

HESA Appearance

Minister Saks

Mandate Letters

November 1st, 2023

HESA APPEARANCE ON MANDATE COMMITMENTS

NOVEMBER 1st, 2023

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SCENARIO NOTE

MINISTER SAKS

APPEARANCE BEFORE THE STANDING COMMITTEE ON HEALTH (HESA) – MANDATE COMMITMENTS

November 1, 2023

MEETING SCENARIO

You will be supported by the following officials who will appear with you at the meeting:

Health Canada

Dr. Stephen Lucas, Deputy Minister

Eric Costen, Associate Deputy Minister

Jennifer Saxe, Associate Assistant Deputy Minister, Cannabis and Controlled Substances Branch

Michelle Boudreau, Associate Assistant Deputy Minister, Strategic Policy Branch

PHAC

Heather Jeffrey, President

Dr. Theresa Tam, Chief Public Health Officer

Nancy Hamzawi, Executive Vice President

CIHR (virtual)

Tammy Clifford, Acting President

The Committee meeting will begin with your opening remarks, which you will have 5 minutes to deliver. You will then take questions from Committee members for the remainder of the hour.

The first round of questions is generally 6 minutes in length and is asked in the following order: Conservative Party (CPC), Liberal Party (LPC), Bloc Québécois (BQ), and New Democratic Party (NDP).

In the second and subsequent round(s), the order and time of questioning is as follows: Conservative Party (5 minutes), Liberal Party (5 minutes), Bloc Québécois (2.5 minutes), NDP (2.5 minutes), Conservative Party (5 minutes), and Liberal Party (5 minutes).

COMMITTEE CONTEXT

The Committee is conducting the following four studies concurrently:

1. Children's Health (drafting a report)
2. Oversight of Medical Devices (Breast Implants) (drafting a report)
3. Patented Medicine Prices Review Board (drafting a report)
4. Natural Health Products

There are three studies which the Committee has adopted motions to undertake, that have not become active yet:

1. National Three-Digit Suicide Prevention Hotline (9-8-8)
2. Women's Health
3. Opioid Epidemic and Toxic Drug Crisis

The Committee's most recent meetings have been dedicated to finishing the three reports that were begun before the House of Commons adjourned for the summer recess. Two meetings have also been held to study new regulations being introduced for Natural Health Products. Officials from the Health Products and Food Branch and the Regulatory Operations and Enforcement Branch appeared before the Committee on September 27 to discuss issues that emerged in media reports over the summer. The main issues raised at the September 27 appearance included adverse reactions reporting, the economic impact of proposed regulations, and the intersection of the new regulations and Vanessa's Law.

The most recent ministerial appearance at the Health Committee was in April 2023, when the previous Minister of Health appeared with Departmental officials pursuant to the Committee's study on the Patented Medicines Prices Review Board (PMPRB). The last appearance with both Ministers was on March 23, when the former Minister appeared with the former Minister of Health to discuss the Supplementary Estimates (C), Main Estimates, and Departmental Plans. The main issues raised at that time included pharmaceuticals, federal health transfers, the Canada Health Act, alcohol (as a carcinogen and with regards to labelling), safer supply, drug shortages, dental care, vaccines, healthy lifestyles (eating, physical activity), children's health, rare diseases, mental health funding and services, and substance use.

The Opposition role at the Committee is led by the Conservative Party, who have placed several key critics (i.e., "shadow ministers") on the Committee. Dr. Stephen Ellis is the Shadow Minister for Health, and Todd Doherty is the Shadow Minister for Mental Health and Suicide Prevention. More recently, they have raised concerns about supervised consumption sites and the provision of safer supply of controlled substances, linking it to generalized concerns about decriminalization and overdose related deaths. The Shadow Minister for Addictions, MP Laila Goodridge, was present at the former Minister's appearance at

HESA in March for the Supplementary Estimates (C), Main Estimates and Departmental Plans. During the meeting, Ms. Goodridge commented critically about safer supply and the review of the Cannabis Act. Ms. Goodridge asked about funding for the Substance Use and Addictions Program and media reports alleging diversion of controlled substances in safer supply environments. In recent meetings, members have expressed concerns about proposed regulations for natural health products. Conservative members have characterized cost-recovery measures as an added tax and expressed skepticism about adverse reactions reporting.

The New Democratic Party (NDP) presence is led by Don Davies, the Party's Health Critic and long-standing member of the Committee, but NDP Mental Health and Harms Reduction critic, Gord Johns, has often attended meetings when the Minister of Mental Health and Addictions appears. When the former Minister went in March to discuss the Supplementary Estimates (C), Main Estimates, and Departmental Plans, Mr. Johns commented critically about government progress on decriminalization and criticized the amount spent on the Substance Use and Addictions Program. Mr. Johns also asked several questions about mental health funding, services for substance users, and safer supply. Generally, NDP led the push for the Committee to study the PMPRB, with Mr. Davies being the originator of the motion and asking repeated follow-up questions about the matter in the House of Commons during Question Period. Mr. Davies also supported the Interim Canada Dental Benefit at the Committee and has raised the issue of dental care in conjunction with the NDP's support of the Government's forthcoming Pharmacare legislation. Mr. Davies has been the leading proponent of the Committee's upcoming study on Women's Health, noting the importance of the issue in several statements in the House of Commons and identifying breast implants and cancers related to women as issues important to him.

The Bloc Québécois (BQ) presence is led by BQ Health Critic, Luc Thériault. In general, the BQ advocate for strong protection of matters under provincial jurisdiction and increased federal health transfers. BQ MPs have repeatedly emphasized a general skepticism about the ability of the Federal Government to deliver programs that may be similar to those already existing in Quebec. For example, during the debate on the interim Canada Dental Benefit, BQ members argued that the money being spent on the federal benefit should be provided to Québec in the form of an additional transfer. Mr. Thériault's concerns about federal health transfers have been reflected in other venues. In briefings earlier this year regarding the Canada Health Act, Mr. Thériault raised concerns about the methodology used estimate deductions to the Canada Health Transfer for diagnostic services and repeated earlier statements criticizing conditional health funding for Québec. Mr. Thériault has also been deeply involved in the Committee's ongoing study into medical devices (breast implants). He has expressed his interest in establishing a national breast implant registry, noting past attempts, saying, "since there's no registry, the women who are dealing with the problems or who are unaware of any potential problems can't verify what was implanted in them."

NEXT STEPS

The Department endeavours to respond to any follow-up commitments made at the meeting within 2-3 weeks of the appearance.

The Committee's study on Women's Health is expected to begin on November 6. Departmental officials have been invited to appear. The Committee is also projected to begin a study on the Opioid Epidemic and Toxic Drug Crisis. The study is expected to begin in early 2024.

The Supplementary Estimates (B) 2023-2024 is expected to be referred to the Committee later in November. It is possible that you and Minister Holland will be invited to appear.

Supervised Consumption Sites (SCS) Data

October 2017 to June 2023

Number of SCSs currently offering services in Canada

As of September 14, 2023, there are 39 sites offering SCS services in Canada

Province/City Number of SCS

Alberta 5

Calgary 1

Edmonton	3
Grande Prairie	1
British Columbia	5
Vancouver	3
Victoria	1
Surrey	1
Ontario	24
Greater Sudbury	1
Guelph	1
Hamilton	1
Kingston	1
Kitchener	1
London	1
Ottawa	4
Peterborough	1
St. Catharines	1
Thunder Bay	1
Toronto	11
Quebec	4
Montreal	4
Saskatchewan	1
Saskatoon	1
CANADA TOTAL	39

Number of overdoses attended to, number of clients and number of visits

Numbers reflecting the period between October 2017 and June 2023

Province	Number of overdoses attended to	Number of unique clients	Number of visits
Ontario	20,975	179,395	1,151,436
British Columbia	5,226	101,454	839,207
Alberta	12,272	60,415	775,301
Quebec	1,325	16,655	90,979
Saskatchewan	34	4,048	11,684
Unknown PT	9,841	-	1,441,767
TOTAL	49,673	361,967	4,310,374

Note: Most of the data received during the period of October 2017 to February 2020 cannot be broken down by province. This data is captured under "Unknown PT" in the above table. The number of unique clients is not available prior to March 2020. As such, the number of unique clients reported is from the period of March 2020 to June 2023.

Q. 4 SCS offering services in Canada by province and city

SUAP PROJECTS BY PROVINCE/TERRITORY

Number of SUAP projects, broken down by PTs

The total number of active projects as of September 18, 2023, is 253. Of these, 51 are national in scope.

The breakdown by PT and city is as follows:

Province/City SUAP Projects

Alberta 18

Atikameg 1

Calgary 8

Eden Valley 1

Edmonton 4

Fort McMurray 1

Grand Prairie 1

Standoff 1

Stony Plain 1

British Columbia 68

Agassiz 1

Burnaby 3

Campbell River 1

Chilliwack 1

Comox 1

Delta 1

Houston 1

Kelowna 2

Mission 1

Nanaimo 1

Nelson 1

New Westminster 2

Pender Island 1

Penticton 1

Port Alberni 1

Powell River 1

Quesnel 1

Squamish 2

Surrey 5

Vancouver 32

Victoria 8

Manitoba 17

Brandon 1

Pine Falls	1
Selkirk	1
Steinbach	1
Winnipeg	13
New Brunswick	4
Eel Ground	1
Fredericton	1
Moncton	1
St. John	1
Newfoundland	8
Bell Island	1
Clarenville and Bonavista	1
Goose Bay	1
Mount Pearl	1
St. John's	4
Nova Scotia	12
Cape Breton	1
Halifax	8
Kentville	2
Sydney	1
Northwest Territories	2
Fort McPherson	1
Yellowknife	1
Nunavut	1
Hamlet of Pangnirtung	1
Ontario	107
Aurora	1
Belleville	1
Bothwell	1
Brantford	2
Chatham	1
Concord	1
Garden Village	1
Guelph	4
Hamilton	6
Kingston	1
Kitchener	1
Lindsay	1

London	5
M'Chigeeng	1
Markdale	1
Midland	2
North York	1
Ohsweken	1
Ottawa	19
Owen Sound	1
Peterborough	5
Scarborough	3
Sioux Lookout	3
St. Catharines	1
Sudbury	2
Thunder Bay	1
Toronto	36
Waterloo	3
Wkwemikong	1
Prince Edward Island	2
Charlottetown	2
Quebec	2
Quebec City	1
Gatineau	1
Saskatchewan	6
Regina	2
Saskatoon	4
Yukon	4
Pelly Crossing	1
Whitehorse	3

About SUAP

Health Canada's Substance Use and Addictions Program (SUAP) provides grants and contributions (G&Cs) funding in support of the Canadian Drugs and Substances Strategy (CDSS), as well as the Cannabis Program and Canada's Tobacco Strategy.

Through SUAP, Health Canada provides time-limited funding that supports the development and evaluation of a range of innovative approaches to harm reduction, treatment, and prevention projects, and meets the needs of disproportionately impacted populations at the community level.

Since 2017, over \$500M has been committed for more than 380 projects through SUAP to address the overdose crisis and other substance use issues.

On September 29, 2023, a new Call for Proposals was launched to solicit new applications. The deadline for submissions is November 22, 2023.

Active Projects – Breakdown (as of October 2023)

There are currently 248 active SUAP projects across the country, representing \$339M in federal funding. The breakdown of active projects by PT is as follows:

AB: 18 BC: 67 MB: 17 NB: 4 NL: 9 NS: 11
NT: 2 NU: 1 ON: 105 PEI: 2 QC: 2* SK: 6
YK: 4

The Province of Quebec receives SUAP funding on a per-capita basis (approximately 22.5% of SUAP contribution funding). Funding is administered through contribution agreements with the Ministère de la Santé et des Services sociaux.

The active SUAP projects focus on the following pillars:

Harm reduction: 144

Treatment: 41

Prevention: 31

Multiple: 32

The active SUAP projects target the following substances:

Opioids: 83

Alcohol: 5

Tobacco: 4

Cannabis: 6

Methamphetamine: 11

Polysubstance: 139

The active SUAP projects focus on the following priority populations:

Indigenous led and/or focused: 50

Youth: 18

2SLGBTQIA+: 3

Impacts of SUAP investments

Cumulatively, as of March 31, 2023, SUAP-funded projects have created a total of:

6,619 knowledge products, including pamphlets, publications, knowledge hubs, training curriculums, guidelines, apps, and toolkits;

64,437 learning opportunities including training sessions, conferences, webinars, and communities of practice; and,

2,860 new services including harm reduction, counselling, treatment, safer supply, and drug checking.

Prevention

Areas of focus:

Youth substance use and harms prevention, including building the capacity of teachers to engage students on substance use related issues, and increasing youth resiliency.

Pain-related projects that address a range of recommendations from the Canadian Pain Task Force, recognizing the relationship between unmanaged pain and substance use.

Example of results:

As of March 2022, SUAP-funded cannabis public education projects have created 1,404 awareness/education products and delivered 2,133 learning opportunities, which were accessed approximately 92 million times by Canadians/stakeholders.

Current project example:

Dalhousie University, Halifax NS: Opioids and Our Youth (\$613,062) – This project provides additional resources to youth, parents, caregivers, healthcare professionals and decision-makers related to safe and effective use of opioids to help manage acute and chronic pain in children and adolescents.

Harm reduction

Areas of focus: naloxone awareness, education, and distribution, as well as safer supply pilot projects, drug checking and peer capacity building.

Example of results:

As of Spring 2023, investments through SUAP have resulted in the training of nearly 1.5 million Canadians on how to respond to an overdose, including over 150,000 trained on how to administer naloxone, and the distribution of more than 69,000 nasal naloxone kits.

Over 4300 clients have accessed services provided by federally funded safer supply initiatives.

Spurred innovation in drug checking technology, and piloted projects to check for toxic and unexpected substances in the drug supply and communicate this information quickly to both practitioners and clients.

Current project example:

Kilala Lelum Health Centre, Vancouver BC: Overdose Response Expansion Project - Providing Cultural Safety and Safer Prescription Medicine Alternatives (\$4,734,941) – This project expands existing services at the Urban Indigenous Health and Healing Cooperative health centre in Vancouver's Downtown East side to include safer supply and Indigenous Elder-led cultural healing programs.

Treatment and recovery

Areas of focus: broad range of projects, including development of evidence-based guidelines, implementation or expansion of programs such as rapid access addiction medicine clinics and smoking cessation supports.

Example of results:

Training for primary care addictions specialists has contributed to increasing health care system capacity to address substance use.

