Steve Peters):** Supplementary?

**Mr. Frank Klees:** The minister knows full well that this is not an isolated occurrence and it goes beyond what the contractual arrangements are. She knows that these

unethical business practices are common to Carillion in every jurisdiction where they do business. According to a survey by Top Service, the credit reference agency, Carillion “paid one in 100 subcontractors on time ... last year.” Chief Minister Fleming of Anguilla referred to Carillion's dispute with workers as “a matter of national urgency.” The Edinburgh Evening News reported that Carillion “has been failing to pay its subcontractors for weeks.” From the UK: “Subcontractors ... will have to wait twice as long as usual to be paid, now that sites have been taken over by Carillion.”

My question to the minister is this: At the very least, knowing the unethical practices of this major multinational corporation doing business in the province of Ontario, will she at least—because she has the ability to do this—

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

**Hon. Kathleen O. Wynne:** If there are concerns about a particular contractor or a particular issue, we will obviously be willing to look into any of those concerns. As I've said, the member opposite has had the chance to come into the ministry and has had a conversation with our ministry officials.

But this process and these rules have been in place for many, many years. The member opposite was the Minister of Transportation, and he knows full well what rules are in place. He knows full well that the ministry complies with all of those rules. He also knows that if there is a concern, then I will absolutely be willing to look at it.

But I think it's very, very clear that the member opposite seems to have forgotten that when there are rules in place, those are the rules we have to follow. Those are the rules that protect companies in the province, and in the case where there is a problem, obviously we will look into it. If the member opposite has more information he'd like to share—

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

#### SERVICES FOR THE DISABLED

**Mr. Gilles Bisson:** My question is to the Minister of Community and Social Services. Minister, I am advocating on behalf of a constituent from Kapuskasing who finds himself in quite a tough situation. It's a case of “penny wise and pound foolish.” He's a gentleman who's visually impaired and also has issues with regard to physical impairments both with his arms and his hands. In order to be able to live independently in his own home, he needs to have software that goes on a computer that allows him, first of all, voice recognition so he can speak to his computer and type can come out, and screen-reading software to read it back to him.

1130

Your ministry has funded both those types of software, both the voice-recognition and the screen-reading software. Unfortunately, what he's missing is a software that bridges those two pieces together. As a result, he is

not able to do what needs to be done to communicate, and he might end up having to move out of his own home because he will not be able to live independently.

My question is, are you prepared to assist?

**Hon. Madeleine Meilleur:** This is a very good question, and thank you for asking this question.

I'm very concerned about this gentleman having to move out if he doesn't have the proper tools. I would like to know more about this gentleman and I would appreciate it if both of us talked directly about this.

But what I'm going to say is, I'm very pleased that this government adopted, in 2005, the Accessibility for Ontarians with Disabilities Act. I'm very proud of what we have done. We're developing standards to be adopted and to be in place in five different areas. Of course, we appreciate the input of the disability community and all sectors to make sure that, for these standards, we have it right when we adopt them.

**The Speaker (Hon. Steve Peters):** Supplementary?

**Mr. Gilles Bisson:** Madam Minister, it's a question of \$1,400, and we're going to provide you with the details so that you can follow up. But just to be clear, for \$1,400 we can make sure that this man is able to live independently in his home. If we don't pay the \$1,400, he's not going to be able to communicate with anybody, and as a result, he's at risk of having to move into a group home in order to be able to live.

I say again, we'll send you the information, but we've been working on this for the better part of 10 months and have yet to find a resolution with the ministries and at the minister's level as well. We'll send this back to you, and we're asking: Please do the right thing. For \$1,400, he gets to stay at home. If you don't pay, he lives in a group home. Which do you want?

**Hon. Madeleine Meilleur:** I can say to the member that I will look into it and make sure that this individual can live as independently as he can.

Again, this government has adopted this beautiful piece of legislation. We're the leader here in Canada and in the world. We are developing standards, and a lot of people with disabilities did help us to develop these standards to make sure that we have it right.

I hope that I will never have a question like this in the future because Ontario will be fully accessible.

## WATER QUALITY

**Mr. Yasir Naqvi:** My question is to the Minister of Infrastructure. Last week, the Environmental Commissioner of Ontario released his annual report. A section of his report commented on Ottawa's recent experience with beach closures due to sewage overflows following rainstorms. The health of the Ottawa River is a very important issue for my constituents. They should be able to enjoy the beaches, like Westboro Beach in my riding, without worrying about pollution.

In July, I attended the commissioning of two combined sewer regulators in Ottawa. They are part of the Ottawa River action plan to reduce sewage overflows.

In his report, the Environmental Commissioner applauded the action plan, stating, "Ottawa will be an Ontario leader in controlling overflows into its water." However, he also noted rightly that "New infrastructure comes at a cost."

Could the minister share with my constituents how the Ontario government is helping the city of Ottawa to upgrade its waste water infrastructure to fix these chronic problems?

**Hon. Bob Chiarelli:** This is an important issue for Ottawa. I thank the member from Ottawa Centre for the question.

The city of Ottawa has become a leader in this area, and we are proud to be part of Ottawa's success. We invested \$33 million in the Ottawa River action plan through the Investing in Ontario Act, which, incidentally, both opposition parties opposed. Plus, we invested \$21 million of stimulus funding for 13 waste water projects to improve environmental efficiency. These projects involved separating aging combined sewers into separate storm water and waste water sewers so that even after major storms, treatment plants are not overwhelmed.

The Environmental Commissioner noted, "New infrastructure comes at a cost." Protecting the public health and quality of life of Ottawans is worth every penny of the cost.

**The Speaker (Hon. Steve Peters):** Supplementary?

**Mr. Yasir Naqvi:** It's no surprise that issues like this are very important to Ontarians, who, like all Canadians, value the sanctity of the natural resources that we are so fortunate to have. Moreover, I know my constituents will appreciate these local investments that will help keep the beaches they enjoy clean and the waters they swim in safe.

The Environmental Commissioner's report also raised concerns about the Great Lakes, about water quality standards and aging waste water infrastructure, and it challenged us to do more. The Great Lakes are literally an enormous part of our province's identity. More importantly, they are an integral part of the day-to-day life of countless Ontarians who not only use and enjoy their waters and shores but rely on them through municipal water services.

Could the minister tell us what our government is doing to ensure Ontario is making progress on Great Lakes water quality? Can Ontarians still have confidence that the lakes and beaches they enjoy are safe?

**Hon. Bob Chiarelli:** To the Minister of the Environment.

**Hon. John Wilkinson:** I want to thank my colleague for the question. We have some of the cleanest water and some of the highest standards in North America. We're proud of that. We've had the same standards as our friends to the other side of the Great Lakes, the Americans, since 1983, but we have much more stringent posting requirements in regard to E. coli, because the protection of human health is paramount to our ministry.

Working together with the Ministry of Infrastructure, we have made an investment of some \$1.5 billion by way

of grants and some \$1.8 billion by way of secured loans from the province to our municipal partners, because they too believe in the sanctity of our water and how important it is that we protect it today and for future generations.

I'm pleased to announce to the House that the remaining six primary centres for water treatment have now been upgraded—

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

#### SCHOOL NUTRITION PROGRAMS

**Mr. Ernie Hardeman:** My question is to the Premier. Today is World School Milk Day, and I want to commend the Ontario dairy farmers who have joined with people and organizations around the world to give students nutritious, fresh milk free of charge.

Can you explain to them why you are banning 500-millilitre containers of chocolate milk in schools, even though studies have shown that doing so will reduce student milk consumption by 30%?

Premier, I have a copy here of a document paid for by the provincial government, and I quote from the document: "Children need two cups"—500 millilitres—"of milk, chocolate milk or fortified soy beverage every day."

Can you explain why you are spending taxpayers' dollars to tell parents that their children should drink 500 millilitres of chocolate milk while banning the same thing from your schools? Is it just because you can't resist banning things?

**Hon. Dalton McGuinty:** To the Minister of Education.

**Hon. Leona Dombrowsky:** First of all, I would like to say that our government very much appreciates the very good work of the Dairy Farmers of Ontario and all of their efforts to promote milk within our schools. They have a long history of that. We know that many students right across Ontario have benefited from that.

I can say to the members of the assembly today that for all families in Ontario, we are going to do everything—first of all, chocolate milk is available in our schools. We want to ensure that students will be able to access that fine dairy product in whatever container they would like to purchase it in. That's our commitment.

**The Speaker (Hon. Steve Peters):** The time for question period has ended and there are no deferred votes.

#### FARMERS' MARKET

**The Speaker (Hon. Steve Peters):** I'd like to remind the members that today is the second annual Speaker's Queen's Park farmers' market. It just began on the front lawn and runs until 2 p.m. today.

Come out to meet local farmers and enjoy some fresh local produce. I would encourage all of our guests and all of our friends and all the staff within the Legislature and the government precincts, who I know are glued to their

computers and televisions watching their ministers in action, to come and join us on the front lawn at Queen's Park.

This House stands recessed until 3 p.m. this afternoon.  
*The House recessed from 1139 to 1500.*

#### INTRODUCTION OF VISITORS

**Mr. Jeff Leal:** It's an honour for me today to introduce Sister Dorothy Ryan, who is in the east members' gallery. She is the Superior General of the congregation of the Sisters of St. Joseph in my hometown of Peterborough. Shortly, I'll be introducing a private bill dealing with the Sisters of St. Joseph in Peterborough.

#### MEMBERS' STATEMENTS

##### HIGH SCHOOL IN STITTSVILLE

**Mr. Norman W. Sterling:** I rise today on behalf of my constituents in Stittsville. The former village of Stittsville is a growing community in the west end of the city of Ottawa. It currently has a population of 26,000, and planned development includes approximately 16,000 more homes.

Stittsville is a great place, but it is missing one important institution: a public high school. Students and their parents have to choose between travelling 15 kilometres to South Carleton High School in Richmond or going to Sacred Heart Catholic High School in Stittsville, which now has a student population of 1,800.

Twenty-five per cent of the students who attend public elementary schools in Stittsville change to the Catholic high school because it is in their community. I might add that it's a pretty good high school as well.

The Ministry of Education has recognized that Stittsville is growing, and is starting construction on a new elementary school, with the sod-turning next month. This is great news, but students who attend that new elementary school will grow up and need a high school.

The Ottawa-Carleton District School Board has identified a high school for Stittsville as a top priority and submitted a business case to the ministry. I have met with local trustee Lynn Scott on this issue and have spoken informally with the Minister of Education, but I hope for a formal meeting in the very near future to discuss this very important need for the people of Stittsville.

##### ULTIMATE FISHING TOWN

**Mr. Howard Hampton:** Imagine a small, tourism-based community in northwestern Ontario winning the title the Ultimate Fishing Town in Canada. Well, that is exactly what can happen over the next 24 hours. The World Fishing Network is conducting an online contest to select the ultimate fishing town in Canada. The contest

ends tomorrow, Thursday, at 4:59 p.m. Eastern time. As I speak, it is really between two communities: Nestor Falls, Ontario, and Port Alberni, British Columbia.

Tourism in Ontario, especially northern Ontario, needs a lift, and the best way to give northern Ontario tourism a lift and put us on the tourism map is to go to [www.wfn.tv/fishingtown](http://www.wfn.tv/fishingtown) and click on Nestor Falls to record your vote. You can vote every 12 hours from now until 4:59 p.m. Eastern time Thursday.

Imagine the recognition it would give to northern Ontario tourism to have one of our communities selected as the Ultimate Fishing Town in all of Canada. Come on, people across Ontario, especially northern Ontario: Go to [www.wfn.tv/fishingtown](http://www.wfn.tv/fishingtown) and click on Nestor Falls to make northern Ontario tourism a Canadian winner.

#### COUNTY OF ESSEX

**Mr. Bruce Crozier:** Go Nestor Falls!

You might have the best fishing town in the world, but I want to tell you some good things about one of the best ridings in Ontario, and that's the riding of Essex.

This has been going on for some time, but it's getting better. Think about it. We've got great family health teams delivering health care in Harrow and Essex. We've got one in nearby Leamington in my colleague Pat Hoy's riding and one in Tilbury as well in his riding. So delivery of health care is getting better in Essex county every day.

Not only that, we have a nurse-led practitioner clinic in Belle River that has opened. I attended the opening event, and it's a great facility. We have a nurse practitioner clinic that has just recently been approved, its budget is approved and the location is approved in Essex, so we're going to have a great nurse practitioner clinic in Essex.

For the last few years, we've been expanding Highway 3 to a four-lane highway. That's in its second phase and soon to be finished, and we'll be moving on to phase 3. So highway travel is better in Essex county.

I must end by saying that we've had one of the greatest wine seasons that we've had in a long time for our wine region. Come down and enjoy some of our wine.

#### TENANTS

**Mrs. Joyce Savoline:** Earlier this month, a report conducted for the Ontario and Canadian landlord federations showed a shocking favouritism of homeowners over renters by this government. The report showed that, provincially, the average household of a homeowner receives a subsidy of \$493 whereas the average household of a renter receives only \$58.

This finding is particularly alarming because, on average, homeowners have double the income of tenants. In fact, in 2008, the average income for a homeowner was \$92,885. In comparison, the average income of a renter was \$45,558. Plain and simple: All Ontarians should be

treated fairly regardless of whether they are homeowners or tenants.

In their 2003 platform, we saw the McGuinty Liberals promise that they would "provide real protection for tenants." I think that providing homeowners with eight times the benefits they give to tenants is giving Ontario tenants the short end of the stick.

I would hope that the McGuinty Liberals are assessing this inequity and that we will see equal opportunity as a key component of their affordable housing strategy due out this fall.

#### OVER 55 LONDON

**Mr. Khalil Ramal:** I rise in the House today to congratulate Over 55, one of London's prized employment agencies, on their silver anniversary, which was held on September 26.

Over 55 is a one-of-a-kind organization that provides employment services for people over 55 years old. Their approach to employment is not a common method in Ontario. There is a stereotype that people over the age of 55 are not in great demand in the job market, but this organization defies this generalization and has helped many people find work. They have been successfully connecting and retaining skilled people for 25 years, and they have renewed their commitment to serving the community.

**1510**

I attended the party with Mr. Bentley and, of course, the many volunteers who make Over 55 a successful organization. We had the pleasure of honouring the volunteers who make this group a success, people like Margaret Williams and Paul Dolbear, who are the most active members. I would like also to thank Mr. Allan Wright, Douglas Jervis, and the volunteers who make Over 55 an invaluable community organization.

Again, Mr. Speaker, I thank you for allowing me to read this statement, and I also want to thank Dr. Zecevic for her speech on that day to convince the people how much the people over 55 are important for our community for their experience and expertise.

#### LEADING GIRLS, BUILDING COMMUNITIES AWARDS

**Mr. John O'Toole:** I'd like to pay tribute today to eight exceptional young women in my riding of Durham who received the Leading Girls, Building Communities Award. The Leading Girls award celebrates the achievement of young girls under the age of 18 who demonstrate exceptional leadership in working to improve the lives of others in their school and their community. Leading girls in my riding include, but are not limited to, the following: Kaitlyn Anderson, Ava Doner, Melisa Fracz, Felicia Grant, Maggie Hutchinson, Carly MacDougall, Cassidy Sankey and Madison Stange.

Whether it was serving in our very own Legislature as pages, fundraising for the less fortunate, or raising awareness of epilepsy through Purple Day, these young leaders



demonstrated their willingness to give generously of their time and talent to others. I know all of my colleagues in the House will join me in congratulating all the winners of the Leading Girls award, these young ladies, our future leaders in our communities and indeed our province. I wish them all well.

#### TRANSIT FUNDING

**Mr. Bill Mauro:** On June 14 of this year, we had another incredible announcement at the Bombardier plant in my riding of Thunder Bay–Atikokan. In June, I had the pleasure of announcing 770 million in provincial dollars for 182 light rail vehicles, with an option for 118 more. Much of the work and the final assembly will occur at our local plant.

This recent purchase flows from our campaign commitment in 2003 to revive mass transit funding in Ontario. In 2006 and 2008, we announced contracts for a total of 460 subway cars valued at over a billion dollars, including over 300 million in provincial dollars. In 2009 and 2010 we announced two contracts for 45 GO Transit bi-level cars worth \$120 million, including 94 million provincial dollars. And still there's more. In 2009, I had the pleasure, along with the Premier, of announcing at our local plant a \$1.2-billion contract for replacement streetcars, with 416 million in unbudgeted provincial dollars.

In total, these contracts represent a provincial commitment of roughly \$1.6 billion, and that funding has played a critical role in producing \$3.1 billion in mass transit contracts.

Just yesterday, the leader of the NDP said she opposed everything our government does. She and her party oppose many of these investments, investments that have created hundreds of jobs at the plant in my riding. I'm told that Bombardier will be hiring an additional 200 to 400 people very shortly in addition to the hundreds already hard at work, and they may be implementing a third shift. These contracts are part of the reason why Thunder Bay currently has one of the lowest unemployment rates in the province.

#### ASSOCIATION OF PHYSICIANS OF PAKISTANI DESCENT OF NORTH AMERICA

**Mrs. Amrit Mangat:** This past weekend, I had the pleasure of attending the AGM of the physicians of Pakistani origin in North America, Canadian chapter, in my riding of Mississauga–Brampton South. It was an evening to celebrate the many contributions that members of APPNA have made to our health care sector.

In addition, this organization is also committed to humanitarian aid work. Recently, they raised funds for victims of floods in Pakistan. Some left their practices to go and help. I commend the excellent professional and humanitarian work of this organization. Their deeds make us all proud, as they demonstrate the best of the Canadian tradition: helping those in need.

To complement the humanitarian work of this organization, I ask every member of this House: Let's all work together to help our brothers and sisters in Pakistan in their hour of need. The need is not only enormous; it is long-term.

#### CITY OF PETERBOROUGH

**Mr. Jeff Leal:** Today was a great day for Peterborough here at Queen's Park. Thank you to everyone who took the time to drop in on our annual event. There was a wide range of companies and organizations from our area that truly demonstrate the diversity and economic strength that Peterborough has to offer.

If you attended today, you would have met the president of Trent University and representatives from Fleming College, and learned about our expansion plans for Peterborough airport.

The Greater Peterborough Area Economic Development Corporation would have provided you with business information and tourism locations.

The 4th Line Theatre is a famous theatre company from our area that performs outside all summer. You've seen videos of past performances.

The Peterborough Festival of Trees is one of our major hospital fundraising events every year, and our successful family health team office were all present to meet you.

Peterborough Green-Up helps residents of Peterborough to reduce their footprint on the environment. They offer great support and information on living green.

You would have had the opportunity to taste beer produced by the Publican House Brewery, a local brewery right in the heart of Peterborough, and taste food from a local catering company.

General Electric of Canada provided our guests with a visual tour of their cutting-edge manufacturing facility. I could go on and on, but there isn't enough time to mention everyone who attended today to showcase what Peterborough has to offer.

I'm proud of my riding and happy that today everyone here had an opportunity to catch a glimpse of what it is like to be from Peterborough, Ontario.

#### FINANCIAL STATEMENTS, AUDITOR GENERAL

**The Speaker (Hon. Steve Peters):** I beg to inform the House that, pursuant to section 28 of the Auditor General Act, I have today laid upon the table the audited financial statements of the Office of Auditor General for the year ending March 31, 2010.

#### INTRODUCTION OF BILLS

#### SISTERS OF ST. JOSEPH OF PETERBOROUGH ACT (TAX RELIEF), 2010

Mr. Leal moved first reading of the following bill:

Bill Pr37, An Act respecting The Sisters of St. Joseph of the Diocese of Peterborough, in Ontario.

**The Speaker (Hon. Steve Peters):** Is it the pleasure of the House that the motion carry? Carried.

*First reading agreed to.*

**The Speaker (Hon. Steve Peters):** Pursuant to standing order 86, this bill stands referred to the Standing Committee on Regulations and Private Bills.

## PETITIONS

### ORGAN DONATION

**Mr. Frank Klees:** I have a petition presented to me by Mr. Mark Willoughby of Toronto. It reads as follows:

“Petition to the Parliament of Ontario

“In Support of an Online Organ Donor Registry

“Whereas one person in Canada dies every three days waiting for an organ transplant and over 1,600 Ontarians are on a waiting list for organ and tissue donations;

“Whereas organ donor registrations in some jurisdictions are as high as 80%, but Ontario lags far behind at 17%;

“Whereas Ontario’s antiquated organ donor registration process still requires forms to be mailed in or personal attendance at ServiceOntario health card offices;

“Therefore we, the undersigned, petition the Parliament of Ontario to call on the Minister of Health to immediately implement the resolution tabled by Newmarket–Aurora MPP Frank Klees that calls for the creation of an online organ donor registration link on the ServiceOntario website that would enable people to register as organ donors using their OHIP number.”

I’m pleased to affix my signature in support of this petition.

### SERVICES FOR THE DEVELOPMENTALLY DISABLED

**Mr. Howard Hampton:** I have a petition to the Legislative Assembly of Ontario:

“Whereas almost 12,000 Ontario citizens who have an intellectual disability are on waiting lists for residential supports;

“Whereas another 7,000 individuals are waiting for other supports;

“Whereas 80% of the 1,500 parents providing primary care for their adult children waiting for residential services are over the age of 80;

“Whereas the government of Ontario made a commitment in 2007 to provide a 2% base funding increase to agencies providing developmental services every year up to 2010-11;

**1520**

“Whereas the government has decided not to provide the 2% funding increase promised for the current year;

“Whereas the failure to honour this funding commitment will cause further deterioration of supports and services for people who have an intellectual disability;

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

“That the government of Ontario reinstate the 2% base funding increase promised four years ago to service providers in the developmental services sector.”

This has been signed by several people from north-western Ontario, and I affix my signature as well.

### MULTIPLE SCLEROSIS TREATMENT

**Mrs. M. Aileen Carroll:** I have a petition that contains signatures from citizens throughout Ontario, which reads as follows:

“Whereas thousands of people suffer from multiple sclerosis;

“Whereas there is a treatment for chronic cerebrospinal venous insufficiency, more commonly called CCSVI, which consists of a corrective angioplasty, a well-known, universally practised procedure that is low-risk and at relatively low expense;

“Whereas, while more research is needed, MS patients should not need to await such results;

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

“That the Legislative Assembly of Ontario allow people with multiple sclerosis to obtain the venoplasty that so impacts their quality of life and that of their families and caregivers.”

I agree with this petition and am affixing my signature.

Carol Bullis of Barrie has been hugely instrumental in obtaining over 7,000 signatures from Ontario citizens asking—

**The Speaker (Hon. Steve Peters):** Thank you. You’re finished with the petition, correct?

**Mrs. M. Aileen Carroll:** I am, but I am tabling a second petition, Mr. Speaker.

**The Speaker (Hon. Steve Peters):** You’ll have to wait until the next rotation, please.

### ONTARIO SOCIETY FOR THE PREVENTION OF CRUELTY TO ANIMALS

**Mr. John Yakabuski:** I have a petition for provincial oversight of the OSPCA, to the Parliament of Ontario.

“Whereas the Ontario Society for the Prevention of Cruelty to Animals (OSPCA) recently and unilaterally announced that it would euthanize all animals in its care in its Newmarket shelter, citing a ringworm outbreak as justification;

“Whereas the euthanasia plan was stopped in the face of repeated calls for a stay in the Legislature and by the public, but not until 99 animals had been killed;

“Whereas the Premier and Community Safety Minister Rick Bartolucci refused to act, claiming the provincial government has no jurisdiction over the OSPCA;

“Therefore we, the undersigned, petition the Parliament of Ontario to immediately implement the resolution tabled at Queen’s Park by Newmarket–Aurora MPP Frank Klees on June 1, 2010, which reads as follows:

“That, in the opinion of this House, the Ontario Legislature should call on the government of Ontario to review the powers and authority granted to the OSPCA under the OSPCA Act and to make the necessary legislative changes to bring those powers under the authority of the Minister of Community Safety and Correctional Services to ensure that there is a clearly defined and effective provincial oversight of all animal shelter services in the province, and to separate the inspection and enforcement powers of the OSPCA from its functions as a charity providing animal shelter services.”

I support and affix my signature to this petition and send it down to the table.

#### KIDNEY DISEASE

**Mr. Jeff Leal:** I have a petition to the Legislative Assembly of Ontario:

“We, the undersigned residents of Ontario, Canada, draw the attention of the Legislative Assembly of Ontario to the following:

“Whereas kidney disease is a huge and growing problem in Canada; and

“Whereas real progress is being made in various ways of preventing and coping with kidney disease, in particular the development of a bio-artificial kidney;

“We, the undersigned, call on the Legislative Assembly of Ontario to make research funding available for the explicit purpose of conducting bio-artificial kidney research as an extension to the research being successfully conducted at several centres in the United States.”

I agree with this petition, will affix my signature to it and give it to page Thomas.

#### SERVICES FOR THE DEVELOPMENTALLY DISABLED

**Mrs. Julia Munro:** “To the Legislative Assembly of Ontario:

“Whereas almost 12,000 Ontario citizens who have an intellectual disability are on waiting lists for residential supports;

“Whereas another 7,000 individuals are waiting for other supports;

“Whereas 80% of the 1,500 parents providing primary care for their adult children waiting for residential services are over the age of 70;

“Whereas the government of Ontario made a commitment in 2007 to provide a 2% base funding increase to agencies providing developmental services every year up to 2010-11;

“Whereas the government has decided not to provide the 2% funding increase promised for the current year;

“Whereas the failure to honour this funding commitment will cause further deterioration of supports and services for people who have an intellectual disability;

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

“That the government of Ontario reinstate the 2% base funding increase promised four years ago to service providers in the developmental services sector.”

I’ve affixed my signature as I’m in agreement with this and give it to page Brigid.

#### MULTIPLE SCLEROSIS TREATMENT

**Mrs. M. Aileen Carroll:** Carol Bullis of Barrie has been hugely instrumental in obtaining over 7,000 signatures from Ontario citizens asking that MS sufferers in Canada have access to the tests and treatment in this country. She has asked me to table her petition in the Ontario Legislature—

**The Speaker (Hon. Steve Peters):** Get to the petition, please.

**Mrs. M. Aileen Carroll:** It’s quite long, Mr. Speaker. Perhaps I’ll send it to the table.

**The Speaker (Hon. Steve Peters):** You can summarize but you just cannot turn it into a member’s statement, is what I’m trying to get at, please. Thanks.

**Mrs. M. Aileen Carroll:** In summarizing what she has written and in summarizing her petition, it refers to the fact that there have been breakthroughs by a Dr. Zamboni. There has been a simple Doppler ultrasound scan. She maintains that this approach is inexpensive and largely non-intrusive. We are asking that everyone affected by MS reach out to the media and MPs and MPPs. This is a real breakthrough and she is asking that people have access to the test and the treatment.

That is a summation, Mr. Speaker.

#### ONTARIO SOCIETY FOR THE PREVENTION OF CRUELTY TO ANIMALS

**Mr. John O’Toole:** Mr. Speaker, I’ll try to be quick here.

“Whereas the Ontario Society for the Prevention of Cruelty to Animals (OSPCA) recently and unilaterally announced that it would euthanize all animals in its care in its Newmarket shelter, citing a ringworm outbreak as justification;

“Whereas the euthanasia plan was stopped in the face of repeated calls for a stay in the Legislature and by the public, but not until 99 animals had been killed;

“Whereas the Premier and Community Safety Minister Rick Bartolucci refused to act, claiming the provincial government has no jurisdiction over the OSPCA;

“Therefore we, the undersigned, petition the Parliament of Ontario to immediately implement the resolution tabled at Queen’s Park by Newmarket–Aurora MPP Frank Klees,” who is with us here today, “on June 1, 2010, which reads as follows:

“That, in the opinion of this House, the Ontario Legislature should call on the government of Ontario to review the powers and authority granted to the OSPCA under the OSPCA Act and to make the necessary legislative changes to bring those powers under the authority of the Minister of Community Safety and Correctional Services to ensure that there is a clearly defined and effective provincial oversight of all animal shelter services in the province, and to separate the inspection and enforcement powers”—subrogation—“of the OSPCA from its functions as a charity providing animal shelter services.”

I’m pleased to sign in support of this very effective petition to save the lives of many animals.

#### BRITISH HOME CHILDREN

**Mr. Jim Brownell:** I have a petition that 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

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“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.

#### ONTARIO SOCIETY FOR THE PREVENTION OF CRUELTY TO ANIMALS

**Mrs. Julia Munro:** This is a petition to the Parliament of Ontario.

“Whereas the Ontario Society for the Prevention of Cruelty to Animals (OSPCA) recently and unilaterally announced that it would euthanize all animals in its care in its Newmarket shelter, citing a ringworm outbreak as justification;

“Whereas the euthanasia plan was stopped in the face of repeated calls for a stay in the Legislature and by the public, but not until 99 animals had been killed;

“Whereas the Premier and Community Safety Minister ... refused to act, claiming the provincial government has no jurisdiction over the OSPCA;

“Therefore we, the undersigned, petition the Parliament of Ontario to immediately implement the resolution tabled at Queen’s Park by” my neighbour “Newmarket–Aurora MPP Frank Klees on June 1, 2010, which reads as follows:

“That, in the opinion of this House, the Ontario Legislature should call on the government of Ontario to review the powers and authority granted to the OSPCA under the OSPCA Act and to make the necessary legislative changes to bring those powers under the authority of the Minister of Community Safety and Correctional Services to ensure that there is a clearly defined and effective provincial oversight of all animal shelter services in the province, and to separate the inspection and enforcement powers of the OSPCA from its functions as a charity providing animal shelter services.”

I have affixed my signature and given it to page Henry.

#### ORDERS OF THE DAY

##### NARCOTICS SAFETY AND AWARENESS ACT, 2010 LOI DE 2010 SUR LA SÉCURITÉ ET LA SENSIBILISATION EN MATIÈRE DE STUPÉFIANTS

Resuming the debate adjourned on September 27, 2010, on the motion for second reading of 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):** Further debate?