Development and update of guidelines, such as:

Use of Opioids for the management of chronic non cancer pain: Update of the 2017 Canadian guideline for safe and effective use of opioids for chronic non cancer pain

Clinical Management of High-risk Drinking and Alcohol Use Disorder

Current project example:

Possibilities Recovery Centre Inc., Saskatoon SK: Indigenous Women's Intensive Outpatient Addiction support (\$696,441) – This project seeks to improve continuity of care by delivering a 16-week intensive outpatient addiction treatment program for indigenous women with substance use disorders that are completing prison sentences and beginning to reintegrate into society.

Further SUAP project highlights

Drug Overdose Prevention and Education

Somerset West Community Health Centre (Ottawa ON): This project trains harm reduction peer workers who provide proactive outreach in non-traditional environments to identify, engage and build capacity for safer practices with the most isolated members of the substance using community who use alone and in unsafe conditions.

Since 2019, this program has:

☑ Had 28,875 individual engagements (not unique due to the anonymous nature of the program)

☑ Since April 2022, had 1,796 engagements with African, Caribbean, Black or Indigenous individuals

- ☐ Produced 140 educational and training materials and provided 40 presentations and workshops to a variety of audiences, 819 participants in total
- ☐ 94% of attendees stated they gained knowledge and skills from the workshop.
- ☐ Conducted 441 injectable and 401 nasal Naloxone training sessions
- ☐ Provided 1296 injectable and 1789 nasal Naloxone kits
- ☐ Administered Naloxone to community members 75 times

Funding: \$2,070,132

Project duration: June 6, 2019 to March 31, 2024

Service delivery and Capacity Building

St. John's Ambulance, Canadian Red Cross, Advanced Coronary Treatment Foundation (ACT): These project were funded to improve access to naloxone.

As of May 2023, these projects:

- ☐ contributed to more than 1.5M Canadians being trained on how to respond to an overdose, including 153,730 on how to administer naloxone, and more than 69,000 nasal naloxone kits being distributed across the country.
- ☐ A St John Ambulance post-training evaluation found the following:
- ☐ 89% of respondents felt better equipped to advocate for harm reduction practices in their community or organization
- ☐ 85% of respondents reported an increased comfort administering naloxone, (an increase from 27% pre-training)

Safer Supply

River Stone Recovery Centre (Fredericton NB): This project is implementing a full spectrum recovery clinic that incorporates individualized care pathways, flexible medical appointments, group therapy sessions, peer support, social support services, oral opioid agonist therapy, supervised injectable opioid agonist treatment (iOAT) , and stimulant replacement therapy in a safe, clean and supportive health care environment.

This project reports that:

89% of patients in iOAT had housing after 24 months.

83% are no longer stealing to support their substance use after 12 months of iOAT.

Funding: \$5,247,344

Project duration: March 20, 2020 to March 31, 2024

Wrap-around care

Eastside Movement for Business and Economic Renewal Society (Vancouver BC): This project provides rapid access, long-term addictions care to people who have gained employment through the EMBERS Eastside Works program in Vancouver's Downtown Eastside.

4 new services offered: Peer-run SMART Recovery Sessions, Group Counselling Session, Individual Counselling sessions, and Clinical appointment accompaniments, and 117 clients have used these services.

100% of clients interviewed reported practicing safer use, increased attachment to healthcare services, and increased substance use management including abstinence.

Evaluations of this project have found that achieving employment goals was positively correlated with reduced risk of substance use related harms and improvements in physical and mental health.

Funding: \$576,615

Project duration: April 19, 2021 to March 31, 2024

Best Practices and Service Delivery

Unity Health Toronto (Toronto ON): This project is piloting an emerging drug checking technology device called DoseCheck, with the goal of expanding access to overdose prevention technology in underserved settings and among structurally vulnerable populations.

The project reports that:

DoseCheck and a smartphone-based portable drug checking device is being pilot tested at 3 harm reduction sites in Canada.

Funding: \$438,038

Project duration: March 29, 2022 to March 31, 2023

Drug Checking

University of Western Ontario (London ON): This project operates a drug checking laboratory at Western University and a novel drug checking system ("Scatr") to 8-10 supervised consumption sites. The project supports people who use drugs and people who inject drugs, as well as support workers.

Scatr was the winner of the 2018 Drug Checking Technology Challenge and was awarded the \$1 million grand prize to further develop and build their technology that is rapid, accurate, has quantification ability, and is easy to use in a front-line environment.

The project reports that:

Scatr is available at 11 harm reduction sites across Canada

Funding: \$1,995,775

Project duration: January 20, 2023 to March 31, 2024

Public Education and Research

Governing Council of the University of Toronto (Toronto ON) : This project develops video case studies that collect, through interviews, the experiences of people who use drugs and have received emergency room care in hospitals in Ontario. Led by people who use drugs, the conversations enable the organization to identify existing barriers to health care for people who use drugs.

Funding: \$470,027

Project duration: March 7, 2023 to March 31, 2025

Public Education and Capacity Building

Community Addiction Peer Support Association (Ottawa ON): Through this initiative, the organization works with trained peer leaders who help influence decision makers of organizations that serve people who use substances. These efforts influence system-level changes to reduce substance-related stigma within their respective organizations.

The project reports that:

85% of respondents who took Community Addiction Peer Support Association's training are now confident using person-first language (person-first language emphasizes the person before the disability) among family and friends.

Funding: \$3,277,567

Project duration: March 1, 2021 to March 31, 2025

Project started in March of 2023 and as such, projects results are not available.

KEY STATISTICS OF INTEREST

Prevalence of illegal drug use:

Past-year use of at least one of six illegal drugs in the general population aged 15+ was 3% and use of pharmaceuticals for non-therapeutic reasons was 2%

Past 12-month use of one or more illegal drugs in youth grades 7-12 was 7% and use of pharmaceuticals for non-therapeutic reasons was 6.6%

Opioid overdose deaths:

There was a total of 38,514 apparent opioid toxicity deaths between January 2016 and March 2023

Year	Number of total apparent opioid toxicity deaths	Average number of opioid toxicity deaths per day
2016	2,831	8
2017	3,925	11
2018	4,219	12
2019	3,716	10
2020	6,421	18
2021	8,015	22
2022	7,483	21
2023 (Jan to Mar)	1,904	21

So far in 2023 (January to March):

73% of the total deaths occurred among men and 88% of the total deaths occurred among people aged 20 to 59

48% of accidental opioid toxicity deaths also involved a stimulant

79% of accidental stimulant toxicity deaths also involved an opioid

Among those who died that were employed, most were concentrated in the trades and other physically demanding occupations: approximately 30% of opioid-related deaths in ON and 23% in BC occurred among people working in the construction industry

Opioid overdose deaths – regional variations :

So far in 2023 (January to March), 90% of the total apparent opioid toxicity deaths occurred in Ontario, British Columbia, and Alberta (1,715 deaths)

Elevated mortality rates have also been observed in other areas with smaller population sizes, including Saskatchewan and Yukon (13.1 and 27.4 deaths per 100,000, respectively)

Safer supply projects:

As of October 2023:

There are 29 projects currently active serving approximately 4,300 clients.

Health Canada has supported a total of 31 safer supply pilot projects across Canada through the Substance Use and Addictions Program (SUAP), representing total funding of over \$102 million.

Supervised consumption sites (SCS):

There are currently 39 SCS offering services in Canada

From October 2017 to June 2023 at SCS in Canada:

There were over 4.3 million visits

There were at least 361,000 unique clients

Almost 50,000 overdoses were attended to

Staff made over 257,000 referrals to health and social services

Note: Additional PT overdose prevention sites/urgent public health need sites are authorized through a HC exemption for PTs

Naloxone training and distribution:

SUAP-funded naloxone projects have resulted in the training of nearly 1.5 million Canadians on how to respond to an overdose, over 153,000 trained to administer naloxone, and more than 69,000 nasal naloxone kits distributed across Canada (as of spring 2023).

Alcohol-induced Deaths

Year # of alcohol-related deaths

2019 3,200

2020 3,790

2021 3,870

Cannabis Use Rate

Among the overall population, past-year cannabis use has increased slightly since legalization, continuing a pre-existing trend

The proportion of past-year cannabis consumers who use daily/almost daily (high risk behavior) has not changed since legalization

Prevalence of past-year use among youth has not followed the upward trend observed in the general population and has remained relatively stable

Frequency of use has remained relatively stable among youth

Age of first use has remained relatively stable with an average age of initiation of 14 years

Smoking remains the most common method of consuming cannabis, but is declining steadily

Smoking is the most common method for frequent use (daily or near daily)

Consumers are shifting to ingesting (eating or drinking) or vaping cannabis

Smoking & Vaping Rates

Age	Current daily cigarette smoking	Past-30-day vaping
General pop 15+	8%	6%
15-19 (youth)	1%	14%
20-24 (young adults)	3%	20%
25+ (adults)	9%	4%

Smoking deaths (per year)

Smoking is the leading preventable cause of premature death in Canada and kills more than 46,000 Canadians every year; that is about one Canadian every 11 minutes (data as of 2020).

Suicide Rates

Approximately 12 people die by suicide each day

Approximately 4,500 deaths by suicide per year

In 2019, suicide was the ninth leading cause of death among all Canadians.

In 2019, suicide was the second leading cause of death among individuals aged 15 to 34, behind unintentional injuries.

In 2021, there were 3,769 deaths by suicide reported (according to preliminary data).

The 2020 and 2021 data is provisional and could potentially increase by 5 to 15% over the next year.

While mortality data during the pandemic is not readily available, data on the prevalence of suicidal ideation among adults shows that thoughts of suicide did not increase in fall 2020 and was similar to the pre-pandemic level of 2019 (2.7%); however, prevalence of suicidal ideation (suicidal thoughts or ideas) significantly increased to 4.2% in spring/winter 2021.

Key Messages

Since becoming Minister of Mental Health and Addictions this summer, I have heard from Canadians across the country.

They've told me about their substance use and mental health challenges and how these are shaping their lives. I've heard from parents and from youth, from experts and frontline workers.

We are living through turbulent and challenging times and in a world that is changing rapidly.

Canadians have told me that governments need to use every tool at our disposal to address this unprecedented and unrelenting public health crisis. And that's exactly what we're doing.

Our Government's approach to mental health and substance use puts Canadians at the centre of everything we do.

Guided by experts and by evidence, we are taking a public health approach, with the understanding that we must be compassionate and bold in our efforts (1) to address the deadly overdose crisis and toxic drug supply, and (2) to improve access to high quality mental health supports, as a vital part of the health care system.

The Canadian Drugs and Substances Strategy is balanced, comprehensive and evidence-based. It is about reducing harms, saving lives, promoting well-being, and keeping families and communities safe.

We have made historic investments across the entire continuum of care. From prevention, education and early intervention, to harm reduction, treatment and wrap around supports.

We have invested over \$500 million in more than 380 community-based projects from coast to coast to coast. And we are investing in health system change to ensure our health care system provides timely access to mental health services whenever and wherever they need them.

That is why we made mental health a central priority as part of the Working Together to Improve Health Care for Canadians plan. I believe unequivocally: health care must include mental health care.

We are also focused on helping the most vulnerable. Suicide prevention is a top priority and we will soon launch the 9-8-8 Suicide Crisis Helpline. As of November 30, people in Canada will have easier access to 24/7/365 bilingual, trauma-informed, culturally appropriate suicide prevention and emotional distress support.

Helping the most vulnerable people in our society requires compassion and conviction. Our government has been unflinching in our effort to boldly support crisis interventions, to scale up evidence base services that are proven to save lives, and to be vigilant in working with our partners in addressing these challenging and complex realities.

Every one of our investments is an investment in health care. It's an investment in people to promote mental health and wellbeing and in keeping our loved ones and neighbours safe.

Harm Reduction – Safer Supply

Harm reduction is health care. Harm reduction is the door to the system.

Safe consumption sites have responded to almost 50,000 overdoses since 2017.

Our Government has invested over 100 million dollars to expand access to a safer supply and other substitution treatment programs.

Common sense without science means lives lost. Raising stigma and fear is killing people.

Our Government will use every tool at our disposal to end this national public health crisis.

PHARMACEUTICAL ALTERNATIVES TO THE TOXIC DRUG SUPPLY

KEY MESSAGES

Canada's high rates of overdose death are being driven by an illegal drug supply of lethally potent and adulterated drugs where a single dose can kill. That is why our government is committed to using every

tool at our disposal to save lives as first step to supporting recovery and health, keep communities safe, and dismantle criminal drug trafficking and organizations.

These programs are being evaluated by experts across Canada. We are seeing some promising early outcomes, including reports of reductions in hospitalizations and emergency department visits. Clients and providers are also reporting a reduction in overdoses, illegal drug use, and criminal activity.

The concerns expressed by some physicians about the diversion of Hydromorphone are deeply concerning. In response I have directed the department to look into the situation on urgent basis and I am prepared to take action if needed.

The primary goal of these programs is to save lives and reach people at risk of overdose whose current care options have not been effective. It can keep them alive, and help connect them to other health and social services.

IF PRESSED ON EVIDENCE AROUND PROGRAMS PROVIDING PHARMACEUTICAL ALTERNATIVES

Providing pharmaceutical alternatives to the toxic drug supply is an emerging practice, focused on saving lives.

These programs are being evaluated by experts across Canada. We are seeing some promising early outcomes, including reports of reductions in hospitalizations and emergency department visits. Clients and providers are also reporting a reduction in overdoses, illegal drug use, and criminal activity.

We are also aware of some concerns, such as diversion, and are committed to taking action where necessary.

Health Canada will continue to evaluate all available and emerging evidence in regard to programs providing pharmaceutical alternatives to understand the potential benefits and risks.

IF PRESSED ON DIVERSION FROM PROVIDING PHARMACEUTICAL ALTERNATIVES

Health Canada takes the issue of diversion of controlled substances very seriously. We are aware that there are reports of diversion of some forms of drugs from programs that provide pharmaceutical alternatives.

The concerns expressed by some physicians about the diversion of Hydromorphone are deeply concerning. In response I have directed the department to look into the situation on urgent basis and I am prepared to take action if needed.

The diversion of controlled substances is illegal, regardless of where it takes place. This includes giving away, trading or selling these drugs to other people.

Provinces, territories, healthcare providers and patients, all have a role to play in ensuring that drugs used in these programs are only consumed by the people to whom they were prescribed.

IF PRESSED ON SPECIFIC ACTIVITIES TO ADDRESS DIVERSION

The concerns expressed by some physicians about the diversion of Hydromorphone are deeply concerning. In response I have directed the department to look into the situation on urgent basis and I am prepared to take action if needed.