**Mr. Paul Miller:** I can support the objective of reducing inappropriate prescriptions and the abuse of prescription narcotics and other controlled substances; like all Ontarians, we support action to reduce improper access to narcotics. But Bill 101 needs to be clarified, and it needs implementation, evaluation and treatment services to be detailed. While being very careful about improper access to narcotics, we must be sure not to restrict or impede access to these drugs when they are necessary for pain management or like medical use.

One non-medical but very significant concern is the government’s access to personal health records: its ability to collect, analyze and report on the prescribing and dispensing of narcotic drugs. Bill 101 mandates prescribers and dispensers to provide information to the minister and make it an offence not to do so. The minister can also appoint inspectors who can enter a medical practice or pharmacy without notice or warrant.

I question: To what records do these inspectors have access? Can the health care provider refuse, and on what

grounds can he refuse? For example, if my physician knows that I have no narcotic-like prescriptions and no need for them, can she refuse access to my records? I want to see clear regulations on this issue to ensure that the medical information of all patients is afforded the privacy and security that is available now, when only a court can impel access to medical records.

It indicates that there will be a regulation-providing authority for the Lieutenant Governor to designate additional monitored drugs, to exclude persons from the application of the act but also to specify additional information that must be provided, as well as giving authority to other powers. This causes me concern since there is no requirement for opposition parties to know about or provide input into a regulation, and in this case, issues that are of concern would become law without our input.

The bill would create a provincial electronic monitoring system that provides alerts when attempts are made by a patient to visit multiple prescribers or multiple dispensers of drugs. Although this system is likely a good idea, the security of patient information must be paramount in this implementation. The fiasco last summer of eHealth makes us very concerned.

Although the minister has announced a strategy to raise awareness of these issues and to work with the health care provider and the public about the safe use of these powerful drugs, I suggest that health care providers are well aware of these issues but that the system needs to be fully analyzed to find the best way to reduce duplication of drug services and prescriptions, as well as effective alternatives to certain narcotic drugs.

I have concerns about the strategy for expansion of addiction treatment services. There's nothing in the act about these provisions and no indication, especially around addiction treatment, of what this will look like. Too many details have been left out of these regulations. As I mentioned before, we need full input from opposition parties to regulations before they're implemented.

Many stakeholders have publicly supported this bill, but concerns have been expressed about the legislation's missing evaluation mechanism system. For those who manage their pain with these drugs, the ripple effect of this legislation could be that they will receive less-effective pain medication and, therefore, less quality health care. There is nothing in this legislation that moves forward on the other elements of narcotics safety, i.e., education and addiction treatment.

During both the narcotics strategy announcements and the introduction of Bill 101, the Minister of Health spoke about the scope and severity of Ontario's narcotics problem. There is no question that Ontario has a serious problem with narcotic drugs. This is an issue that many communities have dealt with and an issue that requires effective and timely action. Statistics from the College of Physicians and Surgeons of Ontario, CPSO, on the scope of this problem: The main sources of prescription opioids are doctors' prescriptions, 37%—considerably higher than street sources, 21%; or a combination of prescriptions and the street level, 26%. 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 prescribing contribute significantly to morbidity and unintentional opioid-related deaths.

OxyContin abuse is a growing problem. Prescriptions for OxyContin increased a staggering 850% from 1991-2007. The addition of long-acting OxyContin to the Ontario drug formulary was associated with a fivefold increase in OxyContin-related mortality and a 41% increase in overall opioid-related mortalities. Since controlled-release OxyContin products became available in 1995, the number of hospital admissions related to controlled-release OxyContin went from 3.8% of opioid admissions in 2000 to 55.4% in 2004. CAMH found that among Ontario students in grades 7 through 12, one fifth surveyed, that being 20%, reported using opioids in 2007. By contrast, only 12% of students surveyed reported smoking cigarettes in 2007. It's quite a contrast, something that should be looked into seriously.

Coroners' investigations have found that a high number of deaths are the result of the person taking a combination of opioids and other often illicit drugs that are outside the control of the prescribing physician. The most troubling cases are arising in the chronic non-cancer pain sector and through illicitly obtained prescription opioids. Opioid-related mortality in Ontario doubled—doubled—from 1992 to 2004. Data from the Office of the Chief Coroner of Ontario shows an alarming rise in the number of unexpected deaths due to opioids. Between 2002 and 2006, opioid-related deaths increased by 49%. Deaths due to OxyContin are rising rapidly and were the most prevalent, accounting for a 240% increase between 2002 and 2006. Increased opioid-related mortality and morbidity is a problem that carries an enormous social burden.

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The average pharmacy price for one 80-milligram OxyContin tablet is \$4. The average street price for the same pill is \$80.54. Therefore, a bottle of 100 pills costing about \$400 has a potential street value of \$8,000. In northern Ontario, Ontario Provincial Police reports have shown that a single 80-milligram OxyContin pill sells for as high as \$400 to \$600 in some First Nations communities, increasing the potential profit to over \$38,300 for a 100-tablet bottle in those areas.

Given that Ontario has the highest use of opioids in Canada, it is shocking that we are lagging behind so many other provinces in our attempts to control the improper use of these drugs. BC, Alberta, Saskatchewan, Manitoba, Nova Scotia and PEI already have prescription monitoring programs in place.

Concerns stem from what is missing in Bill 101 rather than what is included. Many questions have not been answered. The NDP wants extensive committee hearings on this bill to see if we can move it in a more comprehensive direction. Opioid misuse is a complicated issue, as the problem of narcotics abuse is complex. It

requires a multi-pronged approach. There is a persuasive concern about whether Bill 101 will be effective in reducing the narcotics problem currently in Ontario.

Ontario's current crisis of narcotics abuse is about a lack of appropriate pain management services and a failure in this province to ensure that every Ontarian has a primary care provider. It is about addictions and a lack of treatment services. It is about the failure to institute comprehensive, secure electronic health records and electronic prescriptions. It is about the lack of inter-professional collaboration and interdisciplinary care. It is about the lack of education, especially impartial education by non-pharmaceutical educators, for our health professionals.

The College of Physicians and Surgeons of Ontario recently released a report on this very issue: *Avoiding Abuse, Achieving a Balance: Tackling the Opioid Public Health Crisis*. The report is 40 pages long and includes 31 substantial recommendations to tackle this abuse. Today, the government is moving forward on one—I repeat, one—of those 31 recommendations.

The college's report covers the entire breadth of the problem at hand. Stakeholders across the spectrum, from mental health groups to chronic pain to regulated health colleges etc., all talked about the need for comprehensive action. Together, they pointed to the vast majority of recommendations in the college's excellent report.

There's no question that an electronic monitoring system is an important tool, but it is only one small step and cannot fully impact the myriad factors that have contributed to the crisis in Ontario which we currently face.

An estimated 2.4 million to 3.6 million Ontarians are living with chronic pain, some of which is quite debilitating. Yet there is no coordinated chronic pain management strategy in Ontario. Depending on the community in which you live, your access to pain management varies widely. There are few dedicated chronic pain management clinics—not enough to go around. They have inadequate education not only on narcotics but other pain management strategies for health professionals.

The reality is that because of the delisting of OHIP services, many of what could have been effective pain management tools are not accessible anymore to Ontarians. Some examples: physiotherapy and chiropractic.

In Canada, there is no specialty for pain management. 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.

The government acknowledged in their narcotics strategy announcement that there is a need for additional education and collaboration with our health professionals, but we've not heard anything about an emphasis on chronic pain management. Alberta, Nova Scotia and Quebec all have chronic pain management strategies. Why doesn't Ontario? Creating a province-wide strategy of chronic pain management is essential at this point. 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 the narcotics problem in our province.

The college's report *Avoiding Abuse, Achieving a Balance* states, "Access to health resources depends largely on patients' and health-care providers' ability to navigate a seamless and 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."

As gatekeepers to the health care system, primary care physicians are the hub of coordinating a patient's journey through interprofessional care. With 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.

The objectives of interprofessional care go beyond just treating physiological symptoms to addressing psychological needs, social and occupational functioning and also quality of life. For interprofessional care to be effective, there must be strong linkages between family physicians, the gatekeepers to the health care system and other providers, including specialist physicians, specialized pain clinics, nurses, pharmacists, physiotherapists, occupational therapists and counsellors.

When Ontarians have a primary care provider, the potential for abuse declines. Patients are more likely to be referred to other appropriate kinds of pain management services and they are more likely to receive a correct diagnostic level.

The Select Committee on Mental Health and Addictions recently released a report, *Navigating the Journey to Wellness: The Comprehensive Mental Health and Addictions Action Plan for Ontarians*. This committee travelled all across Ontario, spanning 18 months, 30 days of hearings, 230 presenters and 300 submissions.

The province's LHINs have contracts with 150 service providers for addiction services. The committee learned that in spite of the 150 service providers, Ontarians are not getting the assessment treatment and services they require.

Recommendation number 11 of the select committee report reads, "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 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 once again. We have no details on this, although it was part of the narcotics strategy. It does not seem the government has entered into discussions with stakeholders on what this expansion will entail. The government must acknowledge that we cannot separate the need for action on opioid abuse from addictions to other substances.

This legislation aims to reduce the supply of illicit narcotics, but we cannot simply cut off the supply and think nothing of eradicating this addiction. We cannot

allow this addiction to simply shift to what will become a more available drug. The ministry has an obligation to clearly lay out a plan for ensuring that all Ontarians who are dealing with addictions like these have access to proper treatment. Currently, the waiting list for assessment and treatment for addiction services is months long—certainly unacceptable, months long.

What's the government doing to change this? I'd like to know what they're doing to change this. Ontarians who are addicted to these kinds of drugs will not simply stop being addicted without any help. They need the help. The government must be prepared to do the hard work of ensuring a full range of assessment and treatment services in addition to the work of preventing access. Only when we work on all these pieces together will actual progress be made in combating addiction to prescription drugs.

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All these different, complex, significant contributions have to be addressed for us to be able to deal with this properly. There is a lot of pieces to the puzzle, but until the puzzle is completed, many people are going to go without help.

The issue of methadone clinics: In spite of the drastic increase of opioid addiction in Ontario—and methadone is one of the primary treatments of this addiction—the number of methadone programs has not kept pace. There are huge variances across Ontario in terms of access. There is an absence of culturally appropriate treatment programs for the First Nations communities and a lack of holistic treatment services such as counselling and primary care.

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

As I mentioned in my opening remarks, Bill 101 needs to be clarified. It needs implementation, evaluation and treatment services to be detailed. We need to ensure opposition input into the regulations and comprehensive public hearings before any part of this bill can be supported.

We certainly support any help that can be put out there. This is a start. We certainly wouldn't stand in the way of any help that people with addictions have out there. We certainly want to see this progress faster. But I cannot emphasize enough that once again, as I look across the floor, and we go into committees and we have presentations, that this government seriously needs to understand and take advice and amendments from the opposition; in the whole three years I've been here, I'd say that less than 1% is even looked at or accepted in committee. There have been a lot of excellent ideas go by the wayside at committee level because the government of the day will not listen to the opposition or all the other people who make wonderful presentations at committee level. They seem to have their minds made up before

they go in there. It's unfortunate. Until that mentality changes, a lot of people in Ontario are going to continue to suffer financially, psychologically and physically.

We need changes in this province, and it's time the government started listening to the people of Ontario.

**The Deputy Speaker (Mr. Bruce Crozier):** Questions and comments?

**Mr. Charles Sousa:** I'd like to discuss—actually, I was going to do 20 minutes; I see I'm only going to do two minutes. I guess I just want to respond and congratulate the member. I certainly appreciate his support on Bill 101, the Narcotics Safety and Awareness Act, An Act to provide for monitoring the prescribing and dispensing of certain controlled substances.

We appreciate his support and that of all other members in this House who recognize the importance of this endeavour, so that we can control the growing number of people who are suffering as a result of the narcotics issue in our province.

I'll speak a little bit more to this in due course.

**The Deputy Speaker (Mr. Bruce Crozier):** Questions and comments? The member for Nepean—Carleton.

**Ms. Lisa MacLeod:** Thank you very much, Mr. Speaker. It's a pleasure to see you back in the chair today—every Wednesday.

It's a privilege for me to be able to add my voice to this debate. I'd like to congratulate our critic, Christine Elliott, the deputy leader of the PC caucus and the PC Party, for her work on this. Of course, the PC Party will be supporting this legislation.

It's only a first step, however, toward the resolution of what we feel is a multi-faceted problem. I think most members in this chamber would agree that we need to do more as a society to prevent drug problems and narcotics problems and that we have to move fast and quickly for safety and awareness, and that's why we're supporting this. But again, it's a first step.

Our colleague Ms. Elliott believes, and we support this view, that the narcotics strategy must balance both the need to prevent prescription drug abuses but also the right of sufferers of chronic pain to gain access to medication for legitimate purposes. I think that's key in this.

We agree in the PC caucus with the underlying principles of the bill, but we would ask for full committee hearings, including hearings in northern Ontario and in aboriginal communities, in order to make sure that we understand the full parameters of the bill and that all stakeholders are given an opportunity to fully comment on this as we move forward.

With that, I'll listen intently and look forward to my colleague Mr. O'Toole from Durham speaking to this bill further on behalf of the Progressive Conservative caucus. To date, our colleague from Whitby—Oshawa has done an incredible job, and I'd also like to congratulate both her and my colleague from Dufferin—Caledon for the work they've done with mental health awareness. Thank you very much.

**The Deputy Speaker (Mr. Bruce Crozier):** Questions and comments?

**Mr. Michael Prue:** I had an opportunity downstairs to watch my colleague from Hamilton East–Stoney Creek as he gave his speech. I came up the stairs, so I did miss a couple of minutes—the time between my office and here.

I want to commend him for what he had to say here today. He has indicated that it is the position of our caucus to support this bill at second reading, but the more important thing is what is going to happen when this bill gets to committee.

He was very clear in what he had to say about the frustration, sometimes, of committee work. Having been here for some nine years, I can only echo how frustrating it is, on occasion, to go to committee with good ideas that you think will strengthen a bill—people come forward to the committee who have excellent ideas—only to see that the majority on the committee will not accept them. It's not the majority of the committee; it's always the majority of government members who will not accept these new ideas or deviations from what was written in the first place.

My colleague from Hamilton East–Stoney Creek talked about that, and about how they seem to have already made up their minds. I hope this is not the case on this bill, because this is a very complex bill dealing with people with drug addiction and you have to be able to get it right. I would hope, when this goes to committee, that the committee hears from people across this province and perhaps even travels the bill and goes to locations that might not ordinarily get here. I'm thinking, in particular, about First Nations communities in the Far North, where OxyContin and other things are endemic.

I would hope that the government listens to people like pharmacists, doctors, social workers, former addicts and law enforcement officials, all of whom will have something to say on this bill and all of whom are in agreement that this bill is a good first step. But we need to make sure we get it right, and the only way we are going to get it right is to listen to each other. I'm asking for the government members to do so in committee.

**The Deputy Speaker (Mr. Bruce Crozier):** The member for Guelph.

**Mrs. Liz Sandals:** I'm pleased to have an opportunity to respond. I'd like to thank the member from Hamilton East–Stoney Creek for outlining so many of the statistics and pointing out that this is an extraordinarily serious problem that has just grown like Topsy over the last few years. In particular, the evidence does show that the majority of drugs that are being improperly used are actually coming from prescriptions by physicians, which is precisely why this legislation is before the House, so we can have the authority to capture that data about prescriptions and dispensing and doctors, and patients who are getting multiple prescriptions—all those ways of abusing what start off as legal drugs.