Current projects have implemented a range of measures to help prevent diversion, which may include:

patient screening

physician oversight of prescribing (dosage and scheduling)

follow up consultations/monitoring with patients

urine drugs screening tests to monitor consumed substances

health care practitioners may crush hydromorphone tablets before providing them to patients

for fentanyl patches, can be covered and signed by physician to prevent removal

participants being made aware that diversion can result in removal from the program

some projects are expanding the range of drugs offered to better meet client tolerances, including compounding their own drug formulations

IF PRESSED ON MEDICATION-ASSISTED TREATMENT

Programs that provide pharmaceutical alternatives sit within a continuum of services where medications are prescribed in the context of a therapeutic relationship between a healthcare provider and a patient.

Programs that provide pharmaceutical alternatives are informed by well-established domestic and international evidence from medication-assisted treatment services, which are considered the gold standard of treatment for substance use disorder.

Unlike medication-assisted treatment, the goal of programs that provide pharmaceutical alternatives is not treatment, but preventing overdose deaths. As such, they have different features and approaches compared to medication-assisted treatment, and need to be assessed on their own merits.

IF PRESSED ON UNSUPERVISED DOSES

Prescriber models include those in which medications are consumed in front of the health care provider, or those where patients are provided with take-home doses.

Observed dosing requires an individual to visit a site several times a day, which may impede one's daily life. For those who are employed, this can affect their income.

Some qualitative evaluations of safer supply have described the benefit of greater control over drug use due to take-home dosing. For example, some clients have described how take-home dosing has allowed them to address withdrawal symptoms during hours when the clinic was closed, so they did not have to resort to the illegal drug market.

BACKGROUND

Safer supply sits within a continuum of services where medications are prescribed in the context of a therapeutic relationship between a healthcare provider and a patient. Safer supply services are informed by well-established domestic and international evidence from medication-assisted treatment (MAT) services, which are considered the gold standard of treatment for substance use disorder. Unlike these services, the goal of safer supply is not treatment, but preventing overdose deaths. As such, they have different features and approaches compared to MAT, and need to be assessed on their own merits. The evidence base specific to safer supply services is still developing, but is growing. Existing studies and evaluations of safer supply programs are showing some promising early outcomes, including strong evidence of reduced emergency department visits and hospitalizations among safer supply clients. Other studies have been conducted by researchers across the country that include client and provider reports of a range of benefits, including:

reductions in overdoses;

reductions in illegal drug use;

reduced engagement in criminalized activities;

improved access to health and social services;

improved relationships with and trust in primary care providers among clients who face barriers to care; and

other quality of life improvements including improved physical and mental health, the time and stability needed to pursue personal goals, and better relationships with children and family members.

Health Canada recognizes that additional high-quality evidence is needed that address potential benefits and risks of safer supply. To help build this evidence, Health Canada is supporting assessment and evaluation projects related to Substance Use and Addictions Program-funded pilot projects. This includes a preliminary assessment of 10 safer supply pilot projects in Ontario, British Columbia and New Brunswick. The federal government, through the Canadian Institutes of Health Research (CIHR), is also supporting a study being conducted by a research team from the Canadian Research Initiative in Substance Misuse. This four-year evaluation research project focuses on program implementation and the short-term health outcomes of eleven of the government funded safer supply pilot projects. The final results of this study are expected in 2025. Additionally, CIHR has awarded \$2 million to the University of Victoria to support a four-year study evaluating the safer supply initiatives in British Columbia in partnership with Indigenous leaders, Elders and system partners.

It is important to understand that safer supply services exist in a limited number of locations in Canada, and currently serve a relatively small number of clients compared to the total number of people who use drugs and who are at risk of overdose due to the toxic illegal drug supply in Canada. The focus of federally funded projects has been on building the evidence around this new practice. Because of the relatively small scale of these pilot projects (i.e. 29 projects nationally, serving approximately 4300 clients), they are unlikely to have a significant measurable impact on the overall rates of overdose within the broader population of Canada. As noted above, several studies to date report that safer supply services are working well for clients in these programs, including client reports of reductions in hospitalizations, overdoses, illegal drug use, and criminal activity.

Report on Riverdale

We offer our deepest condolences to the family and friends of Karolina Huebner-Makurat individual who lost her life.

We are deeply committed to providing evidence-based services and supports to people who use drugs, and, in doing so, we take the health and safety of those using these services, and their surrounding communities, very seriously.

Health Canada is in constant communication with the site and worked with them to improve community engagement, reduce loitering and improve security around the centre.

We will continue to work with them to protect both public health and public safety.

.SUPERVISED CONSUMPTION SITES / SITE DE CONSUMMATION SUPERVISÉE

KEY MESSAGES

Supervised Consumption Sites are essential to keeping people who consume drugs alive by providing them access to a range of support services in a sanitary and supervised environment, staffed by trained professionals and peers.

The Supreme Court of Canada, experts, service providers, parents and people with lived experience agree that supervised consumption sites save lives and often are the first step along the path to a healthier life.

There are currently 39 sites in Canada. They have seen over 4.3 million visits and responded to 50,000 overdoses. Importantly, SCS are responsible for over 256,000 referrals to health and social services.

IF PRESSED ON THE DEATH OUTSIDE OF SOUTH RIVERDALE COMMUNITY HEALTH CENTRE (TORONTO)

I offer my deepest condolences to the family and friends of the individual who lost their life in July in Leslieville. This is a tragic situation that concerns us all.

The South Riverdale Community Health Centre is a non-profit organization that provides social and community outreach services to the people of East Toronto. Over the last 45 years, they have provided services to more than 14,000 unique clients and has reversed at least 1,097 overdoses since the supervised consumption site opened in November 2017.

The Government of Canada is deeply committed to providing evidence-based services and supports to people who use drugs, and, in doing so, takes the health and safety of those using these services, and their surrounding communities, very seriously.

IF PRESSED ON FEDERAL AND PROVINCIAL RESPONSIBILITIES

The oversight of the operations of SCS is a shared responsibility.

All levels of government must work together to ensure access to these life-saving services in a manner which also respects the security of the surrounding community.

In terms of Health Canada's responsibilities, we predominantly ensure compliance with rules for internal operations, policies and procedures of the site.

The Provinces also plays an important role, often as a funder. For example, some sites in Ontario receive funding from the Government of Ontario to operate as a Consumption and Treatment Services site. As such, they are subject to the Ontario provincial Consumption and Treatment Services Application Guide.

Other local matters, such as zoning or noise and other bylaws, are within the purview of municipal governments.

Finally, matters pertaining to illegal activity outside the site remain within the full discretion of the police.

IF PRESSED ON WHAT THE GOVERNMENT IS DOING REGARDING THE COMMUNITY CONCERNS AROUND SOUTH RIVERDALE

On September 19, 2023, the Government of Canada conducted a compliance verification at the South Riverdale Community Health Centre. The verification assessed, and confirmed, that the site is following the rules in their current exemption.

We understand there continues to be strong community concerns, and are working with the Ontario Ministry of Health to strengthen ongoing community engagement.

The Government of Canada is fully exercising our authority, and is currently exploring additional terms and conditions to ensure enhanced community engagement and community safety activities and reinforce what must be undertaken by the site.

IF PRESSED ON FUNDING FOR SITES IN SUDBURY AND TIMMINS

Sites offering supervised consumption in Sudbury and Timmins are currently operating on temporary funding due to expire at the end of December 2023.

The Government of Canada confirmed that both sites are awaiting funding decisions from the Ontario Ministry of Health Consumption and Treatment Services program, in order to continue operating.

IF PRESSED ON THE MINIMUM DISTANCE THAT AN SCS CAN BE FROM SCHOOLS

Supervised consumption sites provide life saving services and connect people suffering from substance use harms with the help they need.

These sites must comply with federal, provincial and municipal laws.

While there is no set minimum distance from schools, supervised consumption sites must specify how community concerns, such as proximity to schools, will be mitigated.

All levels of government must work together to ensure access to these life-saving services in a manner which also respects the security of the surrounding community.

BACKGROUND

Supervised consumption services save lives and benefit communities. Supervised consumption sites provide a safe, clean space for people to bring their own drugs to use, in the presence of trained staff. This prevents accidental overdoses and reduces the spread of infectious diseases, such as HIV.

Supervised consumption sites may offer a range of evidence-based harm reduction services, such as drug checking. The sites also provide access to important health and social services, including substance use treatment for those who are ready.

Health Canada has supported the rapid expansion of supervised consumption services across Canada. Since January 2016, the number of federally approved supervised consumption sites offering services has grown from 1 to 39. Health Canada also proactively issued exemptions that allows provinces and territories to establish new temporary Urgent Public Health Need Sites – also known as overdose prevention sites – within existing supervised consumption sites, shelters or other temporary sites, as needed. Urgent Public Health Need Sites, unlike supervised consumption sites, are temporary locations that can be set up rapidly to address the overdose crisis. Both share the goal of reducing overdose deaths.

BC Decrim

BC asked for this 3 year time-limited exemption that began in January 2023.

We take the safety of all Canadians seriously, that's why from the beginning we have approached this from both a public health and a public safety perspective.

This exemption will be continuously monitored, assessed and adjusted if needed.

Local governments do have tools and by laws they can amend to address any unintended consequences or concerns, of which we have always maintained we would be closely monitoring BC.

Local Bylaws on Public Use

The exemption granted to BC does not change the ability of local governments to pass or amend their bylaws as they know the best needs of their community and how to respond to it.

Stigma has led people to die alone.

We continue to work relentlessly to reduce substance use related harms.

Our government recognizes the tremendous work B.C. has been doing across the full continuum of care to address the overdose crisis and we will continue to work with them to save lives.

Threshold for BC

This crisis has taken a tragic toll on families, loved ones and communities across Canada.

In granting this cumulative threshold, several sources of data were carefully considered, including purchasing and use patterns, public health data, and law enforcement data.

The 2.5 gram cumulative threshold that was approved by Health Canada is supported by the Canadian Association of Chiefs of Police

The implementation of this exemption, will be closely monitored and evaluated to meet public health and public safety objectives

If Pressed – Threshold for BC

The amount of any specific drug a person may possess does not necessarily equate to the amount they will use at one time.

The composition of the drug supply is changing and now it's often a combination of substances frequently unknown even to those who use substances.

Peddling ignorance, anecdotes, raising fear and stigma won't solve this crisis. I invite my colleagues to look at the evidences, listen to the families and peoples directly impacted by this crisis and take the time to understand what is needed on the ground

BC Implementation

We are moving forward on decriminalization through a responsible framework and in partnership with a jurisdiction that continues to experience high rates of overdose deaths.

We have set out requirements and expectations for implementation, and we look forward to regular updates from the BC government as they go through this process.

Our government will partner with BC on any further implementation needs including monitoring, oversight and support to address the overdose crisis in the province

Diversion of Safer Supply

Diversion is an issue of concern that applies to any prescribed medications and not just to the medications prescribed by safer supply programs

All Healthcare professionals, must follow rules around the secure handling of controlled substances, including measures to help prevent diversion.

Provinces and territories also have professional standards and mandated obligations that must be adhered to.

Selling and buying drugs is and will remain illegal

We will continue to monitor this issue and take appropriate action where necessary.

If Pressed on Reports of Diversion from Safer Supply Programs

Systematic evaluations have shown that safer supply programs, when administered appropriately, save lives, keep communities safe, and dismantle criminal drug trafficking and organizations.

We are aware of concerns that some have raised with potential diversion. I take these concerns very seriously.

We are looking into these allegations urgently and we are prepared to take action where necessary.

Diversion of drugs from safer supply programs is illegal.

Health Canada supports law enforcement actions to address drug trafficking and support community safety. This involves working with both local law enforcement officials, and the RCMP.

BC Decrim – Rigorous Monitoring and Evaluation

We have put in place controls to monitor this exemption.

An arm's length evaluation framework led by the Ontario Node of the Canadian Research Initiative in Substance Misuse (CRISM) is in place as a monitoring mechanism.

The framework was developed by CRISM in collaboration with other national and international experts. They meet on a regular basis with an advisory board of experts from fields including health, policy, and economy.

SUBSECTION 56(1) REQUESTS FOR PERSONAL POSSESSION

UPDATE ON MANDATE COMMITMENTS

In January 2023, a three year exemption came into effect in BC so that adults will not be subject to criminal charges for the personal possession of small amounts of certain illegal drugs.

This exemption is one part of our comprehensive response and will help reduce stigma that leads people to use drugs alone and not seek the help they need.

As the first exemption of its kind in Canada, Health Canada is working closely with BC to monitor and evaluate the exemption and make any adjustments needed.

ISSUE

The overdose crisis is one of the most significant public health challenges Canada has faced in decades. This crisis has led to increased calls from various stakeholders, including chiefs of police, medical officers of health, health organizations, and municipalities, to advocate for decriminalizing the personal possession of small amounts of controlled substances a component of a comprehensive response to this issue. That comprehensive response also includes increasing access to pharmaceutical-grade alternatives (safer supply) to the toxic illegal drug supply, prevention and destigmatization activities, and investing in a robust system of treatment, care and wrap-around support for people with substance use disorders. The federal government, in partnership with provinces and other stakeholders, is continually monitoring and evaluating all of these measures to strengthen the evidence base and identify best practices.

In May 2022, in response to a request of the province of British Columbia (B.C.) and as one part of the province's comprehensive response to addressing the crisis, the former federal Minister of Mental Health and Addictions and Associate Minister of Health, Dr. Carolyn Bennett, granted a three-year exemption under the Controlled Drugs and Substances Act (CDSA). This exemption ensures that adults 18 years of age and older in the province will not face criminal charges for personal possession of small amounts of certain illegal drugs, with a few exceptions applying to certain locations including schools, child care facilities, and in motor vehicles (as well as playgrounds, splash pads, wading pools, skateparks as of September 2023). This means that between January 31, 2023 and January 31, 2026, adults in B.C. found in possession of up to a cumulative 2.5 grams of certain illegal drugs for personal use, will not be arrested or charged with possession, or have their drugs seized. Instead, individuals will be provided with information on available services and, if requested, support in connecting with services. A similar request is under review from Toronto Public Health.

KEY FACTS

Since 2016, more than 38,500 people have died of an overdose in Canada.

In B.C., reports that examined illicit drug toxicity deaths in the province from August 2017 to July 2021 found that 52% of people who died were using drugs alone. However, in April 2020, following the introduction of COVID-19 restrictions, 61% of those who died were using alone.

Indigenous and racialized communities in B.C. have been, and continue to be, disproportionately impacted by the overdose crisis and are overrepresented in the criminal justice system.