In fact, however, there has been something called the Narcotics Advisory Panel working on this issue for a year. It has recommended a narcotics strategy that the Minister of Health has accepted, which includes, in addition to the legislated piece—the narcotics tracking

system—working with pharmacists on education and changing their dispensing patterns. It includes working with physicians' education and changing their prescribing patterns. It includes working with patients, in particular young people, to understand the danger of this. It includes looking at our addiction treatment centres and making sure we have the capacity to treat people who are addicted to prescription drugs.

As has been mentioned, there has been a Select Committee on Mental Health and Addictions and the Minister's Advisory Group on Mental Health and Addictions. We have done enough talking. We need to act.

**1600**

**The Deputy Speaker (Mr. Bruce Crozier):** Response? The member from Hamilton East–Stoney Creek, you have two minutes to respond.

**Mr. Paul Miller:** I'd like to thank the other members for their comments. It appears we have some common ground on this, which is a very important thing to the people of Ontario.

It's been brought to my attention on occasion that sometimes even the physicians give the patients who are leaving the hospital too many pills and sometimes over-prescribe, and that's not good either, so we have to monitor that a little better. Over the years, there have been certain physicians that it's easier to get things off of than it is others. Others prefer the natural path, the natural way, and others feel, because of the intensity of the patient kind of insisting that they get some help, that they may have been able to handle a little more pain on their own without this assistive drug that hopefully they don't get addicted to when they take it from an over-prescription, and that has to be addressed.

I think these types of guidelines, if, as my colleague said, they listen to some of the submissions from the other side, the opposition, would probably come together with a little more effective bill. Certainly we would never stand in the way of improving the health and well-being of the people of Ontario and less dependency on narcotics.

I certainly think they have their use at certain times in the life experience, but there are other times when I think that they are over-prescribed, and I think a lot of our youth don't need these types of things to assist them through the pain system. I think a little pain here and there certainly builds character. When I was growing up, I certainly didn't have access to any major things other than Aspirin. I kind of bit the bullet and suffered a bit, but you know what? I don't think it made me any weaker.

Now there are pills for everything. They want to put you to sleep; they want to make sure you're regular. There are pills for everything. You almost feel like the million-dollar man. It's embarrassing.

**The Deputy Speaker (Mr. Bruce Crozier):** Thank you. Further debate?

**Mr. Charles Sousa:** I'm pleased to rise to speak to Bill 101, An Act to provide for monitoring the prescribing and dispensing of certain controlled substances.



The abuse of prescription narcotic drugs or painkillers has emerged as a public health and safety issue in jurisdictions around the world, as explained by many members here in this House. Unfortunately, here in Canada, Ontario has the highest level of narcotics use among all of the provinces on a per capita basis. Abuse of prescription narcotics is a crisis that we will not accept. We need 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.

We're taking action by launching our narcotics strategy. Let me explain again the key elements of the narcotics strategy: (1) a proposed monitoring database and proposed legislation; (2) partnering with the health care sector to educate on appropriate prescribing; (3) partnering with the health care sector to educate on appropriate dispensing; (4) education to prevent excessive use of prescription narcotics; and (5) treatment of addictions.

Narcotics abuse is a problem in Ontario, as we all agree. It's a social problem, it's a health problem and it's an economic problem. I think it's fair to say that we all recognize that it's a problem and that the time has come for us to act.

I know we have a concerned citizen here today who's witnessing our proceedings, Mr. Darryl Tempest, who's paying attention intently to the work we do. I'm proud to stand in support of Bill 101. It takes a responsible approach to the problem of narcotic abuse.

Let's provide some background. The inappropriate use or abuse and the diversion of prescription narcotics has emerged as an imminent public health and safety issue in Canada, the United States and jurisdictions around the world, as we have explained. The problem first surfaced in the US in the mid-1990s. The problem then in Atlantic Canada arrived in the early 2000s, and Canada has emerged as the world's top per capita consumer of narcotics, based in large part on lax and inconsistent control measures across this country. Abusing prescription narcotics is now the predominant form of illicit drug use, more than heroin and other street drugs.

What are narcotics? We've talked about opioids, commonly referred to as narcotics. These are those drugs that relieve pain. Oxy—oxydone—

**Ms. Helena Jaczek:** Oxycodone.

**Mr. Charles Sousa:** Yes—morphine, codeine, fentanyl and methadone are all examples of opioids.

There are two types of oral opioids: short-acting and long-acting. Percocet and Tylenol 3 are examples of short-acting medications. OxyContin is one example of a long-acting pain medication, and it contains oxycodone.

Narcotics are among the most potent meds available for treatment of moderate to severe pain. For example, one 80-milligram OxyContin pill has the same amount of oxycodone as 16 Percocet pills.

Two hundred milligrams of morphine equivalent is recommended as the upper dose required for most patients.

*Interjection.*

**Mr. Charles Sousa:** I'm referring to the doctor in the room to give me some advice here.

But that's the same amount of oxycodone as 32 Percocets. Bottom line: It's a very powerful drug, and we have to monitor it very effectively.

Prescriptions in Ontario, though, have the following initiatives.

Escalating utilization: Between 1991 and 2009, prescriptions for oxycodone-containing products rose by more than 900% in Ontario, far more rapidly than any other opioid within the ODB. The ministry spent \$156 million on narcotics in 2009-10 for ODB beneficiaries. Between 2004 and 2009, a staggering \$652 million was spent on opioids, and 35% of that, or \$227 million, was spent on OxyContin. Over the past five years, ODB recipient utilization of oxycodone-containing products has also skyrocketed by 193%.

Escalating abuse: a 100% increase in narcotics abuse-related admissions to publicly funded treatment and addiction services in Ontario alone between 2004-05 and 2008-09. The majority of these individuals were less than 35 years of age, unemployed and referred to treatment by others.

CAMH also reported that a large proportion of oxycodone prescriptions of patients it admitted were acquired illegally, either from the street—almost 21%—and/or through a combination of prescriptions and the street—about 26%. Other prescriptions were obtained legally through physician prescriptions—only 37%.

Bottom line: Approximately 10,000 ODB recipients are being prescribed prescription narcotics in doses that exceed clinical guidelines, which is 200 milligrams per day.

Worse still, there are escalating deaths: 3,406 narcotics-related deaths in Ontario occurred between 1991 and 2004. Of those, the manner of death deemed by the coroner was unintentional overdose in 54% of cases and suicide in 24% of the cases.

Over the same time frame, narcotics-related mortality doubled, from 13.7 per million to 27.2 per million in 2004.

Since 2004, the number of oxycodone-related deaths in Ontario has nearly doubled, as I think has been referred to in this House. That's a 416% increase from 1999 to 2004.

This data strongly suggests that increased rates of prescribing contributed significantly to narcotic-related deaths.

The median age of patients who had a narcotic-related death was 40, indicating that the potential years of life lost due to narcotic-related deaths is very high.

Then, of course, there's escalating crime. According to police intelligence, prescription narcotics have become a highly lucrative street commodity, resulting in diversion that is widespread and trafficked by both individuals and organized crime groups.

Between 2005 and 2008, prescription drug arrests and charges have increased exponentially, by 99% and 197%, respectively, in arrests and charges.

ODB data indicates that double- and multiple-doctoring and polypharmacy are occurring at a significant rate. In 2007-08, 21% of ODB recipients visited two to three physicians and 3.1% three or more physicians to obtain OxyContin. In the same year, 19% of recipients visited two to four pharmacies, and 0.8% visited five or more pharmacies.

This type of behaviour, which I can refer to as doctor-shopping or pharmacy-shopping, is often associated with individuals with narcotics addictions and/or who are involved in diversions.

It should be noted that federal legislation does exist for enforcement against unlawful acquisition, possession and trafficking of prescription narcotics and controlled substances, which includes double- and multiple-doctoring and polypharmacy.

#### 1610

At this point, I'd like to take a moment to talk about the impact that narcotics abuse has on Ontario's economy. Our government has already taken steps to reduce drug costs. As the members know, our government recently tackled the problem of inflated generic drug prices by cutting those costs in half. Unfortunately, some members in this House chose to side with big pharmacy chains rather than Ontario patients and voted against the important initiative to save taxpayers money and reinvest in our drug system.

But as we now look at narcotics in Ontario, I think it's important to recognize the economic impact this problem has on our province. For example, I was interested to learn that in 2008-09, the Ministry of Health spent \$145 million on narcotics for ODB patients, as I've already explained. Of that, \$65 million was spent on OxyContin. The next year, 2009-10, the ministry spending on narcotics increased to \$156 million.

We also know that Ontario utilizes oxycodone two to four times more than every other province in Canada. This suggests that the problem is not only hurting those who become addicted, but also Ontario patients, as health funds that are spent on narcotics could be better spent in other areas of patient care.

Addiction also creates a cost to society. People struggling with addiction can have problems in the workplace. They have increased health needs, which clearly increase demand on our public health system, and they require community supports: OW, food banks and ODSP.

The challenges that we've faced during the global recession have reinforced that for Ontario to succeed, we need everyone at their best. That's why we've developed Ontario's first-ever poverty reduction strategy. That's why we've continued to invest in our public education system, most notably with our introduction of full-day learning for our four- and five-year-olds. And that's why we've helped thousands of Ontarians retrain for new jobs through our Second Career strategy. I see this as one more example of the government's commitment to help people perform at their best.

As I mentioned earlier, treatment of addiction is one of the key aspects of the narcotics strategy. It's vital that we

work with our health care partners to help Ontarians who become addicted to narcotics, and so I'm glad that treatment plays an important role in our government's efforts.

We in Mississauga are fortunate to host a number of pharmaceutical companies. There's Baxter Canada, for example, which every year plays a role in educating people as to the importance of kidney health on World Kidney Day. Last year, they told me that an estimated 500,000 Ontarians are at risk of developing chronic kidney disease, and they continue to reinforce the importance of talking to our health care providers about getting screened.

I was pleased that in consulting with the industry prior to making my remarks today, they told me that they are supportive of oversight of narcotics and that they believe in the importance of the right care at the right time. They feel, as I'm sure we all did, that what's important in this debate is that we protect public safety and get maximum value for public health care dollars.

So we're talking about a bill that is first and foremost about public safety. It's about preventing addictions and treating those already addicted. But it's also the right thing to do for our economy. It can save millions of precious health care dollars by reducing the number of prescriptions and preventing addictions from forming in the first place. It can help people get back into the workforce and, again, by preventing addictions, prevent extended absences. And it has the support of Ontario's pharmaceutical industry.

Legislation under our narcotics strategy would, if passed, create a new database that would track all our narcotics and controlled substances dispensed in Ontario. An electronic database will enable the Ministry of Health to collect, monitor and analyze information related to prescription narcotics and other controlled substances and identify patterns of inappropriate or excessive prescribing or dispensing, and it implements a province-wide system of alerts when attempts to visit multiple pharmacies are detected. We've got to stop the doctor-shopping and the pharmacy-shopping.

In instances of inappropriate activity, responses could include educational support and resources, reporting to the appropriate regulatory college, and, in extreme circumstances, law enforcement. The database will build greater accountability for both health care professionals and patients and will ultimately serve to improve health care delivery, increase patient safety and enhance patient outcomes.

It's important to reinforce some important statistics. Between 1991 and 2009, prescriptions for narcotics containing oxycodone, like Percocet and OxyContin, rose by more than 900%. Since 2004, the number of oxycodone-related deaths in Ontario nearly doubled. Narcotics-abuse-related admissions to publicly funded treatment and addiction services in Ontario doubled from 2004 to 2008. OxyContin utilization is two to four times higher in Ontario than in all other provinces. The ministry spent \$145 million on narcotics in 2009; of this, 45% was spent on OxyContin. The ministry spent \$156 million on narcotics for over 600,000 Ontario drug benefit program

recipients in 2009-10, for 3.9 million prescriptions. This equates to over six prescriptions per person and an annual cost of \$260 per person.

Police report that narcotics containing oxycodone have become popular trafficked drugs by both individuals and organized crime, and charges and arrests in connection with these activities have skyrocketed.

Finally, the misuse and abuse of prescription narcotics, particularly those containing oxycodone, has reached such alarming levels in First Nations communities, as referenced by my friend here across the way, and in communities across Ontario that some have declared it a state of emergency. These drugs are being overprescribed and they are being overused. And they are being obtained illegally and sold on street for profit, while the people who buy them are getting sick and dying.

Let me conclude. Nobody who legitimately needs painkillers needs to worry about this initiative. The overall strategy addresses misuse of prescription narcotics and ensures their safe and appropriate use by patients with medical needs and the professionals prescribing them. These drugs are being overprescribed and they're being overused, and it's important to say it again and again to recognize the negative impacts that we're facing. They're being obtained illegally and sold on the street for profit while the people who buy them, again, are getting sick and are dying.

This situation cannot be allowed to continue. That's why our government is taking strong action to 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.

Mr. Speaker, I appreciate the opportunity to speak, and I'll pass it over to you.

**The Deputy Speaker (Mr. Bruce Crozier):** Questions and comments?

**Mr. John O'Toole:** Today is a day where you have a very informative debate. I want to comment on the member from Mississauga South, who was sticking closely to the information, which is fairly technical in nature, and also consulting with his colleague, who is a doctor and is unfortunately not the Minister of Health, which would make sense.

Really, the important points he's making—I would hope to repeat some of them in my few minutes in the next round of remarks. But I think if I was to look at a source of pride, I'd have to say that members of this House from all sides participated in the Select Committee on Mental Health and Addictions, which I think made a very broad and profound statement about—and was perhaps the genesis of Bill 101, to be quite frank. I want to personally give a lot of thanks to the co-operative nature of the members on the select committee. Having in the past been on a select committee, I know that often their work is productive and comes out of a very genuine concern to fix a problem, and that would be the case here.

1620

The Chair, Kevin Flynn—I should give his riding properly here; he's from Oakville. The member from

Oakville as well as the member from Whitby—Oshawa, as Vice-Chair, authored a report. That report, which I'm looking at, is called *Navigating the Journey to Wellness: The Comprehensive Mental Health and Addictions Action Plan for Ontarians*. In that report, there are sections, and I'll try to cover some of this in my remarks later on, that advocated very strongly—and our critic, Christine Elliott, who was, as I mentioned, the Vice-Chair of that committee, made excellent remarks—but also very collegially, respecting the real work of the House here in trying to move forward. They've made some strong recommendations, and this goes part way. It's a good first step, and I think that's where we are today as we agree on the first step.

**The Deputy Speaker (Mr. Bruce Crozier):** Questions and comments?

**Mr. Peter Kormos:** Earlier this afternoon, we heard the erudite discourse of the member from Hamilton East—Stoney Creek. Now we hear from the Liberal member for Mississauga South. We're going to hear from the member from Beaches—East York before the afternoon is over.

There's a soft, fuzzy feeling in the chamber, with everybody agreeing and holding hands and burning incense and perhaps singing Kumbaya about the scourge of narcotics addiction, but read the bill. It does so little. It doesn't permit the minister to convey any of the information that they may acquire to, for instance, the College of Physicians and Surgeons so that the College of Physicians and Surgeons can investigate and commence, if need be, disciplinary proceedings against a physician who is overprescribing or inappropriately prescribing. The bill doesn't permit the minister to inform the regulatory body of pharmacists that a pharmacist may be inappropriately dispensing or not utilizing appropriate diligence.

The only thing the bill does is allow the minister to collect information from a doctor and a pharmacist, and it allows that minister, the ministry, to convey that information back to doctors and pharmacists. There are no investigative powers beyond that. There's no power on the part of the ministry to discipline. There's no power on the part of the ministry to advise the College of Physicians and Surgeons or the regulatory body of pharmacists.

Does this lay the groundwork for possibly some effective policing? Perhaps. But to argue that this is effective policing is not accurate.

**The Deputy Speaker (Mr. Bruce Crozier):** Questions and comments?

**Mr. Kevin Daniel Flynn:** It's a pleasure to join the debate. The comments from my colleague the member from Mississauga South were, I think, very well received by the House. Previous speakers have told us that this is an issue that has been around since the 1900s. All parties have had the opportunity to take action on this, and for a variety of reasons those actions haven't been taken.

I think it's great to hear the comments from the member from Durham, which I think were offered in a very collegial way, that we need to work together to get a

grip on this issue and that most members, if not all members of the House, if we get right down to it, really agree that this is a good step forward. There may be a bit of a disagreement as to how big a step it is, but certainly it is a step in the right direction.

We all know that there's some excellent pain relief that can result from those people who suffer pain on a daily basis properly using opioids, and I think that that's something where we have to be careful that we don't discourage their use in a proper form. But we've seen all too often, and we heard all too often when we toured the province with the Select Committee on Mental Health and Addictions, both the tragic and indeed the fatal circumstances that can surround the misuse. This affects the urban areas of our community. It affects the rural communities that we have in Ontario as well. Certainly the select committee saw first-hand the devastation that it can cause in our First Nations communities.

Some members of the select committee are in the House today. France G linas isn't with us, but certainly the member from Guelph, the member from Oak Ridges-Markham and the member from Peterborough are. All of us worked together, and I think we're all happy to see such quick action on a recommendation resulting from the select committee. There are 22 other recommendations there that still need to be worked on.

If this is any indication as to the seriousness with which our recommendations are being treated by the government, I think it's a sign that gives us some cause for optimism.

**The Deputy Speaker (Mr. Bruce Crozier):** Questions and comments?

**Mr. John Yakabuski:** Notwithstanding the comments by my friend from Welland, which I will be taking a closer look at—and it certainly does concern me if a bill leaves out, by sin of omission, taking care of business, as they say, as it should be done. Part of the process of trying to reduce the overuse of opiates such as OxyContin and Percocet must lie in the policing of those very bodies that are part of that process—the prescribing and the dispensing. It must include ways of ensuring that those two components have controls placed on them and have enforcement on their activities as well.

This is a huge problem and it is a good start by the government. These products—I've had some experience in my own riding. I won't get into it today with this two-minute hit, but I'll just tell you about my own situation when I was in the Ottawa Hospital a couple of years ago to have my hip replaced. Of course, OxyContin was available to me. I didn't take it, but I only had to witness the gentleman who was directly across from me in the room, who was terribly addicted to it. Every time he wanted more, he got more because of the addiction and the situation that he was in. I think I only took the Tylenols the first day after the hip replacement, because I looked at that and said, "My God, a life wasted because of addiction to narcotics." That is something that we can't see continue to happen in this province. This will be a good first start, but there is much more to be done.

**The Deputy Speaker (Mr. Bruce Crozier):** The member for Mississauga South, you have up to two minutes to respond.

**Mr. Charles Sousa:** Thank you to the member for Durham, the member for Welland, the member from Oakville and the member for Renfrew. The member for Durham spoke about the Select Committee on Mental Health and Addictions report, and I'd like to quote one of the recommendations made here, number 11: "The Ministry of Health and Long-Term Care should immediately address the problem of addiction to prescription painkillers," which is being done today.

I also acknowledge the member for Welland, and I too am encouraged by the collaborative effort that this House has had in presenting this bill and the common cause of agreement that we all share in getting this to a resolution.

The member from Oakville was very kind to acknowledge the members of the select committee that brought this forward, and I too would like to take the opportunity to congratulate them, from all parties, on the work they've done in getting this thing put forward. It's so important.

To the member from Renfrew, we also wish you well in your recovery from your hip. You've done a great job; you're walking well and you stayed away from narcotic drugs in this House. More importantly, his point is very well taken. We've got to be very concerned about how we address these issues, and collaboratively, we will take action to address them and reduce the reliance on narcotic drugs in our province, to ensure that all Ontarians have a safe environment and to ensure more effectively that we take the proper steps to curb the action that is being put forward. All of us here agree that that is needed, and I am very encouraged by that participation and that collaborative effort.

**The Deputy Speaker (Mr. Bruce Crozier):** Further debate?

**Mr. John O'Toole:** This is a bill that—I will try not to stray too far from the central themes, but at the same time, much of what's being said here by all parties is repeated using slightly different emphasis, I suppose.

I want to start by looking at the bill itself. Bill 101, as the member from Welland said, is not a significantly large bill, but it's an important bill, and some would say it's an important first step. We'll make these points over the next few minutes.

I always start by looking at the preamble to the bill and the explanatory notes to really give me the theme or emphasis of the bill itself. I think it's worth repeating. This is a good start to Bill 101: "An Act to provide for monitoring the prescribing and dispensing of certain controlled substances."

**1630**

As has been mentioned several times, there has been a lot of work done on this. In fact, let's be quite frank: The professionals themselves have done a vast amount of work. Even the media: I can recall myself watching a program on Newfoundland about the OxyContin addiction issue and the amount of related suicides etc. But in

fairness, Ontario uses two to four times more per capita of these opiate drugs than other jurisdictions in Canada. These are the records that are kept already today by the industry as well as the pharmacists—the Ontario Pharmacists' Association—and the medical community itself.

In fact, according to a report recently prepared by the College of Physicians and Surgeons—the title of the report is *Avoiding Abuse, Achieving a Balance*. I think there's a lot of practical advice in that: avoiding abuse and achieving a balance. These opiates are basically drugs that deal with pain, short- and long-term, the different types of opiates that are out there. Achieving the balance is the rights of the individual who is suffering from pain, whether it's an accident, trauma of some sort or whatever. Being able to have the resources to provide it in the right amount at the right time for the right reasons is important for people dealing with pain. And we've all, as members here, dealt with people in our offices who are suffering from accidents and need to have that available to them.

Their remarks here on that: "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 opioid admissions in 2000 to 55.4% in 2004"—just to give you some idea of how expanded this is.

Then you get into the whole expense issue, which has been mentioned by almost all speakers. I think it's important and worth repeating that between 2009 and 2010, the Ministry of Health and Long-Term Care spent \$156 million on narcotics for the Ontario drug benefit program for 3.9 million prescriptions. That amounts to \$260 per person. One would wonder, when you compare that statistically to other jurisdictions, if it's an appropriate thing that's being dealt with in this way by ease of access to prescribing.

But then you look at other jurisdictions. What have they done already? This is a good lesson for us today. Are we behind the ball or in front of the ball on this one? I put to you that perhaps we're a little bit late in responding. We all like to criticize our neighbours and friends in the United States, but in the United States, 41 states have enacted legislation for prescribing drug monitoring and programs related to it. Nova Scotia has a program, which is being followed by New Brunswick, that includes legislation, monitoring, education and support for persons and health care professionals. Other provinces, including British Columbia, Alberta and Nova Scotia, have triplicate prescription programs, and to date, both Saskatchewan and Nova Scotia have recognized a decrease in narcotic use. So we've got to take action.

The action is also very evident when you look at some of the other startling statistics, and that would be the number of unnecessary deaths that occur because of this.

The report also contains statistics concerning fatalities. Deaths due to oxycodone rose from 35 deaths—often suicidal—in 2002 to 119 in 2006. That's a 240% increase. So this is an urgent and pressing need, and this legislation and our collegial atmosphere here today is one more proof that the minister should take that signal and move quickly. Even the government, in fairness, has said, in response to Bill 101, that they're prepared to put the \$1 million to implement this program on the table.

Therein, we get into the real issue, because if you look at the work done by the group that I mentioned before—I do want to put them on the record here: The Chair was the member from Oakville, Mr. Flynn; the Vice-Chair was Christine Elliott from Whitby–Oshawa; the member from Scarborough–Rouge River, Bas Balkissoon, the member from Nickel Belt, Ms. France Gélinas, and the member from Oak Ridges–Markham—a physician, I might say—Helena Jaczek were on there. The member from Dufferin–Caledon, Sylvia Jones, and the member from Peterborough, Jeff Leal, were on the committee, as were the member from Guelph, Liz Sandals, and Maria Van Bommel as well.

My point is that they issued a report, and that report, I think, was not celebrated as it might have been in this Legislature. That's why I'm spending some time now on this report. It's *Navigating the Journey to Wellness: The Comprehensive Mental Health and Addictions Action Plan for Ontarians*. This is sort of moving the topic a bit, but recognizing where we are.

Growing mental health has got different labels. Some of them are institutional labels, but I also think—I forget the senator. I think *Out of the Shadows or Out of the Darkness* was one of the reports issued by the Senate of Canada—Michael Kirby, I believe. It brought to light, if you will, out of the shadows, the importance and growing disease of mental illness, and it's a disease like cancer or other unappreciated health concerns. So that being said, Ms. Elliott, the member from Whitby–Oshawa, made a resolution. In reference here, the current government recognized that resolution and formed a select committee that generated this report.

Now, in the report, which has been mentioned by pretty well everyone here, each of us as members representing ridings, in my case Durham and in many cases northern communities—I've heard Mr. Bisson speak on it, and others—all have what I'd call victims in our ridings whom we've heard about or have dealt with. I'm sure, Mr. Speaker, that you have as well. In that, there really aren't enough resources in the province of Ontario today to deal with the mental health demands affecting families and children, First Nations; there's no group that's been isolated from this disease, this societal problem. But when you see young people—and this is where it comes to me. I've had parents in my riding—and I'll leave it at that—in my riding of Durham, three or four parents in the last year who have suffered a loss of one of their children. They called me and are so happy that the work has been done so collegially by the select committee, and they are monitoring it. They're seeing what we're going to do.

Talk is cheap. In fact, in the 11 minutes I have left on the clock, it'll only be repeating what many members, and in fact what this committee said. But it is a blueprint for us and it's a blueprint for action, and with all due respect, this bill that we're dealing with, Bill 101, is simply a first step. I could cast some negative aspersions on some of the things here. In the interests of staying positive, I'll try to avoid that.

But we have the experience. I can tell you, from my time when we were in government—I was parliamentary assistant to the Minister of Health. It was a privilege and an honour etc. In fact, I had the privilege of sitting on a committee, the Smart Systems for Health, which now is called eHealth. I was aware that some time ago they had systems that track drug use. There's OLIS, the Ontario laboratories information system, which already electronically shares data between a lab and a hospital or a lab and a doctor. Pharmacists already have the ability in their systems to record specific information on drugs that are prescribed. They can almost tell you if some doctors are more predisposed to prescribe certain medications, opiates or whatever. I think it's appropriate. Every one of us should have oversight. That would include the Premier, and it would certainly include me and all members here to be accountable, especially when you look at the pressures on the system for using every dollar efficiently for the best possible outcomes for all of us in society.

But in this report that was commissioned, as I said earlier—the College of Physicians and Surgeons—I think it's probably the most significant report. I believe the Avoiding Abuse, Achieving a Balance report is probably the best reference point right now. I would support many of the recommendation in this report, Navigating the Journey to Wellness, thinking of my constituents and yours, Mr. Speaker, who are looking for a way to navigate through the mental health system.

**1640**

Often today the police are at odds. What do they do with someone who is acting out because they're off their medications? Schizophrenia is another example of that. The police are now being trained. I want to thank the former chief of police in Durham region, who set up sensitivity awareness for front-line officers. We met with Ontario Shores, which is our mental health hospital, and others, to set about setting up a training and awareness program so that they weren't simply tasing a person who was acting out, or, even worse, shooting them because they were acting out. Now they're aware that these things happen and how more appropriately to deal with them. Sensitivity is important, because it's a disease, it's an illness. Let's be straightforward about it.

I think this report is another part—as I said, Out of the Shadows is one; the physicians and surgeons' report is another report. This is one more report. The work that the committee did—it's my understanding that they attended some First Nations communities, they conducted business for over a year, and I believe that their work is commendable and worth reading, and I would refer it to the people listening or reading Hansard.

There is a consolidated list of recommendations. Number one is the umbrella organization which is coordinating. It's the facilitating of people's access point to the system. Being diagnosed with a particular disease or illness is important, and referral patterns and what actions and what services are available. Specifically, as has been mentioned many times, is recommendation 11: "The Ministry of Health and Long-Term are should immediately address the problem of addiction to prescription painkillers." There it is, and that's what this particular bill deals with.

It sets up a number of functions, and I think if you look at the bill, it tells you clearly. It says:

"The act seeks to improve the health and safety of Ontarians by permitting the monitoring, analyzing and reporting of information, including personal information, related to the prescribing and dispensing of monitored drugs in order to:

"1. 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.

"2. Identify and reduce the abuse, misuse and diversion of monitored drugs.

"3. Reduce the risk of addiction and death resulting from the abuse or misuse of monitored drugs."

Those are laudable objectives and I think they should be fairly easily achieved with co-operation from the minister as well as the prescribers and users of the medication. And, as it said in that other report, finding the balance so that it's not so restrictive that certain people who suffer from pain through no fault of their own—failed surgery, car accident, you name it—can have access to medication; and controlling that, so that they can see, there is Mr. X or Mrs. X monthly getting a dose of 30 pills and that's what they're prescribed, and they can tie all this information together so that they know they're not selling them.

If you look at the cost of drugs today, we need to do this across the board. Quite frankly, most medication today is quite expensive. Some pills are \$100 or more per tablet. How much more can the Ontario drug benefit plan actually afford? In fact, many of the drugs that are prescribed today aren't listed on the formulary and people have to pay out of their pocket. We see, with some of the new, innovative medications for osteoporosis or cancer, that they're not on the formulary and they're not paid for by the province.

The only drugs that the province pays for today—drugs are basically paid out of your pocket unless you're a senior or on ODBA or covered under Trillium. Those are the only three ways that the province actually pays. Most of it is paid for by employer benefit plans. So when these things come out in front of us, we have a very—we don't have a national plan for dealing with prescription medications or, more importantly, medications like the ones we're talking about, but certainly we should be controlling, monitoring and measuring them.

There are a couple of question marks here. Let's just bring these up. These are important: about the power of

the minister to appoint. We should make sure they're qualified people, those people who are familiar with opiates and other things that are in these lists—they aren't political appointments, I hope; I hope not, that's for sure. The minister is going to appoint these people.