Canada is treating substance use as a health issue, not a criminal one. Stakeholders have reported that stigma and fear of criminalization cause some people to hide their drug use, use alone, or use in other ways that increase risk of harm to the person who is using drugs and their community. Stakeholders have also reported that stigma and fear act as barriers to many in accessing important health and social services, including treatment, and that reducing stigma can help save lives.

Since B.C.'s CDSA exemption came into effect in January 2023, some B.C. municipalities, law enforcement, and community members have raised concerns that the exemption increases risk of public drug use without providing law enforcement with the necessary tools to manage this risk. Public drug use is a longstanding issue that pre-dates the granting of the exemption. To date, there is no data that indicates that the exemption has led to an increase in public drug consumption.

At the request of BC, the exemption was amended on September 7, 2023 to prohibit possession in additional spaces designed for children: playgrounds, splash pads, wading pools, and skateparks. On October 5, 2023, BC tabled legislation to regulate public drug use in certain locations including those listed in the amendment as well as broader locations such as sports fields, beaches, parks, outdoor community recreation areas, near business and residential entrances and public bus stops.

KEY MESSAGES

The Government of Canada is committed to working with its partners across the country and using all available tools that address substance use harms in a compassionate and human-centred way.

That's why we approved B.C.'s exemption request, which will help to divert people who use drugs away from the criminal justice system and towards supportive relationships in health and social services.

These services are key to reducing immediate harms, and helping people find their way to appropriate treatment.

The federal government continues to work closely with B.C. to support the successful implementation of this exemption.

As the first exemption of its kind in Canada, all levels of government, partners and stakeholders are working together to closely monitor impacts and learn from the implementation.

IF PRESSED ON A NATIONAL APPROACH TO ALTERNATIVES TO CRIMINAL PENALTIES FOR PERSONAL DRUG POSSESSION (DECRIMINALIZATION)

We recognize that, for people who use drugs, having a criminal record can exacerbate many of the drivers of substance use and act as a barrier to accessing the services and supports they need to achieve wellbeing.

Our Government supports policies and approaches that divert people who use drugs away from the criminal justice system and toward appropriate health and social supports.

We continue to work with our partners to support life-saving services for those struggling with substance use, while safeguarding the safety and security of the community.

Should other jurisdictions come forward with similar exemption requests, the Government of Canada will carefully and thoroughly review them on a case-by-case basis, taking into account all relevant considerations, including evidence of potential benefits and risks or harms to the health and safety of Canadians.

IF PRESSED ON SUPPORT FROM LAW ENFORCEMENT

A broad range of stakeholders, including the Canadian Association of Chiefs of Police and several municipalities, have called for decriminalization of the personal possession of illegal drugs in Canada as one part of a comprehensive response, especially in the context of the worsening drug overdose crisis.

This position has been echoed by a number of police chiefs and local mayors across the country.

When BC's exemption was granted, the CACP released a statement applauding the decision.

IF PRESSED ON THE EFFECTIVENESS OF AN EXEMPTION LIKE THIS (115 WORDS) ...

This exemption is part of a broader strategy B.C. and this Government are taking to help save lives, and people who use drugs access supports and services, rather than face criminal charges.

B.C. is investing in the rapid scale-up of life-saving initiatives including take-home naloxone, medication-assisted treatments, expanded harm reduction services, and improvements to their treatment and recovery systems.

These investments are starting to make a difference, with B.C.'s data snapshot showing more people accessing life-saving services, including treatment, in the past year.

The Federal Government will continue to work with law and border enforcement partners across the country to address the role of organized crime in the production, diversion and trafficking of illegal substances.

IF PRESSED ON A COMPREHENSIVE RESPONSE

A comprehensive approach that involves a range of actions is needed to save lives, improve health and maintain safety in our communities.

Our government supports a comprehensive drug strategy with investments in prevention, treatment, harm reduction and enforcement.

To respond to substance use and mental health needs for British Columbians, this government has provided over \$587.69 million to B.C. since 2017.

B.C.'s data snapshot, released this September, provides a picture of what these types of investments can do to support people in accessing a range of life-saving services.

IF PRESSED ON B.C.'s DATA SNAPSHOT

We are pleased to see that the report evaluates concrete actions, including access to primary care, treatment, housing, among other criteria. These are critical to a comprehensive response to this crisis and the successful implementation of this exemption.

It is promising to see that in the past year, fewer people are being criminalized for personal possession and more people are accessing lifesaving services, including treatment.

We are reviewing the report thoroughly to inform our ongoing discussions with B.C. to monitor this novel exemption.

IF PRESSED ON DATA MONITORING AND EVALUATION OUTCOMES

The exemption is subject to monitoring and third-party evaluation to gather evidence and data so that we can be sure the exemption continues to be the right decision for the people of B.C.

We are looking at a range of indicators related to health, criminal justice, stigma related to substance use, and social/community wellbeing.

Data was published by B.C. this September through a dashboard, which Health Canada is thoroughly reviewing.

We are working with the province to analyze the data and evidence, assess impact, and inform implementation, including effective mitigation measures for any unintended consequences.

IF PRESSED ON OPEN DRUG USE

This government is committed to taking a public health and compassionate approach to people who use drugs, while also making sure people feel safe in their communities.

B.C. worked with local governments to develop its exemption request.

Based on feedback from stakeholders BC decided to propose legislation to regulate public use and request an amendment to the exemption to prohibit drug use in public areas where children are present.

This Government acted quickly to grant the amendment to maintain public safety while the Bill moves through the legislative process.

We will continue to support B.C. to address this long-standing public health and safety challenge, including monitoring the impacts of the exemption and make any adjustments as needed to help protect public health and maintain public safety.

IF PRESSED ON THE DIFFERENCE BETWEEN BC'S PROPOSED LEGISLATION ON PUBLIC DRUG USE AND THE AMENDMENTS TO THE EXEMPTION

BC requested an amendment to the exemption to prohibit possession in playgrounds, splash pads, wading pools and skateparks.

These narrow amendments will help maintain safe community spaces for children without increasing stigma that can drive people to use drugs alone.

BC's proposed legislation is expected to compliment the objectives of the exemption by giving law enforcement the tools they need to maintain safety without re-criminalizing personal possession.

BACKGROUND

The Controlled Drugs and Substances Act (CDSA) is one of Canada's federal drug control laws. It provides the legislative framework for the control of drugs (e.g. heroin, fentanyl, cocaine, methamphetamines, etc.) that can result in harm when misused or diverted to an illegal market. Under the Act, activities with controlled substances are generally prohibited, unless specifically authorized through the Act's regulations or an exemption granted under the Act. Section 4(1) of the CDSA makes it a criminal offence to possess most controlled substances.

Given the urgency of the overdose crisis, some stakeholders are seeking an exemption from the CDSA as the fastest mechanism to remove criminal penalties for the personal possession of small amounts of controlled substances, which is intended to reduce stigma and increase the likelihood that individuals will seek help without fear of a criminal penalty.

Subsection 56(1) of the CDSA provides the Minister with the authority to exempt persons or substances from the application of any provision of the CDSA or its regulations, if, in the opinion of the Minister, the exemption is necessary for a medical or scientific purpose or is otherwise in the public interest. Each exemption request received is considered on a case-by-case basis, based on the dual public health and public safety objectives of the CDSA.

Factors considered in assessing requests include:

Scope of the exemption, including definition of personal possession and possession by minors

Consultations with key populations, including Indigenous communities, people who use drugs, partners, law enforcement and stakeholders

Measures to redirect people who use drugs away from the criminal justice system and towards health and social services

Readiness and capacity of health and social systems

Public education and communications plan

Law enforcement readiness, including the development of training and guidelines

Operational considerations, such as how key risks will be mitigated

Monitoring and evaluation plan, including a focus on the impact on populations at increased risks of substance use harms

On May 31, 2022, the Federal Minister of Mental Health and Addictions and Associate Minister of Health granted the province of B.C.'s request for a three-year subsection 56(1) exemption under the CDSA, effective from January 31 2023 to January 31 2026. The exemption was amended in September 2023 to prohibit possession in additional locations designed for children: playgrounds, splash pads, wading pools, and skateparks. The exemption is being monitored and evaluated closely. While an exemption request was also received from the City of Vancouver in 2021, the request was put on hold following the approval of the B.C.-wide exemption. Health Canada is also in receipt of a similar exemption request from Toronto Public Health, which remains under review.

Litigations against Pharmaceutical Companies

The opposition is behind the times and is offering nothing new on this critical issue. We invite them to work with us to save lives rather than promoting fear.

We've been working with BC since 2018 on litigation against big pharma and those who enabled them, and were part of the Purdue Settlement in June 2022.

At our request, BC also amended their legislation to reinforce the federal government's participation in these Class Actions.

Canada has also addressed pharma's predatory practices by further restricting the marketing of opioids and increasing maximum financial penalties.

PHARMACEUTICAL LITIGATION

ISSUE

British Columbia's proposed class actions against opioid manufacturers, distributors and consultants seek damages for opioid-related health care costs on behalf of the provincial, territorial and federal governments.

KEY FACTS

Canada is part of BC's proposed class action against 50 opioid manufacturers and distributors for allegedly acting inappropriately in the sale and distribution of opioids in Canada.

Canada is also part of BC's proposed class action against McKinsey & Company for allegedly acting inappropriately in the course of providing consulting and advisory services to opioid manufacturers and distributors in Canada.

Since the inception of this litigation, Canada has been working with all governments to advance the litigation as we work together to address the opioid crisis.

Canada is part of the largest settlement of a government health care costs claim in Canadian history with the BC Supreme Court approving the \$150M settlement with Purdue in December 2022.

Canada was added to BC's Opioids Cost Recovery legislation in 2022. N.S. and QC have introduced similar legislation which also includes Canada. Such legislative amendments reinforce Canada's participation in BC's class actions.

KEY MESSAGES

We support provinces and territories in their efforts to recover health care costs from any company that acted inappropriately in the marketing and distribution of opioids.

It is BC's decision on how to engage in litigation to obtain redress for its losses. BC has chosen to proceed by way of class proceedings, and include all federal, provincial and territorial governments in its proposed class.

This litigation, legislative initiatives and settlement with Purdue are examples of the significant cooperation that exists with provinces and territories as we work together to address the overdose crisis.

IF PRESSED ON MCKINSEY

We support provinces and territories in their efforts to recover health care costs from any companies that acted inappropriately in the marketing and distribution of opioids.

It is BC's decision on how to engage in litigation to obtain redress for its losses. BC has chosen to proceed by way of a class proceeding against McKinsey & Company, and include all federal, provincial and territorial governments in its proposed class.

This litigation against McKinsey & Company remains at an early stage and the allegations contained in BC's claim have not yet been proven in a Canadian Court of law.

IF PRESSED ON PROVINCIAL OPIOIDS RECOVERY LEGISLATION

Canada is pleased with the provinces' addition of Canada to their opioids recovery legislation.

These legislative provisions will give Canada a statutory basis for claiming damages from the pharmaceutical industry with respect to the opioid crisis in those jurisdictions.

These amendments are an example of the significant cooperation that exists between provinces and territories and the Government of Canada as we work together to address the overdose crisis.

IF PRESSED ON WHAT ACTION THE GOVERNMENT OF CANADA IS TAKING?

In collaboration with all orders of government, partners, stakeholders, people with lived and living experience of drug use, and organizations in communities across the country, our government is committed to addressing substance use and addiction.

There is significant cooperation in this litigation between all Canadian governments, as we work together to address the overdose crisis. Three provinces to date have amended or tabled legislation to include a cause of action for Canada which reinforces the federal government's participation in BC's Class Actions.

We want all governments to recover health care costs from any companies that acted inappropriately in the marketing and distribution of opioids.

Canada has also taken action on the broader issue of predatory practices of pharmaceutical companies, including significantly increasing the maximum financial penalties and further restricting the marketing of opioids. We will continue to explore all options to ensure that companies are held accountable for their role in the overdose crisis if they acted inappropriately in the marketing and distribution of opioids.

IF PRESSED ON INAPPROPRIATE MARKETING

The health and safety of Canadians is our Government's top priority.

The Food and Drugs Act has been amended in recent years to dramatically strengthen the penalties upon conviction for non-compliance with the new regulatory requirements. The amendments also enabled the Minister of Health to put in place additional restrictions that apply to all prescription opioid-related advertising materials since June 2019.

Health Canada will not hesitate to address advertising and marketing abuses using the new powers at its disposal.

BACKGROUND

LEGAL STANDPOINT

The current overdose crisis in Canada continues to be one of the most serious public health crises in recent history.

In collaboration with all levels of government, partners, stakeholders, people with lived and living experience with substance use, and organizations in communities across the country, the Government of Canada is addressing substance use and addiction.

Provinces and territories, which primarily deliver healthcare in Canada, are best placed to bring civil actions against the pharmaceutical industry due to the costs they have incurred.

In August 2018, BC commenced a proposed class action lawsuit against 50 opioid manufacturers and distributors for allegedly acting inappropriately in the sale and distribution of opioids in Canada. One of those defendants is the Canadian entity of Purdue Pharma.

BC's Notice of Claim indicates that the action is brought on behalf of all federal, provincial and territorial governments.

In October 2018, BC passed the Opioid Damages and Health Care Costs Recovery Act to support its legal action. This legislation creates a statutory cause of action and right for BC to recover from opioid manufacturers and distributors opioid related health care costs incurred by the BC government.

On October 17, 2022, BC announced proposed amendments to its Opioid Damages and Health Care Costs Recovery Act. One of the proposed amendments was to add Canada to that legislation. Those amendments received Royal Assent on November 4, 2022. In October 2023, Quebec (QC) and Nova Scotia (NS) introduced opioids recovery legislation that also included a cause of action for Canada.

The inclusion of Canada in BC, NS and QC's opioid recovery legislation is an example of the significant cooperation that exists between the provinces and territories and the Government of Canada as they work together to address the overdose crisis.

In December 2022, the BC Court approved an out of court settlement BC had negotiated earlier that year with one of the defendants, Purdue Pharma. Under that settlement, Purdue agreed to pay \$150 million for the Canadian governments' claims.

Participating in this settlement is another example of the significant cooperation that exists in this litigation between all Canadian governments and the Government of Canada, as they work together to address the overdose crisis.

In December 2022, the BC Court also confirmed that BC's Opioid Damages and Health Care Costs Recovery Act is constitutional and thus this matter may continue to proceed as a proposed class action on behalf of all Governments. The decision of December 8 was appealed. On July 28, 2023, the Court of Appeal for British Columbia upheld the constitutionality of BC's legislation. Since then, however, certain defendants have filed an application for leave to appeal this decision to the Supreme Court of Canada.