The act requires a prescriber to record specific information on prescriptions for monitored drugs. So now they're forcing drug companies to do certain things. Well, they should be compensated for that.

Access: Who can have access to it? Who can they release the information to? It comes under the Freedom of Information and Protection of Privacy Act, which has a lot to say with what goes on here. Some of this stuff is sharing information with enforcement people. They wouldn't know one drug from an Aspirin. In most cases, unless they're specifically trained to know what, in fact, they're talking about and what information they are actually giving to some other branch of their policing or reporting on a pharmacist's business—you need to have qualified people, and you are dealing with sensitive information on people's lives.

Because someone could be stopped, maybe at night, and they find OxyContin in their pocket, does that automatically mean the person's going to jail? These are the questions that I think—the consumers need to be protected in this business, because if you've got a legitimate prescription for pain pills, and you aren't a trafficker—how are we going to determine whether or not that officer, the person intervening, who finds this particular tablet, what protection—are they going to end up—do you understand? There need to be some rights of the consumer here as well.

I say that very broadly, that it's very important that the consumer part of this is not ignored. It's sort of like the acting out with tasers and stuff like that. There should be clear rules on that kind of stuff because not every politician is straightforward and falls into every category, I guess.

But I would say that this bill is something that we should be endorsing, encouraging public hearings on and making sure that it goes to northern Ontario to those remote communities where we see that suicide among young people is at an epidemic proportion, and I would say that the work being done by the select committee, the minister's action in this report and the House standing firmly behind it, as well as the College of Pharmacists and the College of Physicians and Surgeons, seem to be in agreement.

I do believe that public hearings would be appropriate and necessary to deal with the point of view of those persons who may be on prescribed medications, that their rights are respected. And it goes back, as I said at the very beginning of my remarks—I would have a close look at the report from the College of Physicians and Surgeons called Avoiding Abuse, Achieving a Balance. That abuse can be achieved by the prescribing doctor who sees it as a solution to all pain, or by the pharmacist who is maybe not counting or dispensing properly—I'm not suggesting anything—or by the consumer. So all of

the parties in that transaction may need the pain medication or may not need the pain medication. The doctor, the pharmacist and the physician are the experts. They're held to a standard of their college, and the consumer has a right and a responsibility as well.

I think we should give this bill the time that it needs and move forward as quickly as possible. I'd urge the Minister of Health to move. There's a life out there that could be saved by your action or could be caused by your lack of action.

**The Deputy Speaker (Mr. Bruce Crozier):** Questions and comments?

**Mr. Paul Miller:** I'd like to thank the member from Durham. It seems like every time I'm in this House, the member from Durham is up doing extra duty there. He's always in front of that set. I don't know how he does it, but he's up a lot. And I must confess, he certainly likes to analyze the bills at hand, which is a good quality.

I'd like to reiterate one of the parts of the submission that I made: "Ontario's current crisis of narcotics abuse is about the lack of appropriate pain management services and a failure in this province to ensure that every Ontarian has a primary care provider. It is about addictions and a lack of treatment services. It is about the failure to institute comprehensive, secure electronic health records and electronic prescriptions. It's about the lack of professional collaboration and interdisciplinary care. It's about a lack of education, especially impartial education by non-pharmaceutical educators, for our health professionals."

**1650**

I am also very concerned about the fact that, in a lot of cases, I'm not sure pharmaceutical companies do enough research on some of these products that come out, because I can recall that over the past few years, and correct me if I'm wrong, there have been many recalls. Many drugs that have caused irreparable damage to some of the citizens of our province have been taken off the market.

Research is important. Diagnostic experiments are important. It's also important that they make sure these trials are done properly and for the period required. It's not always good to rush to the front of the line just to get a product out there to make all kinds of money off people without knowing the final outcome. If this is one step toward that endeavour, we certainly will support it.

**The Deputy Speaker (Mr. Bruce Crozier):** Questions and comments?

**Mr. Kevin Daniel Flynn:** It's a pleasure to rise again to respond to the comments from the member from Durham. I will say from the outset that he sent me a very nice letter congratulating the committee, a very supportive letter passing comment on the work of the committee. Certainly I'd have to pass some of that credit on to some members of his own caucus. The member for Whitby-Oshawa and the member for Dufferin-Caledon put a lot of work and a lot of effort into the report that was issued and I know brought the same dedication to the report that he thinks so highly of as any other member.

We put in a lot of hours over the summer, and we analyzed the report word by word. So every word in that report has been gone over a few times.

In recommendation 11—unlike the other recommendations, which I think members of the opposition were quite reasonable about—you'll notice the word "immediately." That word was put in there on purpose. That word was put in because we realized that a crisis was upon us in prescription drug abuse and that the ministry needed to act very, very quickly in this regard. So it's no accident that the word "immediately" is in.

The member from Hamilton East–Stoney Creek raises some good concerns about privacy around this. We're also seeing organized crime start to enter into the field of prescription drug abuse sales and illegal use.

This, to me, is one of the more refreshing debates I've seen in the House for some time, or perhaps even ever, in that it appears that all members are offering constructive suggestions as to how to make a good first step an even better first step. I think that can't help but result in the sort of legislation that the people of Ontario expect this Legislature to pass on a regular basis. So I'd like to commend the speaker from Durham for his comments.

**The Deputy Speaker (Mr. Bruce Crozier):** Questions and comments?

**Ms. Lisa MacLeod:** I'd like to echo my colleague from Hamilton East–Stoney Creek's comments about the diligence of my colleague from Durham and his ability and his quality of debate here. We can always count on the member from Durham to know every bill in this chamber from front to back. It's his thorough knowledge and understanding of these bills that he brings to this House each and every day, and I want to commend him for that.

Mr. Speaker, as you know, I've spoken previously to this Bill 101 to say that the Progressive Conservative caucus will be supporting this legislation. It is our hope that there will be hearings across the province, in the north and also in aboriginal communities throughout the province, so that we can actually get a full grasp, a full handle on how this bill and how the legal types of narcotics are actually impacting people's lives across the province.

It's a good first step. We think that it's imperative that there's further consultation, however, and because of that, we are calling on the Liberals to ensure that we do speak to people, not just in this chamber and not just from the city of Toronto, the province's capital, but throughout the communities. Whether that's in my city of Ottawa, whether that is up north or to the southwest, it's important that we get these types of bills right, because they deal with the health and safety of our constituents. So I'd like to again thank my colleague from Durham for once again providing valuable information and very insightful information in a debate.

Thank you very much for the opportunity to speak.

**The Deputy Speaker (Mr. Bruce Crozier):** The member for Beaches–East York.

**Mr. Michael Prue:** I listened intently to the member from Durham, and, as has already been said, he generally does a lot of research on the things on which he wishes to speak. But I want to comment on a statement that he made, because it's very true, and we don't say enough of what he had to say in this House, and that is, all members of this House have a great obligation to work on behalf of the people of this province, and the all-party select committee did a good job.

In fact, I believe that we have much need of many more all-party select committees. It's not enough to send them to the regular committees of the House, because they are quite partisan and oftentimes they reflect government bills where the government has already made up their mind, and very few amendments or new ideas that are brought forward actually make it into the legislation.

But there is a fundamental difference when an all-party select committee is struck. It is struck with the intent of going out and actually finding out information. It's not struck around a particular bill or government initiative; it's struck around finding out information and giving the best possible advice to the Legislature, to the government, to the people of Ontario.

In this particular case the all-party Select Committee on Mental Health and Addictions did exactly that: They travelled, they worked, they got along together, and they issued a joint report. All parties signed off on it. I know that my own colleague from Nickel Belt was very proud to be part of that committee, and I saw her front and centre as the pictures were being taken and as things were spoken about. She came to our caucus, she explained what was being done, and in the end, every member of this House needs to be proud of what happened. To my colleague from Oakville: As Chair, you did a good job. I'll say that right here in this House.

But what we need to do is expand upon that experience and learn how to set these committees up so that we can work together for the benefit of the people of Ontario.

To the member from Durham: Thanks for bringing this up in your speech.

**The Deputy Speaker (Mr. Bruce Crozier):** The member for Durham, you have up to two minutes to respond.

**Mr. John O'Toole:** Thank you, Mr. Speaker. I think that's the first time in 15 years that I actually haven't upset someone by my remarks, but we'll work on that. We are improving. It just seems I have to stick around for another couple of terms to learn how to do this.

I want to thank personally the members from Hamilton East–Stoney Creek and Beaches–East York, as well as the member from Oakville and of course my colleague from Nepean–Carleton: all of them humbling remarks that are mostly true about what I do.

But the point is that we are all in agreement here, and I always look to the next steps. What are the next steps to move it forward? The committee has done their work, worked collegially, and have a unanimous report. The minister now has the ball, and the Premier and cabinet, to



allocate the resources. I would expect that public consultations into something this important are absolutely critical, because in the first drafting, most of the legislative counsel staff and the people in the Ministry of Health and in addiction services probably did submit input on this, but I guess the question that remains is to get it right. Some of the recent things that have been implemented, whether it's the eco tax and that, may have been rushed out the door, but this is one they've got to get right.

All members on all sides of the House have done their homework to the extent that they would recognize it in their communities. They know people within their families or their ridings where this is actually going to be helpful. The work of the committee should not go without prompt attention in respect to the work that they did over the long, hot summer that we all had.

With that, I think we could easily ask that the minister, or the House leader, for that matter, now take the appropriate steps to deal with this.

The one thing I want to say is: Always remember the consumer, because the medication was invented to deal with pain, and that, at the end of the day, is what this is about.

**The Deputy Speaker (Mr. Bruce Crozier):** Further debate?

**Mr. Michael Prue:** It is again my pleasure and my honour to stand up here and speak to this particular bill. I may not use my whole 20 minutes, and I say that because I think that most of what needs to be said on this bill has already been said.

What has been said on this bill is congratulatory to the members of the Legislature who took the time over this summer to get together in the all-party select committee to make recommendations. Most of what has been said on this bill is contained within the body of information sent to us by the College of Physicians and Surgeons of Ontario. Most of what is in this bill is going to help lay the framework to do the larger service we need to do for the people of Ontario.

**1700**

I am going to take a few minutes to talk first of all about the necessity of moving this bill forward. I am absolutely convinced that when this bill gets called and the vote is taken, if it's by voice vote, you're not going to hear a nay. If there is a nay, it will only be because somebody will want to have a recorded vote so that everyone can vote for it. I see heads shaking over there, and I know that's a possibility. But when the vote comes, and if it's recorded, every single person will stand in their seat and vote for it.

But I can also be assured, and the government should be assured, that when that happens, something else is going to happen. The Speaker is going to ask, "Shall this be referred for third reading?" and there is going to be a chorus of noes. That is because we expect—on the opposition side, at least—that this will go to committee. I want to talk about the committee and what it needs to do.

This is not a bill that can simply be slam-dunked: "Here it is." We need to consult and we need to make sure that we do it right. It is only one of 31 recommendations that were made by the College of Physicians and Surgeons in their groundbreaking report, but we need to make sure it is done right. We need to make sure that we consult with all the people who may be affected, be they pharmacists, be they doctors, be they former drug addicts. We need to listen to them—don't ever think we don't need to listen to them—on how they got caught in the web and the trap of illegal narcotics or even legal narcotics that were wrongly prescribed. We need to listen to social workers, we need to listen to law enforcement officials and we need especially to listen to the First Nations people.

It is my understanding—and I have nothing except statistics to go on, on this—that the rate of illegal drug use in some First Nations communities is endemic, and that it is much higher than in other places in Ontario. We need to listen to them. We need to get their sage advice on how these drugs made it into sometimes remote communities—whether it was doctor- or nurse-assisted, whether it was illegal stuff, whether it was people flying in and out—how they got hooked or how they remain hooked, what kinds of concerns it is causing in their communities and what kinds of services they require to get off the use of those drugs. Speaker, I am asking the government—I know you have some additional speakers—to indicate, to give this House a clue to where the government comes on the thinking on what is going to happen with this bill.

It will go to committee, because I know there will be some noes for third reading. We know that. It's going to committee. But what does the government intend to do with this committee? The government has the authority, the muscle and the votes on the subcommittee and on the committee to determine whether it's one day of hearings or two days of hearings; whether it travels outside; how many people are going to be heard; how it's going to be advertised. All of that is done in a subcommittee, but the committee itself is made up of a majority of government members. We need to hear from a government member. We need to hear from somebody who has consulted with his or her colleagues on what the government intends to do.

Quite frankly, if somebody were to stand up and tell me at this juncture that there are going to be three or four days of hearings, including, possibly and probably and I hope, one day of public hearings in a First Nations community—it doesn't have to be in the Far North; it can be anywhere in southern Ontario where there is an addiction problem in a First Nation community—to hear the wise and sage advice of their elders on how we can best and most culturally deal with that problem, then I, for one, will say that a couple of days of hearings and an on-site visit to a First Nation may be sufficient to assuage any fears that we on the opposition side have, to ensure that the government is taking the right track. I am hoping somebody is going to stand up and say that. I don't think

we're asking for a lot, but we are asking for some kind of assurance that this bill is going to be given the credibility it deserves and that people are going to have input.

I want to hear from police. I want to hear how the changes to the law may assist them or not assist them. I want to hear from doctors and physicians, too.

Just a few other comments that I have on this bill: There is a crisis because people—as my colleague so brilliantly put it, when he was a kid the only thing he ever got when he was hurting was an Aspirin. Today there are drugs for just about anything, so you sometimes never know, in fact, what you're getting. If you find yourself in pain and all you're thinking about is for the pain to go away, you don't know what doctors are giving you.

I want to recount my own experience—not in this country, not in this province, but a couple of years ago when I was on vacation in Mexico. Some of you will remember that I came back with a broken arm. It hurt like hell the day I broke it. I was out fishing, the waves got too high, I fell over in the boat and I broke my arm—the top half. There was nothing much they could do. They took me from the boat to a taxi. The taxi took me to the hotel where I had hired the fishing boat. The hotel called a local doctor. The local doctor came and said, “Your arm is definitely broken. I can give you something for the pain.”

I was naive and hurting very badly. I can tell you, the pain was excruciating. He gave me something. I have no idea what it was, but I can tell you that it worked. I can tell you that within 15 or 20 seconds I was no longer in pain. I can tell you that within a minute I was positively euphoric.

He didn't tell me what it was, but he put me in a cab to a real hospital and I went to the hospital and I sat there for an hour or two while I was X-rayed, while they were talking about other things and, quite frankly, I don't remember any pain for the rest of that day. But I do know that the next day—I was coming back to Canada—I was in considerable pain and I was offered some additional medication at the airport from Mexican officials who were trying to be ever so nice, but I declined.

When I got back to Canada and back to my home, I went to my local hospital, Toronto East General Hospital, where they are absolutely wonderful; a great hospital. I commend it to anyone who ever finds themselves in pain or with broken bones or anything else wrong. They asked me what I was given and, you know, honest to God, I had no idea. I have no idea what that was. They asked me if I wanted anything to control the pain and I told them no, because, having taken it, I was afraid that I would like it a lot. I was very worried, because it was so extremely effective, that I would be addicted. I didn't even take any Aspirin for the pain from that point on.