BC's legal action against the remaining opioid manufacturer and distributor defendants is ongoing with multiple court hearings currently scheduled. The next major step will be BC's application to certify this proposed class action lawsuit in the BC Supreme Court which has been scheduled for the Fall of 2023.

In December 2021, BC also commenced a proposed class action against McKinsey & Company on behalf of all Canadian governments. In this action, BC alleges in its Notice of Claim that McKinsey & Company acted inappropriately in the course of providing consulting and advisory services to opioid manufacturers and distributors in Canada.

BC's legal action against McKinsey is still at a very early stage and is ongoing. The next major step will be BC's application to certify this proposed class action lawsuit in the BC Supreme Court which has been scheduled for February 2024.

REGULATORY STANDPOINT

The Protecting Canadians from Unsafe Drugs Act (also known as Vanessa's Law), received Royal Assent on November 6, 2014. This legislation, which amended the Food and Drugs Act, strengthened Health Canada's safety oversight of therapeutic products by giving the regulator increased authorities to collect post-market safety information and take appropriate action when a serious health risk is identified. These amendments also introduce important new transparency measures which will ensure that Canadians have timely access to drug safety information. Together, these amendments will lead to improved patient safety and better health outcomes for Canadians.

The Food and Drugs Act was amended in 2014 to increase the penalties available upon conviction for a contravention in advertising occurs, including when any person makes false and misleading statements. The maximum penalty is now up to \$5 million per offence.

These amendments also introduced a new power for the Minister of Health to impose and amend terms and conditions (T&Cs) on authorizations for drugs and medical devices. Since 2019, the Minister of Health imposed T&Cs on prescription opioid products in Part B of the List of Opioids.

These T&Cs include the requirements that manufacturers must seek review from an independent advertising preclearance agency (APA) recognized by Health Canada for all materials directed to healthcare professionals. This APA review determines whether the materials are promotional, and if so, whether they respect the terms of market authorization. Additionally, all advertising materials of prescription opioids provided to health care professionals must only include verbatim statements contained in the Canadian Product Monograph and must fairly balance statements about benefits and risks. The T&Cs also require manufacturers to develop and implement Risk Management Plans for prescription opioids with proactive activities to monitor and mitigate opioid harms in Canada.

In addition to T&Cs, the Food and Drug Regulations were amended in 2018 to strengthen information provided to patients by using patient information handouts and warning stickers and require manufacturers to monitor and manage risks related to opioids.

Overview of Authorities and when they came into force

Certain authorities contained in the amendments came into force immediately at Royal Assent in 2014, namely:

the Minister of Health's ability to:

require a person to provide them with information;
disclose confidential business information in certain circumstances;
order a label change/package modification; and,
order a recall.

Other Vanessa's Law authorities required the making of regulations before being given effect. These regulations came into force as follows:

2018

the Minister's ability to:

require a manufacturer to conduct tests and studies;
require a manufacturer to assess a therapeutic product's safety and effectiveness; and,
a requirement for an authorization or license holder to report information concerning the safety of a therapeutic product issued by a foreign regulator;

Minister's authority to impose terms and conditions on authorizations for opioids.

2019

mandatory reporting of serious adverse drug reactions and medical device incidents by healthcare institutions;

making clinical information in drug submissions and medical devices publicly available after Health Canada makes a final regulatory decision

In addition, Health Canada is currently working on regulatory proposals to:

Extend the Minister's authority to impose and amend terms and conditions on authorizations at any time for all drugs and medical devices. The draft regulations were prepublished in the Canada Gazette Part 1 on December 17, 2022.

3-Digit

We're committed to being there for people when they need it most, by providing access to greater mental health services.

We've provided over \$156 million to CAMH to support the implementation of 988.

It will be available for people in crisis to call, 24/7, as of November 30.

988 is meant to be a crisis line, it's not a proactive measure.

Mental health and the ongoing supports are needed beyond that moment of crisis.

9-8-8: 3-DIGIT NUMBER FOR SUICIDE PREVENTION

ISSUE

Budget 2023 announced \$158.4 million over 3 years to support the launch and implementation of 9-8-8, a three-digit number for suicide prevention and emotional distress. Of these funds, \$156 million over three years is being provided to the Centre for Addiction and Mental Health (CAMH) to implement and operate 9-8-8, and the remaining \$2.4 million over three years (approximately \$800,000 per year) is allocated to the Public Health Agency of Canada (PHAC) to cover the oversight, administration, reporting and evaluation activities associated with 9-8-8, including the management of the funding agreement with CAMH. The federal government is undertaking a review to establish a long-term funding mechanism for this service in 2025-26.

KEY FACTS

As highlighted in the Canadian Radio-television and Telecommunications Commission's (CRTC) August 2022 determination, on November 30, 2023, 9-8-8 will be available across Canada. The number has been designated for Canadians to call or text when in need of immediate suicide prevention and emotional distress support.

KEY MESSAGES

Budget 2023 announced \$158.4 million over 3 years to launch and implement 9-8-8, a three-digit number for suicide prevention and emotional distress.

The Centre for Addiction and Mental Health is coordinating service delivery of 9-8-8. The Public Health Agency of Canada is working with the Centre and engaging with partners to coordinate implementation and raise awareness of 9-8-8.

As of November 30, 2023, 9-8-8 will be available in Canada. This easy-to-remember, three-digit number will make it easier for people to access the help they need, when they need it most.

IF PRESSED ON TIMING FOR IMPLEMENTATION

As highlighted in the CRTC's decision, telecommunication service providers needed up to 15 months to implement 9-8-8 dialing across Canada as the work involves:

Introducing ten-digit local dialing in areas where seven-digit dialing is still the default.

Making the necessary changes to networks to enable callers to dial or text 9 8 8.

The Public Health Agency of Canada is supporting the Centre for Addiction and Mental Health as it leads the implementation and operation of 9-8-8 with partners.

IF PRESSED ON FUNDING

Budget 2023 announced \$158.4 million over 3 years to support the launch and implementation of 9-8-8, a three-digit number for suicide prevention and emotional distress.

Of this investment, the Public Health Agency of Canada is providing \$156 million over three years to the Centre for Addiction and Mental Health to support the implementation and operation of 9-8-8.

The remaining \$2.4 million over three years is allocated to the Public Health Agency of Canada to cover the oversight, administration, reporting, and evaluation activities associated with 9-8-8.

IF PRESSED ON POLICE SERVICES

9-8-8 Network Partners have protocols in place to handle emergency situations where there is imminent risk. This said, CAMH is engaging with emergency services and law enforcement stakeholders on improvements to crisis response coordination and protocols in preparation for the implementation of 9-8-8.

IF PRESSED ON HOW 9-8-8 WILL FUNCTION IN THE PROVINCE OF QUEBEC?

Discussions are currently underway between the Public Health Agency of Canada, the Centre for Addiction and Mental Health, and the Quebec government to determine how 9-8-8 will work in the province, including how it will work with the existing provincial service: 1-866-APPELLE.

As of November 30, 2023, anyone across Canada who calls 9-8-8 will receive access to suicide prevention support regardless of where they live.

BACKGROUND

On August 31, 2022, PHAC announced that the Centre for Addiction and Mental Health (CAMH) was selected to lead the coordination of 9-8-8 service delivery, building on its experience delivering Talk Suicide Canada. Further to this announcement, on July 24, 2023, the Minister of Mental Health and Addictions announced that PHAC is investing \$156 million over three years to CAMH, as referenced above.

PHAC is engaging stakeholders from a range of sectors, including Provinces and Territories, Indigenous partners, public safety officials, and People with Lived Experience on 9-8-8 implementation while also

closely following experience from the United States, who launched their 9-8-8 service on July 16, 2022, after over 4 years of preparation.

In a La Presse article from October 22, 2023, the Quebec government indicated that it does not plan to promote 9-8-8 within the province. However, in the article, the province confirmed that it is working with federal authorities to ensure that 9-8-8 interactions are appropriately transferred to Quebec's service, 1-866-APPELLE (1-866-277-3553), and PHAC can confirm that discussions between CAMH and provincial services are underway.

PHAC contracted PricewaterhouseCoopers to understand anticipated service volume and demand for 9-8-8. This analysis factored in anticipated demand for Talk Suicide Canada over time, the impact of diverted calls from other services, including 911 and local crisis lines, as well as new growth associated with introducing an easy-to-remember number. This analysis forecasts a four to six-fold increase from the existing Talk Suicide Canada service volume by 2027. This exercise builds on forecasting analysis undertaken by the U.S. which estimated a four- to tenfold growth in service volumes within the first five years of launching 9-8-8. In the initial months following the launch of 9-8-8, the U.S. experienced a higher volume of calls and texts than initially forecasted. PHAC will work with CAMH to closely monitor demand for the service to inform the review to establish a long-term funding mechanism for 9-8-8 after the three-year funding period cited in Budget 2023.

This initiative builds upon the Government's current support of a pan-Canadian suicide prevention service. PHAC is currently investing \$21 million over 5 years (\$4.2 million per year) for CAMH, with their partners, to implement and sustain Talk Suicide Canada. PHAC has also provided CAMH with more than \$28 million in supplementary funding over 2.5 years, primarily to sustain and grow the service's capacity to meet increasing demand, as well as to prepare for 9-8-8.

Talk Suicide Canada currently provides people across Canada with suicide crisis support from trained responders via phone (1-833-456-4566), in English and French, 24 hours a day, seven days a week and by text (45645) in the evenings.

Mental Health Transfer

We know our response to mental health is stronger when provided as part of integrated care.

We are transferring billions of dollars to provinces and territories to support health care, including mental health care, over the coming years through both an increase of the Canada Health Transfer, and the new ten-year bilateral agreements – that's an additional \$25 billion.

Mental health is one of the four shared priorities in the new bilateral agreements and integrated into the other three.

CANADA MENTAL HEALTH TRANSFER

UPDATE ON MANDATE COMMITMENTS

In 2021, the Minister of Mental Health and Addictions was mandated to 'work with the Minister of Health, and with the support of the Deputy Prime Minister and Minister of Finance, to establish a permanent, ongoing Canada Mental Health Transfer to help expand the delivery of high-quality, accessible and free mental health services, including for prevention and treatment.

Recognizing the importance of an integrated approach, Budget 2023 confirmed the Government of Canada's commitment of historic federal transfers to provinces and territories to improve health care in Canada. Mental health and substance use services is one of four shared health priorities, supported by \$25B over ten years in targeted funding through bilateral agreements with provinces and territories.

These bilateral agreements will support progress on the four shared priorities (family health teams, health workforce and backlogs, mental health and substance use, modernized health system) to improve access to health care, with mental health addressed by or included within all four priorities.

ISSUE

Federal support to improve access to mental health and substance use services.

KEY FACTS

Budget 2023 confirmed the Government of Canada's commitment to improve health care in Canada through additional investments in health care of close to \$200 billion over ten years, of which \$25B will flow to provinces and territories through tailored bilateral agreements. These bilateral agreements will support progress on four shared priorities to improve access to health care, with mental health addressed by or included within all four priorities.

This investment builds on previous federal commitments for mental health and substance use, including an investment of \$5 billion over ten years in Budget 2017 to provinces and territories to improve access to mental health and substance use services, coupled with agreement by federal, provincial and territorial Health Ministers on the importance of promoting mental wellness and addressing gaps in mental health and substance use services and supports, including for children and youth.

The government has also invested more than \$1 billion to directly address the overdose crisis and toxic illegal drug supply. Budget 2023 provided a total of \$359.2 million over five years to support a renewed Canadian Drugs and Substances Strategy. The renewed strategy will continue to address both public health and public safety and guide the Government's work to save lives and protect the health of Canadians.

In addition, the government is taking a number of complementary measures to enhance access to needed mental health and substance use supports, including launching 9-8-8, the new suicide prevention crisis line.

KEY MESSAGES

Our Government recognizes that mental health services need to be integrated as a full and equal part of our health care system.

That is why our Government is making historic investments of close to \$200 billion over ten years to improve health care.

This includes \$25 billion over ten years to provinces and territories through bilateral agreements for four shared priorities, including mental health and substance use.

We are also working with provinces and territories to advance key initiatives, such as launching 9-8-8 – the suicide prevention crisis line and to address the overdose crisis.

IF PRESSED ON LACK OF DEDICATED TRANSFER

Our government is committed to a comprehensive, compassionate and patient-centered approach, so that Canadians have access to the services they need, whether physical or mental health care.

That is why our government is taking an integrated, inclusive approach to its investments, focused on four complementary shared priorities: expanding family health teams, supporting the health workforce, modernizing health systems and increasing access to mental health and substance use.

Together, these investments are supporting integration of mental health and substance use services within the health system, enabling access to the comprehensive care Canadians need.

IF PRESSED ON RESULTS

As part of the historic federal investments, provinces and territories will collect and report on three headline indicators for mental health and substance use services:

Median wait times for community mental health and substance use services;

Percentage of youth aged 12-25 with access to integrated youth services for mental health and substance use; and,

Percentage of Canadians with a mental disorder who have unmet mental health care needs.

These indicators will allow better measurement of progress in increasing access to mental health and substance use services.

BACKGROUND

The 2021 Liberal platform indicated a commitment to establish a new federal transfer to provinces and territories—the Canada Mental Health Transfer—to assist jurisdictions to expand the delivery of high-quality, accessible, and free mental health services with an initial investment of \$4.5 billion over 5 years.

In 2021, the federal Minister of Mental Health and Addictions was mandated to ‘work with the Minister of Health, and with the support of the Deputy Prime Minister and Minister of Finance, to establish a permanent, ongoing Canada Mental Health Transfer to help expand the delivery of high-quality, accessible and free mental health services, including for prevention and treatment.’

The Government’s intention to engage provinces and territories on the development of a federal transfer for mental health was reaffirmed through language in Budget 2022.

Budget 2023 confirmed the Government of Canada’s commitment to improve health care in Canada through additional health care transfers of close to \$200 billion over ten years.

Recognizing that mental health needed to be integrated within health systems, the government is providing \$25B over 10 years to provinces and territories for shared health priorities, with mental health addressed by or embedded within all four priorities. These shared priorities -- family health services, health workers and backlogs, mental health and substance use, and a modernized health system --- will together result in improved access to services, including for mental health. Provinces and territories are also being asked to report on results, with three headline indicators identified to track progress on improved access to mental health and substance use services.