That was my own experience, and I'm not surprised that people who are living in pain, who have this and then have it again and again and again for the pain, like it, get addicted to it and find they can't get off it. That was my own experience. I don't know how close I came to being addicted. I don't think very close at all, but

sometimes you don't know what's happening to you when it happens. The pain can be excruciating and all you want is for it to go away.

In any event, this bill is here for a number of reasons. Again, I refer to the Colleges of Physicians and Surgeons of Ontario. It was their report, I think, that triggered some of what is in here, along with the all-party select committee. They published a report called *Avoiding Abuse, Achieving a Balance: Tackling the Opioid Public Health Crisis*. I commend the college for this paper. It is about 40 pages long. I've only had a chance to read just the 31 recommendations, but they are substantial recommendations to tackle abuse in Ontario.

What is being done today in this bill is but one of the 31 recommendations that they made. We still have 30 others to look at. In supporting this bill, I am doing so in the full hope—perhaps not the knowledge but at least the full hope—that this government will commit itself to the remaining recommendations. The recommendations are sound. They have been made by people who I think we can trust with our health in the province of Ontario, and they will go a long way to reducing the pain that people feel and, I'm hoping, the use of opioids to control them.

#### 1710

I have some statistics here that there are some 2.4 million to 3.6 million Ontarians who are living in chronic pain, and they are looking for solutions. The solutions do not come in pills, I would suggest; they do not come in needles; they do not come in any of the other forms that one can ingest or take into one's body. They come from having access to pain management centres.

I know a doctor; she's one of my neighbours. She lives in East York. I see her regularly at community and neighbourhood meetings. She told me once that she lives in constant pain herself. Because of that, she became a pain management specialist as a doctor. She can't take any more clients because there are so many people seeking her services. There aren't enough doctors like her to talk to people who are in constant pain, and she wishes that some more efforts were made in order to help pain management doctors, pain management clinics.

I would suggest that there aren't enough, and if there aren't enough in Toronto, think about small, rural, northern, isolated communities—all of those—and whether or not they have access to this. This may be one of the things we learn by going to First Nations communities that may be isolated, that may not have access to doctors and probably, almost definitely, don't have a local hospital, and maybe the only way that they can control the pain is by taking pills or opioids. Maybe that's it, and maybe that's why they are taking them. Maybe there's no other access. Maybe if they had some kind of doctor who was an expert in pain management, or a clinic that was an expert in pain management, they wouldn't be taking those.

We all know that other provinces have been further ahead than Ontario. We know that places like Nova Scotia, Alberta and Quebec all have chronic pain management strategies, but until now we do not. We do not,

and we need to have that. It needs to be the next part of the puzzle. After we've figured out all the drugs people are taking and why they're taking them, we need to have solutions. I am suggesting that that is something that needs to be discussed at committee, and the government needs to indicate in some way where we are heading on this file. I would suggest as well that this is one of the key places that we should be looking.

This legislation aims to reduce the supply of illicit narcotics, but we cannot simply cut off the supply without eradicating the addiction. We need to hear from people. We need to hear from doctors, lawyers, social workers, ex-drug addicts, all of those, about eradicating the addiction. When people are cut off a supply, when a doctor says, "You're not going to get any more of this; we're going to manage your pain in a different way," we need to make sure, because they like the effects of the opioid and they don't want to get off it, that they don't go out onto the streets and buy it in some other form, in some other place, import it from some other country, buy it from some other drug dealer, do whatever. We need to make sure that this is covered off as well.

We need to make sure that we do something about the current waiting list for assessment and treatment for addiction services, because right now it takes too long. I remember families coming into my constituency office about their teenage children who were addicted to drugs, some of whom had become suicidal over the addiction. Many times the drugs were not the ones that one normally associates with teenagers; it was prescription drugs, because they were very adept, if they couldn't find what they wanted in terms of narcotics, at finding prescription drugs which would have the same force and effect. The families were devastated. They were devastated that in Ontario their children could not get the kinds of treatment that were necessary, that their children had to wait four to six months when they were suicidal and depressed, and that there was nowhere for them to turn.

Every one of the families who came that day to see me had been forced to send their children out of province, and some had been forced to send them out of country, in order to get the kind of treatment that they needed in order to get off of drugs and to get their lives back together. We need to do something about that as well. I think we need to hear from those families and about the way they had to jump through hoops.

I know the former minister, Minister Smitherman, was called to one of the meetings—I arranged a meeting with the families and he met with them and talked to them about the government's commitment to one day soon, hopefully, set up some drug treatment centres in Ontario. I don't think that that has happened yet, but I am hopeful that, with the passage or the potential passage of this bill, it will.

The last thing I want to deal with—and I'm surprised that I'm speaking this long—is the whole use of methadone clinics and needle exchanges. This is a highly emotive topic. You can go anywhere in this country where needle exchanges or methadone clinics are set up

and you will have a great deal of NIMBYism. You will have people coming out in droves saying that they don't want the needle exchange in their community, in their neighbourhood, that they don't want methadone clinics in their neighbourhoods, in their communities, because these people are drug addicts and they fear them. We need to understand that drug addiction can affect nearly anyone, and that once you're hooked, there's no way out except if there is a willing person and a willing body and a willing government there to help you, to stand up for you, to not be afraid of this NIMBYism and not to succumb to it, but to say that these are human beings who need help to get off drugs.

We need to make sure that this happens, that the government of Ontario is sensitive, and we need to be brave. As a Legislature, all of us, in all parties, need to be brave on this issue. We ought not to fight each other or condemn each other. We need to stand up for those people who desperately need our help.

In conclusion, I await the government signalling what they're going to do in terms of committee. There are many things that need to be talked about, and I for one am anxious to get on with this work. I am anxious to have this second reading. We still have some, I guess, 11 months or 10 months until the start of the next election campaign. Let's do something about this and make sure that this bill is a good one.

**The Deputy Speaker (Mr. Bruce Crozier):** Questions and comments.

**Mrs. Liz Sandals:** I'm very pleased to respond to the member for Beaches–East York. I just wanted to talk a little bit about the number of different people that we've heard from in preparing this bill and then what the bill really does.

You mentioned the College of Physicians and Surgeons of Ontario, but in addition to that, the ministry had struck a narcotics advisory panel, which included the physicians and a number of the other health practitioner groups as well. So there was quite broad representation on that, which provided input into the strategy.

Obviously, the select committee talked about a whole host of issues but found this one to be an extremely urgent one. I would just like to note that the select committee, of which I was a member, in fact did visit First Nations. We visited a very remote Far North First Nation but also First Nations in both southwestern and southeastern Ontario, and we met with First Nations regional health authorities in both the northeast and the northwest of Ontario.

So in fact, in coming to its conclusion, there has been a lot of discussion, and we're still waiting for the final report from the minister's advisory group. So there has been a lot of conversation go on.

The reason this particular piece is in legislation—because we understand that there's all sorts of other work to be done. The reason this particular bill is before us, however, is, as the member from Durham has said, that pharmacists already have all sorts of records—and, in fact, the ministry has records—of all those prescriptions

that have been provided for the purpose of the Ontario drug benefit program. But the ministry has no legal authority to do anything with that information—

**The Deputy Speaker (Mr. Bruce Crozier):** Thank you. The member for Durham.

**Mr. John O'Toole:** The member from Beaches–East York continued the very collegial, co-operative, and respectful commentary today on this bill. Having worked with him for many years, I know he brings a lot of commitment and passion, I might say.

1720

But, really, if I look at the committee's work—not to just slip over his comments—the person that impresses me most on the whole topic of the health care and mental health debate is the member from Sudbury. I think she's phenomenal in terms of—

**Mr. John Yakabuski:** Nickel Belt.

**Mr. John O'Toole:** Nickel Belt. Pardon me. She really knows her stuff on the issues. I've sat on committees with her.

The whole issue here is that we are in agreement. The member from Beaches–East York has said that quite effectively, but you have to make sure that the ministry is prepared to deliver. This is potentially life-threatening. We've talked about that.

As I say, we're all looking forward to the next steps. I think that with the co-operation that I hear today, we can achieve that. All members would be encouraged to urge the government and Premier McGuinty to do the right thing, change the channel, move away from taxes, move away from that agenda of the revenue problem they've got in the province. It's not just about the HST. This is about something we can actually do something about, and in that vein, I'm not going to turn to some of the things that should be included or removed from the bill. I'm saying: Let's get on with it; let's have a day or two of hearings.

You'll find co-operation from our leader, Tim Hudak, on this, and Christine Elliott, as a matter of fact, the very effective health critic. This has been discussed in our caucus. We're ready to move forward. We need some leadership on that side, or we'll take our turn with the ring.

**The Deputy Speaker (Mr. Bruce Crozier):** Questions and comments?

**Mr. Paul Miller:** I'd also like to join the list of people commending the member from Beaches–East York, my colleague, who once again added a human element to it, his own experience that he faced in Mexico and how easy it would be for an individual to get hooked on these types of things.

But do you know what? On a positive note, it's good to see once in a while that everybody co-operates on something that's really going to benefit the people of Ontario, and I think this will. This is a start. As has been pointed out, there are 30 recommendations that haven't been dealt with yet. Everything takes time. I would have liked to have seen maybe a few more in this bill, but I'm

sure that with a combined effort it will go down that road.

What I am positive about in Ontario is the fact that we're moving towards naturopaths. We are moving and more to a combination of Eastern medical science and Western, and combining the two and getting direction from different aspects. A lot of the things that have been around for hundreds of years in the Amazon forest continue to bring forth natural remedies for some serious diseases that people will be working on for the next 100 years, I'm sure. There have been a lot of good things coming out of the Earth's natural resources that we should have been using a long time ago, and we probably were. They couldn't quite identify the chemical compounds of these things, but they knew they worked. Now we're getting to a position where the naturopaths are combining with traditional medicine, and traditional medicine is opening their eyes and ears to the ways of natural recovery.

I think that, as we move along into the next millennium, you're going to see less narcotic drugs and more drugs that come from natural species that are on our planet that we probably have not utilized for a long time.

**The Deputy Speaker (Mr. Bruce Crozier):** The member for Oak Ridges–Markham.

**Ms. Helena Jaczek:** It's a pleasure to rise to make a few comments on the remarks by our colleague from Beaches–East York. I listened intently to his remarks; we know he always listens very intently to ours. He clearly is an admirer of the College of Physicians and Surgeons' recent report, as am I, and a very useful report it is.

Certainly the College of Physicians and Surgeons has, over the years, made a great deal of effort to educate physicians in the appropriate use of opioids. In fact, most recently their MD Dialogue, which all physicians in Ontario receive, had an extensive summary of recommendations for physicians.

Physicians are very, very busy people, and I'm not sure how many of them had the time to read through the CPSO's very good educational attempt recently—this last month. So it's clear to me that this bill, Bill 101, is really an adjunct, and a very, very important adjunct, to the efforts of the CPSO.

It's certainly something that we recommended on the Select Committee on Mental Health and Addictions, a committee of which I was a member. We did, in our recommendation 11, make it a particularly urgent need for the ministry to move on, so I'm extremely pleased that the ministry did move rapidly. It is, in a way, a quick fix of a very urgent problem. It is a first step. The select committee's report was entitled *Navigating the Journey to Wellness*, and as we know, every journey starts with a first step. I was delighted to see this. It's an excellent first step. I have every confidence that our government will proceed in a timely fashion with all the other recommendations that we have.

**The Deputy Speaker (Mr. Bruce Crozier):** The member for Beaches–East York: You have up to two minutes to respond.

**Mr. Michael Prue:** I would like to thank the members from Guelph, Durham, Hamilton East–Stoney Creek and Oak Ridges–Markham for their comments. I do have to say I'm slightly disappointed, because I didn't hear exactly from either of my two Liberal colleagues whether or not there are plans afoot.

**Mrs. Liz Sandals:** The subcommittee will decide at committee.

**Mr. Michael Prue:** I'm being told now that the subcommittee will decide, and that is true in all aspects, for every bill, when it goes there. But we all know that the subcommittee has only limited jurisdiction. The recommendation is made, and then it goes to the full committee. I would hope that the subcommittee, then, will make the recommendation that this bill goes to extensive public hearings, because that's where I started, that's where I finished, and I think that is what is the important aspect: to get it right, to hear from those people who will be directly affected, who have the best advice to give to the people of Ontario—and particularly for our First Nations folk, who live, often, in isolated circumstance without proper medical care and who may find themselves addicted because there are no other pain management tools available to them.

I say to my honourable colleagues, I'm looking forward, in spite of the fact there was no assurance—and perhaps they felt they could not give that assurance. They were very kind in their words. To my colleague from Oak Ridges–Markham, she is absolutely correct that the College of Physicians and Surgeons has done a great job. We only hope that every doctor in the province finds the time to read this documentation.

We look forward to the vote. We look forward to the subcommittee and the committee doing the right thing for the people of Ontario.

**The Deputy Speaker (Mr. Bruce Crozier):** Pursuant to standing order 47(c), there having been six and a half hours of debate on Bill 101, this debate is deemed adjourned unless the government House leader deems otherwise.

**Hon. Gerry Phillips:** We would like the debate to continue, Mr. Speaker.

**The Deputy Speaker (Mr. Bruce Crozier):** Further debate.

**Mr. David Zimmer:** Obviously, continuing this debate is an indication of the importance that this issue has to this chamber, and indeed to the people of Ontario. It's the desire of other members who want to speak to this very important issue.

I thought what I would do is just take a couple of minutes. I just want to review some statistics to set the groundwork for why this legislation is needed, why it is so important.

I have my own personal experience on some of these issues. Before I was elected to the Legislature, I practised law and I did a lot of personal injury work, both at the defence bar and at the plaintiffs' bar. I can't tell you the number of times over the years when there were severely injured clients in great pain, and the medical profession,

in a very noble way, was treating their pain, repairing their conditions, making them comfortable. They were often in great, great pain.

**1730**

One of the things that unfortunately happened from time to time, or even more frequently, was that from the very best motives, the prescriptions for some of these narcotics that we've heard about over the last few hours were prescribed for the patient, and the patient faced a dilemma. On the one hand, the pain was excruciating, to the point where you could not tolerate it; you literally could not live with that pain. The treatment was often a regime involving a number of the drugs that we've heard about over the last few hours. And the real tragedy was that in addition to the pain caused by this horrific accident or whatever the personal injury was—they often recovered from that injury; their limbs recovered, the broken and torn parts of their body recovered, but in the process of dealing with the pain during that time, they became addicted to these narcotics. And often the addiction was harder to combat, harder to deal with, harder to cure than the original injury.

In fact, just let me refer to some statistics. Between 1991 and 2009, prescriptions for narcotics containing oxycodone—Percocet, OxyContin—rose by 900%. That's 900% in eight years. There is something alarming about that statistic. Since 2004, the number of oxycodone-related deaths in Ontario has doubled. That's in a six-year period. Narcotics-abuse-related admissions to our publicly funded treatment and addiction centres have doubled from 2004 to 2008. That is an alarming statistic.

The Ministry of Health has spent \$156 million on narcotics for over 600,000 Ontario drug benefit recipients in 2009-10, and that covered about 3.9 million prescriptions. Now, when you do the math there, this equates to over six prescriptions per person, at an annual cost of \$260 per person.