BC was the first province to sign its bilateral agreement in October 10, 2023, with initiatives to support:

Enhancing access to mental health and addictions services by building on existing efforts in areas of integrated youth services, treatment and recovery, and innovative approaches to respond to the ongoing overdose crisis. British Columbia plans to expand the number of Foundry centers from 16 to 35 across the province, and reduce 30-day re-admissions for mental illness or substance use; and

Supporting efforts led by the First Nations Health Authority to increase the number of individuals and communities with access to culturally safer, trauma-informed, and culturally appropriate healing and treatment services, and mental health and substance use care;

Additionally, to reflect the Government of Canada’s comprehensive approach to addressing the overdose crisis, targeted funding of over \$1B has been allocated across federal departments and agencies to address key, interrelated priorities.

MAID

Medical assistance in dying (MAID) is a complex and deeply personal issue. Every individual’s journey is different and presenting a request for MAID is a serious decision.

Every person’s situation is considered and carefully assessed by medical/nurse practitioners, informed by their practice knowledge, expertise and experience, in a compassionate manner.

The MAID system is carefully designed with safeguards to protect vulnerable people.

Our government remains committed to supporting individuals who meet the eligibility criteria to have their MAID request considered in a fair, safe and consistent manner, while supporting the safeguards to respect and protect vulnerable people.

EXPANSION OF MEDICAL ASSISTANCE IN DYING (MAID) – MENTAL ILLNESS

ISSUE

Former Bill C-7, which received Royal Assent on March 17, 2021, included a sunset clause excluding persons with a mental illness as a sole underlying medical condition from seeking MAID until March 17, 2023.

On February 2, 2023, the Government of Canada introduced legislation, Bill C-39, to extend – by a year – the exclusion of eligibility for MAID where a person's sole underlying medical condition is a mental illness, until March 17, 2024. Bill C-39 received Royal Assent on March 9, 2023. This has allowed time for

the dissemination of key resources by clinicians, including the release of a Model Practice Standard for regulating bodies in provinces and territories, an accompanying Advice to the Profession guidance document, and a national accredited MAID curriculum for clinicians.

Despite the work done to support health system preparedness, views by health care stakeholders and the public remain divisive about expanding MAID eligibility in March 2024 for persons whose sole underlying condition is a mental illness.

On October 18, 2023, Bill C-314 was voted down in the House of Commons. The bill proposed permanent exclusion of MAID for persons whose sole underlying medical condition is a mental illness.

KEY FACTS

In preparing for the repeal of the exclusion clause in March 2024, the Government of Canada, in collaboration with provinces and territories, has supported a range of initiatives towards preparedness, guided by recommendations from the Expert Panel, that include:

Development of a model MAID Practice Standard designed for use by regulatory bodies and clinicians in addressing complex requests for MAID, including where mental illness is involved (completed March 2023).

Development and launch (August 2023) of a nationally accredited MAID Training Curriculum.

Funding a Knowledge Exchange Workshop (June 2023) that included over 40 MAID practitioners, as well as psychiatrists, from across Canada to discuss roles and contributions to the proper assessment and management of MAID where mental disorders are involved, and support local training related to MAID for mental disorders.

Regulatory amendments to the federal MAID Monitoring System to enhance data collection and enrich research and analysis and reporting back to Canadians (enacted January 1, 2023 with new data to be reported in 2024).

Early activities on engagement with Indigenous Peoples (online tool launched August 17, 2023, with other Health Canada-led and Indigenous-led activities planned for 2024).

KEY MESSAGES

The Government recognizes that MAID is a deeply personal choice and remains committed to supporting eligible individuals in having their MAID request considered in a fair, safe and consistent manner, while supporting efforts to protect those who may be vulnerable.

The Government extended the temporary exclusion of eligibility for MAID for persons suffering solely from a mental illness to March 2024.

This has allowed time for the development and release of clinician resources supported by our Government such as a model MAID Practice Standard and an accredited MAID curriculum .

The Government continues to work closely with the provinces and territories and health stakeholders to support the development and uptake of resources for safe access to MAID for people who suffer solely from a mental illness.

IF PRESSED ON THE WORK UNDERTAKEN TO SUPPORT PREPAREDNESS

Our Government is collaborating with provinces and territories, medical and mental health communities to support system preparedness for the repeal of the mental illness exclusion.

This year, we supported important initiatives including development of a model Practice Standard and Advice to the Profession, and the launch of an accredited bilingual curriculum for MAID clinicians. We also funded two Knowledge Exchange Workshops for MAID assessors and providers and launched ongoing engagement with Indigenous Peoples to understand their diverse views and perspectives on MAID.

IF PRESSED ON THE QUESTION OF MAID FOR PEOPLE WITH MENTAL ILLNESS AS THE SOLE UNDERLYING CONDITION

The Government recognizes that mental disorders can cause suffering on par with that of physical illnesses.

The Government also recognizes that there are diverse views on MAID and mental illness within the psychiatric community.

Resources such as the Model MAID Practice Standard, Advice to the Profession, and the MAID training curriculum, and additional resources developed by provinces and territories will support the medical and psychiatric communities in being prepared for the upcoming changes to the law.

IF PRESSED ON THE MAID FOR MENTAL ILLNESS AND SUBSTANCE USE

MAID is an option that is available only for eligible Canadians, and the legislation sets a high bar with stringent eligibility criteria and robust procedural safeguards. The MAID provisions in the Criminal Code are carefully designed to protect vulnerable people, including those suffering from mental disorders including substance use disorder.

To be eligible for MAID, a person must: have a serious and incurable illness, disease, or disability; be in an advanced state of irreversible decline in capability; and, experience enduring and intolerable suffering. The person seeking MAID and the practitioners must have discussed reasonable and available means to relieve the person's suffering, and agree that the person has seriously considered those means.

The Government has provided significant funding to support mental health and substance use supports and to develop national standards for substance use services.

IF PRESSED ON CONCERNS THAT PEOPLE WILL SEEK MAID AS A FORM OF SUICIDE, ESPECIALLY THOSE WITH A MENTAL ILLNESS

The legislation sets a high bar for access. Only individuals with severe, long-standing and treatment-resistant mental illnesses will be considered for MAID.

To be eligible for MAID, a person must: have a serious and incurable illness, disease, or disability; be in an advanced state of irreversible decline in capability; and, experience enduring and intolerable suffering.

The person seeking MAID and the practitioners must have discussed reasonable and available means to relieve the person's suffering, and agree that the person has seriously considered those means. These safeguards for persons not nearing a natural death aim to help practitioners identify and potentially address the sources of suffering and vulnerability that could lead the person to ask for MAID.

The Model MAID Practice Standard indicates that assessors and providers should ensure that a person's request is consistent, unambiguous and rationally considered during a prolonged period of stability, and not during a time of crisis or suicide ideation.

The Government has provided significant funding to support the launch and implementation of 9-8-8, a three-digit number for suicide prevention and emotional distress.

IF PRESSED ON THE GOVERNMENT'S REACTION TO MEDIA STORIES ALLEGING THAT PEOPLE ARE SEEKING MAID DUE TO LACK OF NEEDED SERVICES

MAID assessors in Canada are required by their regulating bodies to consider the totality of circumstances of any individual requesting MAID. Safeguards include a minimum assessment period for persons not at imminent risk of dying and a requirement to consult providers with expertise in the requester's condition.

These safeguards for persons not nearing a natural death aim to help practitioners identify and potentially address the sources of suffering and vulnerability that could lead the person to ask for MAID.

No one can receive MAID solely on the basis of lack of social supports, such as housing and mental health services.

Improving access to social and health services remains a priority and governments are working to address disparities.

On June 22, 2023, the Government passed the Canada Disability Benefit Act to reduce poverty and support financial security of persons with disabilities.

IF PRESSED ON QUEBEC'S RECENTLY PASSED AMENDMENTS TO ITS PROVINCIAL LEGISLATION (ACT RESPECTING END OF LIFE CARE)

On June 7, 2023, the Quebec National Assembly passed Bill 11, An Act to amend the Act respecting end-of-life care, which amends the MAID-related provisions in Quebec's existing end-of-life legislation.

It is too early to comment on that legislation. However, the federal government is interested in continued collaboration on this important file with the Quebec government.

BACKGROUND

MAID LEGISLATION AND MENTAL ILLNESS

In the original 2016 legislation (former Bill C-14), which legalized MAID for persons whose natural death was reasonably foreseeable, the Act required the Ministers of Health and Justice to initiate independent reviews on three particularly complex issues, including requests where the sole underlying medical condition was mental illness.

In 2016, the Government asked the Council of Canadian Academies (CCA) to conduct these independent studies. Following a comprehensive study of this matter, experts in this field could not come to a consensus on this very complicated issue.

Four years later, the Government introduced former Bill C-7, which proposed to expand MAID eligibility to persons whose death was not reasonably foreseeable. As introduced, former Bill C-7 contained a provision stating that mental illness was not considered to be a disease, illness or disability. In other words, requests for MAID based solely on mental illness would not be permitted. As such, no provision for a temporary exclusion was included in the former Bill.

During its study of former Bill C-7, the Senate concluded that MAID requests based solely on mental illness should be permitted, and amended the former Bill to include a temporary, 18 month exclusion of eligibility.

In March 2023, Bill C-39 extended by - one year - the temporary exclusion of MAID eligibility for persons suffering solely from a mental illness.

MAID AND SUBSTANCE USE DISORDER

To be eligible for MAID, a person must: have a serious and incurable illness, disease, or disability; be in an advanced state of irreversible decline in capability; and, experience enduring and intolerable suffering. All three of these criteria must be met for a person to be deemed eligible. Furthermore, the legislation includes enhanced safeguards, which make it a responsibility of the medical practitioner to ensure that an individual seeking MAID is made aware of the supports available to them. The person seeking MAID and the practitioners must have discussed reasonable and available means to relieve the person's suffering, and agree that the person has seriously considered those means. These safeguards for persons not nearing a natural death aim to help practitioners identify and potentially address the sources of suffering and vulnerability that could lead the person to ask for MAID.

Clinician resources, such as a MAID practice standard and a training curriculum, have been developed to assist clinicians in their assessments of complex MAID requests, such as those that involve a mental disorder. These resources point to the need to assess the person over a period of time and not during a time of crisis to ascertain the durability of the condition and proper capacity to consent. The MAID curriculum includes a module on MAID and mental illness which includes information on substance use disorder.

No one can receive MAID solely on the basis of lack of social supports such as housing and mental health services. All jurisdictions in Canada have a broad range of policies, programs and initiatives aimed at providing health and social service supports to individuals.

Through Budget 2021, the Government is investing \$45 million to develop national standards for mental health and substance use services, in collaboration with provinces and territories, health organizations, and key stakeholders. National standards will help to ensure that Canadians receive high quality, (e.g., safe, effective, patient-centred, equitable, and culturally sensitive) evidence-based mental health and substance use services. The Government of Canada is also currently investing \$5 billion over ten years to improve Canadians' access to mental health and substance use services. The investment is being provided directly to provinces and territories via negotiated bilateral agreements to help them expand access to community-based mental health and addiction services.

THE EXPERT PANEL ON MAID AND MENTAL ILLNESS

As a requirement of former Bill C-7, an Expert Panel was appointed by Ministers of Justice and Health to conduct an independent review to consider protocols, guidance and safeguards to apply to MAID requests by persons who have a mental illness. The final report of the Expert Panel on MAID and Mental Illness was tabled in Parliament on May 13, 2022. It included 19 recommendations that provide guidance on the interpretation of the MAID eligibility criteria, application of the legislated safeguards, and the assessment process, as well as advice on measures to improve the functioning of Canada's MAID regime more broadly.

The Expert Panel found that the challenges people tend to associate with MAID eligibility for persons with mental disorder (e.g., irremediability, decision-making capacity, suicidality and structural vulnerability) are neither unique to requests for MAID from persons with a mental disorder, nor applicable to every requester who has a mental disorder.

A key conclusion of the Panel was that new legal safeguards are not required to ensure that requests for MAID from individuals with a mental disorder are handled safely and appropriately. They noted that the legal framework for MAID already sets a very high bar for eligibility – that existing MAID eligibility criteria and safeguards, when interpreted appropriately and buttressed by existing laws, standards, and practices in related areas of healthcare, can provide an adequate structure for assessing those more complex (track two) MAID requests, including where a mental disorder is the sole underlying medical condition. The key consideration for the Panel was ensuring that practitioners have additional guidance on how to operationalize the existing eligibility criteria and safeguards in the context of mental disorder and other complex MAID requests.

The central recommendation of the Panel was for federal, provincial and territorial governments to facilitate collaboration among regulatory bodies on the development of MAID practice standards. This process was completed in March 2023.

In addition to the collaborative work towards the development of MAID practice standards, provinces and territories, in collaboration with healthcare regulators and MAID communities, have also been working towards preparedness – some creating specific teams, adding resources, updating their practice standards and encouraging training to help clinicians in addressing requests for those more complex MAID cases, and where mental illness is a sole underlying medical condition.

On July 26, 2022, the Ministers of Health, Justice and Disability Inclusion issued a news release on the Government's progress in implementing several of the Panel's key recommendations to help prepare the MAID practice community in assessing these complex MAID requests. This progress included: developing a practice standard for MAID; developing a nationally fully accredited MAID curriculum; enhancements to the data collection system under the Regulations for the Monitoring of MAID; plans for Indigenous engagement; and, federally-funded qualitative research on MAID.

PARLIAMENTARY REVIEW OF MAID LEGISLATION

The 2021 legislation also required that a Parliamentary Review be initiated within 30 days following its Royal Assent. It stipulated that the Parliamentary Review must address (but not necessarily be limited to) the topics of mature minors, advance requests, mental illness, the state of palliative care in Canada, and the protection of Canadians with disabilities.

The Special Joint Committee on MAID (AMAD) held three meetings before dissolution. The committee reconvened in April 2022 and, on June 23, 2022, submitted an interim report, specifically focused on MAID where a mental disorder is the sole underlying medical condition. The interim report made no formal recommendations but urged the federal government to support the timely implementation of the recommendations of the Expert Panel.

AMAD's final report, containing 23 recommendations on all topics under its remit, was tabled on February 15, 2023. On June 15, 2023, the Government tabled its Response to AMAD's report and recommendations in the House of Commons.

It is anticipated that AMAD will reconvene in 2023 for further study.

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OVERDOSE CRISIS

KEY MESSAGES

Since 2017, our Government has invested more than \$1 billion to directly address the overdose crisis and toxic illegal drug supply, including for prevention and education, treatment, life saving harm reduction services and enforcement.

We have focused on raising awareness of substance use harms, ways to reduce them, and the importance of reducing stigma.

We have expanded harm reduction initiatives to save lives and reach key groups, including Indigenous peoples.

We have made significant Investments to help meet the demand for substance use treatment. Through Budget 2023, the Government of Canada is providing close to \$200-billion to provinces and territories over the next 10 years to support health system transformation, including greater to access to quality mental health and substance use services.

We have made significant investments in distinctions based, culturally grounded mental health and wellness strategies, supporting Indigenous peoples in assuming control of the delivery of services.

And we continue to invest in law enforcement actions to address drug trafficking so that our communities remain safe.

IF PRESSED ON IMPACT OF INVESTMENTS

Actions under the Canadian Drugs and Substances Strategy have made a difference in our response to the overdose crisis.

The federal government has significantly expanded access to life saving harm reduction services, including Supervised Consumption Sites which have reversed close to 50,000 overdoses.

It has also invested funding to expanding Naloxone awareness, training and distribution across Canada that have trained nearly 1.5 million Canadians on how to respond to an overdose.

It has funded youth awareness tours like Know More Opioids that has interacted with over 175,000 young people in Canada

The federal government has also provided funding to provinces and territories to increase access to treatment services, including increasing the number of beds and access to Rapid Addiction Access Medicine (RAAM) clinics.

The government has and will continue to invest in evidence based actions that will reduce harms and save the lives of people in Canada.

IF PRESSED ON THE CDSS

We need to leverage every available tool to save lives and protect the health and safety of Canadians, and prevent needless harms and deaths caused by substance use.

In response to the overdose crisis, the government is expanding the access and quality to a full continuum of evidence based services to support individuals and communities across Canada.

The federal government's actions are guided by the renewed Canadian Drugs and Substances Strategy, which takes a public health and public safety approach to the overdose crisis and substance use.

The strategy is informed by the advice of experts, including health professionals, Chiefs of Police, and the experience of communities across Canada.

IF PRESSED ON CDSS INVESTMENTS IN BUDGET 2023

Budget 2023 provided a total of \$359.2 million over five years to support a renewed Canadian Drugs and Substances Strategy.

This includes investments :

For community-based supports and other evidence-based health interventions;

For a new community-based program to provide practical tools and resources to help prevent, reduce and delay substance use among young people;

To reduce barriers to access lifesaving harm reduction and treatment services;

To support collection of vital data on substance use-related harms;

To develop an overdose monitoring application for paramedics and other first responders; and,

To take further action to work with our international and law enforcement partners to address illegal drug production and trafficking and disrupt the global flow of these devastating substances.

The renewed strategy will continue to address both public health and public safety, and guide the Government's work to save lives and protect the health of Canadians.

IF PRESSED ON INVOLUNTARY TREATMENT FOR SUBSTANCE USE

A full continuum of supports is necessary to meet people who use drugs where they are.

Seeking treatment for substance use is an individual choice, and for people who use drugs, involuntary treatment may exacerbate stigmatization and be a barrier to accessing life-saving care.

To ensure compassionate, comprehensive and collaborative care, our Government supports evidence-based, person-centred, trauma-informed, and culturally safe treatment options.

IF PRESSED ON CANADA'S COOPERATION WITH THE UNITED STATES

Canada stands with the United States in supporting work to address the toxic illegal drug supply that is driving the overdose crisis.

Our Government recognizes the importance of working with a global coalition of countries to address the crisis and protect the health and safety of the people living in our respective jurisdictions.

Canada will work closely with the United States to lead this important work and continue our close collaboration through the Canada-US Joint Action Plan on opioids and the North American Drug Dialogue.

IF PRESSED ON THE PRECURSOR SANCTIONS ISSUE

The Government of Canada recognizes that synthetic opioids, particularly fentanyl, are the foremost drug threat in North America.

The United States announced a series of indictments and sanctions against Chinese companies regarding the international proliferation of illegal drugs. A Canadian manufacturing company, Valerian Labs Inc., was named in the sanctions.

Health Canada has revoked Valerian Labs Inc.'s precursor authorization to protect public health and safety.

Canada will continue to work with the United States to disrupt the transfer and supply of illegal fentanyl, as well as the precursor chemicals used in its production.

BACKGROUND

The majority of Canadians use substances and for many different reasons. Substance use looks different for everyone and exists across a spectrum, from no-use at one end, to addiction, or substance use disorder, at the other end.

In 2016, overdose deaths suddenly and steeply increased in BC, as well as in other jurisdictions, including Alberta and Ontario. The sudden and rapid rise in overdose deaths and harms was a result of an evolution from the supply of pharmaceutical opioids to a toxic illegal drug supply, often contaminated with fentanyl and other substances such as benzodiazepines.

Since January 2016, more than 38,500 people in Canada have died from an apparent accidental drug overdose. So far in 2023 (January-March), most (90%) of the deaths have occurred in BC, Alberta, and Ontario; high rates have also been observed within other regions, including Saskatchewan and Yukon. People who experience low levels of employment, homelessness, poor mental health, those relying on

social assistance, people who are incarcerated, Black Canadians and racial minorities, and Indigenous Peoples, are disproportionately at risk and impacted. Furthermore, men, particularly those employed in the trades, people experiencing pain, and young-and middle-aged adults are at increased risk of harms. The factors that converge to result in increased risk are complex but include socio-economic conditions, experiences of trauma, and multi-generational impacts of colonization.

The Canadian Drugs and Substances Strategy (CDSS) is the federal government's comprehensive response to the overdose crisis and broader substance use-related harms in Canada. The CDSS is an all-substances, public health strategy that covers a broad range of legal and illegal substances, including tobacco, cannabis, alcohol, and opioids, among others. The goal of the CDSS is to improve the health and safety of all Canadians by minimizing substance-related harms for individuals, families, and communities. Budget 2023 provided \$359.2 million over five years to support the renewal of the CDSS, which includes: improving access to community-based substance use services and supports; amending legislation and creating new regulations to streamline approvals for harm reduction services; supporting data collection and analysis; and targeting enforcement efforts to disrupt the toxic illegal drug supply.

MENTAL HEALTH TOOLS

UPDATE ON MANDATE COMMITMENTS

In 2020, in response to the pandemic, our Government moved quickly to create the Wellness Together Canada (WTC) online portal, providing 24/7 access to free mental health and substance use supports and services in both official languages to adults, children and youth.

The PocketWell companion app to WTC was launched in 2022.

WTC has also helped when there is a surge in mental health need during national emergencies/crises (e.g., residential schools crisis response, floods, wildfires).

WTC augments existing provincial/territorial services and does not replace them.

ISSUE

The Government remains committed to supporting Canadians with their mental health and substance use challenges as well as increasing access to services so that Canadians can get the help they need, when they need it.

KEY FACTS

Prior to the COVID-19 pandemic, the mental health of Canadians was in decline and needs were increasing. In 2021, only 60% of adults and 54% of children and youth reported excellent or very good mental health. In fall 2020, nearly one in five Canadians reported a need for mental health care in the past year. Of those, 44% reported that their needs were either unmet or only partially met (8.1% of the population 12+).

Priority populations, including youth (aged 12-25), Indigenous peoples and those identifying as LGBTQIA2+ report greater need for mental health care than adults, non-Indigenous peoples and those not identifying as LGBTQIA2+. Of those who need care, these groups are also more likely to report that their needs are unmet or partially met.

Persistent barriers to care remain and have worsened during this time. Some of these barriers include variability in service availability, fragmented care (i.e., lack of integration between mental health care/primary care/other services), lack of equitable access to care, including virtual care options, lack of culturally sensitive/appropriate services, lack of capacity and stigma.

These barriers have put increased strain on the healthcare system, for example by leading to increases in the number of individuals in mental health crisis going to Emergency Departments for care.

In April 2020, in response to the COVID-19 pandemic, the Government began funding the Wellness Together Canada (WTC) portal, which offers free, 24/7 supports for mild to moderate mental health and substance use issues to anyone in Canada. A companion app, PocketWell, was launched in 2022. As of September 25, 2023, over 3.9 million individuals across Canada have accessed WTC in over 10.8 million web sessions, and the PocketWell app has been downloaded more than 55,000 times.

KEY MESSAGES

There is no health without mental health. Increasing access to mental health and substance use health supports, including at the community level, is central to the health care plan we will be advancing with provinces and territories.

This collaborative work will support a multi-disciplinary system of care that will integrate mental health and substance use health across shared priorities, including integration with primary care and the healthcare system as a whole.

IF PRESSED ON RECENT FUNDING ANNOUNCEMENT AND MENTAL HEALTH TOOLS

In support of a patient-centered multi-disciplinary system of care that integrates mental health and substance use health across shared priorities the government will provide \$25B over 10 years to provinces and territories through tailored bilateral agreements.

Provinces and territories will have the flexibility to allocate this funding based on need and circumstance to the following shared priorities including family health services, health workers and backlogs, mental health and substance use, and a modernized health system.

This funding could be leveraged by provinces and territories to support existing mental health tools or develop new ones.

IF PRESSED ON POCKETWELL

In January 2022, Wellness Together Canada launched a companion app called PocketWell to help increase accessibility of available mental health and substance use resources.

Through PocketWell, individuals can link to the portal to access resources ranging from self-assessment to customized support based on their assessment results. Via the app, individuals can connect seamlessly to Wellness Together Canada for free and confidential virtual sessions with social workers, psychologists and other professionals.

IF PRESSED ON SUPPORTS FOR INDIGENOUS PEOPLES (75 words)

The Wellness Together Canada portal provides information on, and links to, the Hope for Wellness Help Line and online chat for Indigenous Peoples.

Wellness Together Canada also has an Indian Residential Schools Crisis Support page, provided by the Indian Residential School Survivors Society and Hope for Wellness.

Modifications to the structure and content of the portal have been made as a result of ongoing consultation and engagement activities with First Nations, Inuit and Métis communities.

BACKGROUND

Ongoing Government Investments to Improve Access to Mental Health and Substance Use Health Services

The Government will provide \$25 billion over 10 years to support shared health priorities through tailored bilateral agreements with the view of supporting individual provincial and territorial needs and circumstances in four priority areas including family health services, health workers and backlogs, mental health and substance use, and a modernized health system.

This builds on the previous Budget 2017 investment of \$5 billion over ten years, starting in 2017-18, to improve and increase the availability of mental health and addiction services.

Health Canada invested \$130 million from 2020-22 in Wellness Together Canada, an online mental health and substance use support portal, and received \$140 million in Budget 2022 to support the portal for two more years beginning in 2022-23. Launched in April 2020, Wellness Together Canada provides free and confidential online mental health and substance use supports accessible 24/7 to individuals across Canada in both official languages. Interpretation services are also available during phone sessions in over 200 languages and dialects. Through Wellness Together Canada, individuals in all provinces and territories have immediate access to supports ranging from self-assessment, educational content and self-guided programming, to peer support and confidential sessions with social workers, psychologists and other professionals. Supports are provided online as well as by phone and text for those without internet access. There are dedicated text lines for youth, adults and front line workers that provide immediate access to support. There is also a dedicated phone line for accessing Program Navigators that

can assist with finding resources on the portal. Wellness Together Canada augments existing provincial and territorial services, and does not replace them.

FEDERAL ACTIONS TAKEN TO IMPROVE ACCESS TO MENTAL HEALTH AND SUBSTANCE USE SERVICES

UPDATE ON MANDATE COMMITMENTS

Increasing access to the full continuum of mental health and substance use services through evidence-based, person-centred, trauma-informed, and culturally safe approaches is key to the Government of Canada's health care plan.

The Government of Canada is working with provincial and territorial governments on shared areas of priority, including increasing access to needed services integrated within Canada's health systems, increasing access to integrated youth service hubs, leading the National Suicide Action Plan and supporting the launch of the 9-8-8 suicide crisis prevention line.

ISSUE

In collaboration with provincial and territorial partners, the Government of Canada is working to increase access to the full continuum of mental health and substance use services to better support the needs of Canadians.

Key federal actions include increasing investments to provinces and territories to improve access to mental health and substance use services, as well as on targeted initiatives on key priorities, such as integrated services for children and youth, suicide prevention, and addressing the overdose crisis and toxic drug supply.

KEY FACTS

Budget 2023 confirmed the Government of Canada's commitment to improve health care in Canada through additional investments in health care of close to \$200 billion over ten years, of which \$25B will flow to provinces and territories through tailored bilateral agreements. These bilateral agreements will support progress on four shared priorities to improve access to health care, with mental health addressed by or included within all four priorities.

This investment builds on previous federal commitments for mental health and substance use, including an investment of \$5 billion over ten years in Budget 2017 to provinces and territories to improve access to mental health and substance use services, coupled with agreement by federal, provincial and territorial Health Ministers on the importance of promoting mental wellness and addressing gaps in mental health and substance use services and supports, including for children and youth.

Since then, the federal government has been working with provinces/territories, Indigenous communities, and stakeholders to help develop and expand Integrated Youth Services, which provide a "one-stop shop" of supports in the community for youth. In addition, a "network of networks" as well as a national data framework and infrastructure are being developed.

The federal government launched Wellness Together Canada (WTC) portal in 2020 in response to the COVID-19 pandemic, and the companion app, PocketWell, in 2022. WTC has provided free, 24/7 supports to Canadians for mild to moderate mental health and substance use issues.

Through engagement with partners including provinces and territories, the federal government is leading the development of a National Suicide Prevention Action Plan which builds on the existing Federal Framework for Suicide Prevention. The Plan will strengthen a collective approach and identify key areas for action that will have the greatest impact in reducing suicide rates in Canada.

A key pan-Canadian initiative aimed at improved access to effective suicide prevention services is the launch of 9-8-8 in November 2023, an easy to remember, three-digit number for suicide prevention and emotional distress. Stakeholders from a range of sectors, including provinces and territories, Indigenous partners, public safety officials, and people with lived experience have been and continue to be engaged as implementation progresses.

The government has also invested more than \$1 billion to directly address the overdose crisis and toxic illegal drug supply.

Budget 2023 provided a total of \$359.2 million over five years to support a renewed Canadian Drugs and Substances Strategy. The renewed strategy will continue to address both public health and public safety and guide the Government's work to save lives and protect the health of Canadians.

KEY MESSAGES

Increasing access to the continuum of mental health and substance use services through a compassionate and person-centered approach is central to our health care plan.

The significant federal investments committed in Budget 2023 will help better integrate mental health and substance use services within health systems, enabling Canadians to access the care they need.

We are also working with provinces and territories to advance key initiatives, such as the implementation of integrated youth services hubs, development of a National Suicide Action Plan, launching 9-8-8 – the suicide prevention crisis line and to address the overdose crisis.

IF PRESSED ON HOW FEDERAL FUNDS ARE USED TO SUPPORT MENTAL HEALTH AND SUBSTANCE USE SERVICES

Our government is providing \$25B over 10 years through tailored bilateral agreements to provinces and territories for four shared health priorities, with mental health and substance use supports addressed by or integrated within them.