What do the police tell us? Police report that narcotics containing oxycodone have become popularly trafficked drugs by individuals and organized crime, and charges and arrests in connection with these activities have skyrocketed. So there's the health care cost, there's the personal tragedy, and now there's the law enforcement cost.

Finally, the misuse and abuse of prescription narcotics, particularly those containing oxycodone, has reached such an alarming level in First Nations communities in Ontario that some First Nations communities have declared a local state of emergency as a result. These are communities that are struggling with a whole host of issues. They're struggling with employment issues, they're struggling with economic issues, they're struggling with other social issues, with family breakdown, and now, in the last few years, they find themselves struggling with this addiction issue.

The fact of the matter is that these drugs are overprescribed, they're overused, and they are being obtained illegally. They are being sold on the street for profit while the people who are buying them are getting sick

and dying, and the people who are selling them are getting rich.

This situation cannot be allowed to continue. That's why we're taking strong action, and that's why there's such support, all-party support, in this chamber for this legislation. We want to save lives, we want to improve health outcomes for Ontarians, we want to stop abuse, we want to stop addiction, we want to stop the misuse of controlled narcotics and other substances, and we want to make sure, at the same time, that the patients who legitimately need this kind of drug regime, on the recommendation of their health professional, get the drugs that they need to treat the pain. But this regime has to be a proper prescription, a proper medical management of the prescription, a proper taking of the drugs so that these drugs—and let's not forget that many of these drugs really are miracle drugs in that they do manage pain, but the key is that they have to be properly, fairly and professionally managed. To assist, to provide a regime where proper and professional use of these drugs can be ensured, and misuse and the consequences of misuse can be stamped out, the Narcotics Safety and Awareness Act, 2010, is now before us.

Now, there's been a lot of technical talk this afternoon, some of it quite detailed. But let me just walk through some comments, because I want to say something about what this bill actually says, what it actually does and how it's actually going to work. I've read through the legislation several times, and I want to summarize it for the public who are watching this debate and for the public who will read Hansard tomorrow. I'm going to try as best I can to put it in layman's terms, because I think it's important that, aside from the technical information and the technical terminology in the bill, we understand the basics of it, we understand its core philosophy, we understand what it's going to mean for the citizens of Ontario, particularly those who have found themselves, for whatever reason, either trapped or involved or quite properly needing these drugs. How is it going to work for everybody?

This is what the act contemplates, and this is how it's going to work: The act seeks to improve the health and safety of Ontarians. That's uppermost in the bill's intent: improving the health and continued safety of Ontarians. How is it going to do that? Well, it's going to set up a regime so that we can monitor, analyze and report information, including some personal information, related to the prescribing and dispensing of the monitored drugs. So there's going to be a tracking regime, because we want to find out where the drugs are coming from, what they're being prescribed for, who is using them properly, who is misusing them, how they are finding their way into illegal circles and so on.

We're going to do three things. The legislation is going to contribute to and promote appropriate—I stress "appropriate"—prescribing and dispensing practices for these drugs so that we can support access for medically appropriate and proper treatment of pain. When you have something that's wrong with the system—and clearly

there's something wrong with this drug system relating to the drugs we've heard about—the first thing you have to do to tackle the problem is get some understanding of the problem, get some information about the problem—yes, get some facts. We have to gather the facts together and find out what is really going on, because there's a lot of rumour out there, there's a lot of misinformation and there's a lot of correct information, but it's all sort of mixed together. What we have to do is distill that into information that can be used in a meaningful way so that we can address this problem.

The next thing we want to do is identify and reduce the abuse, misuse and diversion of monitored drugs, because in many circumstances, it's the diversion and misuse of these drugs. There are proper prescriptions; there are improper prescriptions. There are legal sales; there are illegal sales. What we have to do is separate the legal from the illegal, the proper from the improper.

The third thing we want to do is reduce the risk of addiction and death from the abuse or misuse of the drugs we have heard about this afternoon. No matter how proper and how helpful the drugs are, any physician—anybody who has thought about the problem—knows there is always the risk of an addiction developing, and the addiction can develop without the patient even knowing it. They're taking the drugs, following a proper prescription regime; they're being responsible in how they use the drugs; they're treating their pain. But sometimes, through no fault of their own—it's almost unconscious—they slip over that line and become addicted.

What we want to do is help those people recover, help them to step back across the line.

#### 1740

I've mentioned monitored drugs. That's what we've been talking about this afternoon. What is a monitored drug? What drugs are we talking about? How is it going to affect folks?

"A monitored drug is a controlled substance," and the definition will be found in the Controlled Drugs and Substances Act (Canada). So anybody who wants to know about what we're actually talking about, we go to that piece of legislation and there's a list of the drugs that we're talking about. There's a qualification on that: "unless the controlled substance has been excluded by the regulations under" this bill that we're debating this afternoon. The legislation contemplates that "additional drugs may be specified" or added to the prohibited list by regulations in the future.

"Subject to any conditions provided for in the regulations" of this bill, "the minister and the executive officer, who is also the executive officer under the Ontario Drug Benefit Act"—and there we see how we draw in that other piece of legislation—"may collect, directly or indirectly, and use personal information for the purpose of the act.

"The minister and the executive officer may disclose personal information if the disclosure is" specifically "permitted by the act"—this act we're talking about—"the Freedom of Information and Protection of Privacy

Act, or by the Personal Health Information Protection Act, 2004. Specifically, if the conditions set out under the act are met, the minister and the executive officer may disclose personal information”—so there’s a very strict regime about who and what information can be disclosed. There are limitations on to whom that information may be disclosed. The information can be disclosed to prescribers, dispensers and operators of pharmacies because they’re the people who have control over these drugs in the first instance. They have control of them and, from their control, the drugs go out into the community, either to patients legally or perhaps illegally or somewhere else, but those are the three entities that have got control of the drugs in the first instance. So the disclosure of the information will only be to these people.

“The minister must ensure that a notice regarding the minister’s and the executive officer’s collection, use and disclosure of personal information under the act is made available to prescribers, dispensers, operators of pharmacies and the public.

“The act requires prescribers to record” very “specified information on prescriptions for monitored drugs. Dispensers are required to keep a record of specified information with respect to prescriptions” for these drugs “and to ensure that any identity verification requirements set out in the regulations are met” before any drug is dispensed. “If directed by the minister or the executive officer, prescribers, dispensers and operators of pharmacies are required to disclose certain information, including personal information, to the minister or the executive officer for the purpose of the act.”

The information is going to be disclosed for the very limited and legitimate purposes of dealing with the abuse of these drugs that we’ve been talking about this afternoon. The purpose of that is to eliminate this misuse of the drugs.

The act is also going to empower the minister to appoint inspectors. What are these inspectors going to do? Well, here’s what the inspectors will do. They can conduct inspections. They can examine and make copies of relevant documents or other things. They can question persons about matters relevant to the inspection, and it is an offence to obstruct or interfere with an inspector conducting an inspection or to provide false or misleading information.

You can’t have an obligation to disclose this information, which we need to monitor and eliminate the misuse of these drugs that we’ve been talking about this afternoon, without having proper oversight of the record-keeping. Probably—not probably but certainly, in my experience, I think that the keys to dealing with this problem will be two things: proper record-keeping of anybody involved in the prescribing and dispensing of these drugs so that we know who is giving what to who, and then a check on the record-keeping. That is, inspectors can go in and make sure that the proper records are being maintained. You see, that way we have an accurate picture of what’s out there on the street.

The act will provide for legal immunity for the minister, the executive officer or other persons retained

by the crown, as well as for prescribers, dispensers and operators of pharmacies concerning any act that they’ve done in good faith. There are a series of checks and balances on how these people have to conduct themselves and the standards to which they must operate.

In closing, what I’ve tried to do is outline how this act is going to work, because, as I say, some people may or may not be alarmed about the oversight contemplated by this act. But I say in that regard that the harm that is done by the misuse, either inadvertent misuse or advertent misuse, is so great—and we’ve heard discussions and stories that various members have put on the record of practical and real situations that they know of, people who have become addicted to these drugs, the havoc that it wreaks on careers, the havoc that it wreaks on families, on children, on spouses, on partners. Addiction to some of these drugs is so powerful that it completely defeats the otherwise noble purposes in one’s life.

So I say that anything that we can do to combat this abuse, this tragedy of the misuse of these drugs, is worthwhile.

The act contemplates certain inspection regimes and disclosure of records and disclosure of information, but that is a small, small price to pay for eliminating this abuse.

**The Deputy Speaker (Mr. Bruce Crozier):** Questions and comments?

**Mr. John Yakabuski:** I only have two minutes on this. I would have liked to have had more, and some people might not have liked what I had to say, but I’ll shorten it; they’ll like it less.

You have to wonder how we got here: a 900% increase in the prescriptions of this drug between 1991 and 2009. Pain management: You bring out a drug that deals with pain management, and all of a sudden it becomes the panacea for everything that anybody is suffering from. Pain management used to take one form at one time or another in our society.

You see, we’ve come to conclude that no one should ever suffer discomfort. That’s how these things started to get prescribed and re-prescribed and more prescribed and over prescribed. This is the kind of mess we’ve got now here in the province of Ontario—not only in the province of Ontario, but certainly here.

There have to be some kinds of measures taken, some kind of control over what is a tragedy, what has happened with narcotic prescriptions in this province.

**1750**

You have a drug that performs one good thing, and that is manage pain, but we’ve seen how many bad things have come as a result of these drugs, these opiates that have caused so much tragedy. The number of people who have died from overdoses in the time that these have been on the market is just absolutely scandalous. Something has to be done. This is a start, but it is only a start.

**The Deputy Speaker (Mr. Bruce Crozier):** Questions and comments?

**Mr. Paul Miller:** I’m glad the member from Willowdale is going to stick around. I was going to give him a compliment.

**Mr. David Zimmer:** Okay, I'm here.

*Interjection.*

**Mr. Paul Miller:** Back in your seat, please.

The member from Willowdale made some fine points in his submission on the overall picture of the drug situation in Ontario. Certainly, we all agree. Many people have touched on the same subjects here. It's not very often that that happens, but we all feel that something has to be done, and done soon.

The member brought forth some more points that I hadn't seen in the last two submissions that were interesting and certainly worth bringing to committee. I'm sure that the members of this House will send it to committee for review by the proper authorities and for more input from the different groups, which I'm sure would like to add to this. The physicians did a wonderful report, but I'm sure we would look to hear from the people whose lives it had a negative effect on, and how they've improved their lives with help and proper direction to alleviate this problem that's inflicted on our province through the bad use of narcotic drugs.

I'm sure that members from all sides of this House will work together to better the lives of the people of Ontario—mental health and health in general. Certainly, it affects their job; it affects their whole life. They'll be more productive if they can break these habits, get back into the workforce and get back into some normalcy. I think that everyone will benefit from the start of a—there is a lot more work to do, as the member pointed out, but it's a start, and I want to see it move ahead quickly and implemented as much as possible.

**The Deputy Speaker (Mr. Bruce Crozier):** Questions and comments?

**Mr. Yasir Naqvi:** I look forward to speaking for my 20 minutes on this very important bill, which I don't think I'll get after this round is done.

*Interjection.*

**Mr. Yasir Naqvi:** I have two minutes right now; exactly.

But I want to note one point. I think what's remarkable—I've been hearing this debate for a while—is the kind of collegiality that exists among members. Once you get through the cut and thrust of question period, you get some really concrete debate that takes place, with constructive ideas. This is one important issue where we all bring some sort of a personal story, either from our community or personally of somebody we know, or even individually. I've heard some stories in terms of interactions with these types of painkiller medications, these narcotics that can turn addictive and result in complex situations.

In my little time after this, I will speak at some length about what has been happening in Ottawa in terms of abuse of narcotics and why this legislation is important. It's a good, important step to ensure that we do control these drugs and that we have a system in place in order to monitor the use, the prescription and the abuse around these drugs so that we can remedy any abuse that may be

caused—especially the illegal element, the criminality around the use of this drug as well.

Once again, I congratulate all the members who have spoken on this for sharing their ideas, because that's how the process, in terms of developing a bill, strengthens and really ensures that whatever we pass through this legislation and implement in the province has very constructive input from all the members—the task that we've been given by our constituents.

**The Deputy Speaker (Mr. Bruce Crozier):** Questions and comments?

**Ms. Lisa MacLeod:** I'm so pleased to be adding my voice for the third time this afternoon to this bill, Bill 101, the narcotics act. Of course, I have mentioned several times in this chamber this afternoon that our party, the Progressive Conservative Party, will be supporting this bill. But as I've mentioned on a few occasions, we on this side of the House feel it's necessary to undertake a series of consultations throughout the province, particularly in northern Ontario, as well as in aboriginal communities. We think this is a first step, an important first step, but that there's more work to be done so that Ontarians with these abuse issues surrounding narcotics can be dealt with fairly, quickly and effectively.

I'd just look to again reiterate my support for my colleagues on the non-partisan, all-party Select Committee on Mental Health and Addictions. I think that the members who sat on that committee and the work that they did ought to be commended in this chamber for putting aside party differences to look at what is best for everyday Ontarians who require this Legislature's assistance, and that's why I'm pleased to see this bill move forward. I think it speaks to some of the issues that our colleagues from all political parties dealt with.

So again, thank you for this opportunity. I think it might be unprecedented for a member to speak three times in an afternoon on one bill. Mike Brown is actually shaking his head. But let me be clear: I've enjoyed my opportunities today to speak to this bill and I am a great supporter of it. I look forward to speaking to it again at another opportunity.

**The Deputy Speaker (Mr. Bruce Crozier):** The member for Willowdale, you have up to two minutes to respond.

**Mr. David Zimmer:** It's heartening that all members of this Legislature are on the same page on this issue.

The issue of stakeholder consultation has come up, and in the two minutes allotted to me, just let me tell you that the various health care regulatory colleges, the College of Physicians and Surgeons of Ontario and so on, have been consulted with. Various law enforcement agencies throughout Ontario have been consulted with. The Ontario College of Pharmacists has been consulted with. The OMA, Ontario Medical Association, and the ODA, Ontario Dental Association, have been consulted with. Representatives from the various arms of the pharmaceutical industry here in Ontario have been consulted with on the various aspects of this legislation.



I can tell you that in the general public there's been a strong, if not overwhelming, response to this legislation. There are a lot of points of view and very good suggestions there. We've particularly heard from various patient support groups that deal with pain management issues.

The various First Nations communities have been consulted with. In fact, in my remarks I said how they have gone so far as to declare a state of emergency and looked to this Legislature for some assistance here.

Other third party payers, the workers' safety board and the like, have been consulted with.

Equally as importantly, the Information and Privacy Commissioner has been consulted with because there are some disclosure issues involved in this legislation, and I touched on those in my earlier 20-minute remarks.

Thank you, Speaker.

*Second reading debate deemed adjourned.*

**The Deputy Speaker (Mr. Bruce Crozier):** After referring to the various timepieces that are available to the Chair in this chamber, I refer to my trusty pocket watch, which says this House is adjourned until 9 of the clock Thursday morning, September 30.

*The House adjourned at 1759.*

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Tony Ruprecht  
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Elizabeth Witmer  
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