Provinces and territories are free to allocate the funding according to their local needs and circumstances.

he goal is to promote a compassionate and patient-centered approach so that Canadians can access the full continuum of mental health and substance use supports they need for their health care.

IF PRESSED ON WHETHER THESE INVESTMENTS WILL ACHIEVE CHANGE

As part of the historic federal investments in health care in 2023, provinces and territories will collect and report on three headline indicators for mental health and substance use services:

Median wait times for community mental health and substance use;

Percentage of youth aged 12-25 with access to integrated youth services for mental health and substance use; and,

Percentage of Canadians with a mental disorder who have unmet mental health care needs.

These indicators will allow better measurement of progress in increasing access to needed services.

BACKGROUND

The government will provide \$25B over 10 years to support shared health priorities through tailored bilateral agreements with the view of supporting individual provincial and territorial needs and circumstances in four priority areas including family health services, health workers and backlogs, mental health and substance use, and a modernized health system.

Additionally, to reflect the Government of Canada's comprehensive approach to addressing the overdose crisis, targeted funding of over \$1B has been allocated across federal departments and agencies to address key, interrelated priorities.

An example of a shared priority for federal, provincial and territorial governments is the development and expansion of integrated youth services (IYS) models. IYS models of care provide locally relevant, effective, youth-focused, and integrated services for mental health/substance use within the community. All thirteen provinces and territories have developed or are developing an IYS network with a pan-Canadian Indigenous IYS network in progress. CIHR is leading the IYS Network of Networks initiative allowing for research and evaluation to inform continuous innovation and learning, as well as responsiveness to emerging challenges.

While the federal government is leading the development of the National Suicide Prevention Action Plan (aligned with the existing 2016 Federal Framework for Suicide Prevention), broad stakeholder engagement is informing the development and implementation. The Action Plan is being developed using a phased approach. Phase I (target release of December 2023), will lay the foundation, with the aim of setting the vision and identifying early areas for action. Phase II will build on engagement efforts to inform future priorities and the co-development of concrete actions as well as monitoring progress.

The Government of Canada has a statutory obligation to report bi-annually under the Federal Framework for Suicide Prevention Act.

Other key initiatives related to suicide prevention benefiting Canadians include Talk Suicide Canada with 24/7 support (operated by the Centre for Addiction and Mental Health) as well as implementation of 9-8-8, a three-digit number for suicide prevention and emotional distress. Talk Suicide Canada will transition to 9-8-8 on November 30, 2023. The Centre for Addiction and Mental Health was selected to lead the coordination of 9-8-8 service delivery.

SUPPORT FOR VIRTUAL AND RURAL MENTAL HEALTH SERVICES

UPDATE ON MANDATE COMMITMENTS

The Government is committed to working with provinces, territories and other partners to promote access to quality mental health and substance use services for Canadians.

In 2020, our Government created Wellness Together Canada (WTC) an online portal, which provides rural communities free access to 24/7 mental health and substance use supports and services in both official languages. The PocketWell companion app to WTC was launched in 2022.

WTC has supported Canadians when there is a surge in mental health need during national emergencies/crises (e.g., residential schools crisis response, floods, wildfires).

ISSUE

Rural and remote communities in Canada face unique challenges in accessing quality mental health services due to factors such as having to travel longer distances, workforce shortages, high turnover rates, and poor communication infrastructure.

KEY FACTS

Mental Health Research Canada (2021-2022) data shows that rural survey respondents were less likely to report accessing mental health support (17% of rural compared to 23% of urban respondents in February 2022).

Higher rates of suicide and substance use have been reported in remote Indigenous communities due to intergenerational trauma arising from residential schools, historical policies, and discrimination.

These issues have been exacerbated further by the recent increase in extreme weather phenomena and environmental degradation in Canada. Rural farming families that are particularly reliant on climate-dependent resources are more vulnerable to these effects.

KEY MESSAGES

Our Government recognizes rural and remote communities' mental health challenges and has allocated \$25 billion over a decade through tailored bilateral agreements that target four shared priority areas, including health mental and substance use.

Wellness Together Canada (WTC) offers free culturally-appropriate mental health and substance use resources available 24/7 by phone and text, in both official languages.

On November 30, the Government will be supporting the introduction of the 9-8-8 Suicide Crisis Helpline, a national three-digit number for suicide prevention and emotional distress across Canada, accessible 24/7 by phone and text.

IF PRESSED ON WTC/POCKETWELL

In April 2020, in response to the pandemic, the Government of Canada launched Wellness Together Canada (WTC), an online mental health and substance use support portal, which provides Canadians with a broad range of free psycho-social supports. In January 2022, PocketWell launched, a free companion app that links seamlessly to WTC.

WTC and PocketWell are tailored to meet the needs of diverse populations, providing access to free, credible information and supports, including confidential counselling sessions, available 24/7 to all individuals living in Canada regardless of their location.

IF PRESSED ON SUPPORTS FOR INDIGENOUS PEOPLES

The Wellness Together Canada portal provides information on, and links to, the Hope for Wellness Help Line and online chat for Indigenous Peoples.

Wellness Together Canada also has an Indian Residential Schools Crisis Support page, provided by the Indian Residential School Survivors Society and Hope for Wellness.

Modifications to the structure and content of the portal have been made as a result of ongoing consultation and engagement activities with First Nations, Inuit and Métis communities.

BACKGROUND

Between 2019 and 2021, 12% of Canadians 12 years and over lacked a regular health care provider. These disparities are felt more acutely by rural Canadians, with the distribution of family physicians to rural communities decreasing over time (13.2% in 2017; 12.8% in 2021), while it increases slightly in urban environments (86.8% in 2017; 87.1% in 2021).

Mental health issues can impact any population. Two thirds of mental health disorders emerge before the age of 25, and nearly half do before 18. For example, the percentage of youth aged 12 to 17 years reporting “excellent” or “very good” mental health fell from 72% in 2019 to 69% in 2020 and was even lower in 2021 (62%). Moreover, rural populations are in a particularly vulnerable position due to the lack of availability and accessibility of mental health services and supports, and primary care within their communities. In 2017, there were 3 psychiatrists per 100,000 population in rural areas, compared to 17 in urban areas. In rural areas, there were 37 nurses practicing in mental health and addiction per 100,000 population, compared to 76 in urban areas. More recent data from Mental Health Research Canada (2021-2022) show that rural survey respondents were less likely to report accessing mental health support (17% of rural compared to 23% of urban respondents in February 2022).

Funding to Provincial and Territorial Governments

The Government of Canada is investing \$25 billion over ten years to improve Canadians’ access to mental health services. The investment is being provided directly to provinces and territories via negotiated bilateral agreements to help them expand access to community-based mental health and addiction services for children and youth, integrated services for people with complex needs, and spread proven models of community mental health care and culturally appropriate interventions linked to primary health services.

Wellness Together Canada

Health Canada invested \$130 million from 2020-22 in Wellness Together Canada, an online mental health and substance use support portal, and received \$140 million in Budget 2022 to support the portal for two more years beginning in 2022-23. Launched in April 2020, in response to the COVID-19 pandemic, Wellness Together Canada provides free and confidential online mental health and substance use supports accessible 24/7 to individuals across Canada in both official languages. Through consultations with Indigenous partners, WTC has developed culturally-appropriate content that addresses the need of Indigenous people experiencing mental health and substance use issues.

Suicide Prevention

The Government of Canada is committed to supporting initiatives that will help to prevent suicide and provide support to those affected by suicide. For example, the Government of Canada is supporting the introduction of the 9-8-8: Suicide Crisis Helpline, a national three-digit number for suicide prevention and emotional distress in Canada, on November 30, 2023. Budget 2023 announced \$158.4 million over three years to support the implementation and operation of 9-8-8 which will be available for Canadians to call or text when in need of immediate support for suicide prevention and emotional distress. The Centre for Addiction and Mental Health (CAMH) is coordinating service delivery of 9-8-8, as announced on August 31, 2022, building on its experience delivering Talk Suicide Canada. The Public Health Agency of Canada (PHAC) is working with CAMH and engaging with partners, including provinces and territories, to coordinate implementation and raise awareness of 9-8-8.

PERINATAL MENTAL HEALTH

UPDATE ON MANDATE COMMITMENTS

- In addition to ongoing investments that support the mental health of pregnant and postpartum individuals, Health Canada is funding Women's College Hospital to develop a National Clinical Practice Guideline for Perinatal Mental Illness and corresponding guide for patients and families.
- These guidelines will inform practice and standardize the way patient care is delivered to ensure timely access to perinatal mental health services.
- This work is anticipated to be completed by Fall 2024.

ISSUE

Maternal stress, anxiety and depression are important public health issues, increasing the risk of poor mental and physical health outcomes for mothers along with potential impacts for children and families.

KEY FACTS

The 2018/2019 Survey on Maternal Health provided a snapshot of the mental health of new mothers (5 to 13 months after giving birth) in Canada. The survey found that almost one-quarter (23%) of new mothers reported feelings consistent with either post-partum depression or an anxiety disorder.

A higher proportion (30%) of mothers under the age of 25 reported feelings consistent with depression or an anxiety disorder compared to mothers aged 25 and older (23%).

The survey also found that nearly one-third (31%) of mothers who reported feelings consistent with either post-partum depression or an anxiety disorder had previously been told by a health professional that they had depression or a mood disorder prior to being pregnant.

KEY MESSAGES

Our Government recognizes that maternal stress, anxiety and depression are important public health issues.

The Government has made ongoing investments that support the mental health of pregnant and postpartum individuals, including in health promotion resources, community-based supports, and the Canada Prenatal Nutrition Program.

The Government is also funding Women's College Hospital to develop a National Clinical Practice Guideline for Perinatal Mental Illness.

These investments demonstrate our commitment to improving access to quality and equitable perinatal mental health supports.

IF PRESSED ON PROGRESS MADE ON PERINATAL MENTAL HEALTH

On March 9, 2022, a ministerial roundtable was held with key stakeholder groups, including experts, practitioners, and people with lived and living experience, to examine access to perinatal mental health care.

In support of the roundtable advice, the Government is funding Women's College Hospital to develop a National Clinical Practice Guideline for Perinatal Mental Illness, to support providers in delivering quality care.

This Clinical Practice Guideline will be evidence-based and informed by community experts, providers, and people with lived and living experience.

BACKGROUND

Perinatal mental illness refers to mental health conditions experienced during pregnancy or the postpartum period. If untreated, consequences include prolonged maternal depression, paternal depression, partner relationship dissatisfaction and conflict, impaired parent-infant interactions and attachment, risk for impaired cognitive or psychosocial development for the child (and increased risk of later child psychopathology) and, in extreme situations, maternal suicide or infanticide. Maternal deaths with a mental health component, by suicide or drug toxicity, are increasingly recognized as making up a significant proportion of all maternal deaths.

Health Canada is providing \$372,000 over 19 months, starting in April 2023, to Women's College Hospital to develop a Canadian National Clinical Practice Guideline for the Treatment of Perinatal Mental Illness, with a corresponding Patient and Family Guide. The guideline will focus on the identification and

treatment of mood, anxiety and related disorders in pregnancy and postpartum period. It will follow best practices around treatment guideline development, with a key focus on Canadian contexts and themes, including those identified during the Ministerial roundtable on perinatal mental health on March 9, 2022.

The Public Health Agency of Canada's (PHAC) Canadian Perinatal Surveillance System monitors and reports on maternal, fetal and infant health outcomes while conducting targeted epidemiological research to address emerging issues. This program has focused largely on indicators of physical health, some of which can be associated with maternal mental health (e.g., fetal/infant mortality, maternal chronic diseases, smoking).

PHAC supports perinatal mental health through programs aimed at improving community-level access to supports for prenatal and recently postpartum people, new parents and young children facing barriers to health equity. In particular, the Canada Prenatal Nutrition Program provides \$26.5 million annually to improve the health of pregnant people in vulnerable situations and their infants. Through approximately 240 funded projects, the Canada Prenatal Nutrition Program serves approximately 45,000 participants across Canada each year. CPNP participation is associated with higher rates of breastfeeding, improved prenatal vitamin supplement intake, reduced smoking and alcohol consumption, and improved maternal physical and mental health.

PHAC also supports the development of several resources promoting the positive mental health of pregnant/postpartum individuals. These resources provide guidance and advice for both healthcare professionals and individuals that may face poor mental health during the perinatal period, including the "Family-Centred Maternity and Newborn Care: National Guidelines"; the Mothers' Mental Health Toolkit; "Your Guide to a Healthy Pregnancy"; and "Your Guide to Postpartum Health and Caring for your Baby".

MENTAL HEALTH OF BLACK CANADIANS

Black Canadians experience multiple vulnerabilities related to their mental and physical health, largely due to underlying socio-economic conditions, including experiences of anti-Black racism.

KEY FACTS

In 2021, more than 1.5 million people in Canada reported being Black. The Black population now accounts for 4.3% of Canada's total population and 16.1% of the population defined as a visible minority.

Black Canadians remain one of the most disadvantaged populations due to a broad range of socioeconomic inequities which contribute to differences in health outcomes.

27.9% of Black Canadians reported fair or poor mental health in the early months of the pandemic, compared to 22.9% of White Canadians. 32% of Black Canadians reported symptoms consistent with moderate/severe generalized anxiety disorder, compared to 24.2% of White Canadians, also during the early months of the pandemic.

37.5% of Black Canadians reported a moderate or severe impact of COVID-19 on their ability to meet financial obligations or essential needs, compared to 22.1% of White Canadians.

KEY MESSAGES

We recognize the significant and unique challenges faced by Black Canadians, including anti-Black racism and its significant impacts on mental health.

In 2018, the Public Health Agency of Canada launched the Promoting Health Equity: Mental Health of Black Canadians Fund. With a budget of \$10 million, the fund supports 23 community-based projects across Canada to generate culturally focused knowledge and evidence.

IF PRESSED ON COVID-RELATED INVESTMENTS

Budget 2021 committed further investments in mental health promotion and mental illness prevention for those most affected by COVID-19.

With these investments, the Public Health Agency of Canada launched directed and targeted Calls for Proposals in August 2021 to previous applicants who did not receive funding from the over-subscribed Mental Health of Black Canadians Fund. Nine additional community-based projects are being supported through this funding.

BACKGROUND

Experiences of racial discrimination throughout a lifetime can lead to chronic stress and trauma. Increased anxiety and social exclusion resulting from the health, economic and social effects of the COVID-19 pandemic have impacted people's health and wellbeing, including the worsening of mental health outcomes, especially among racialized populations.

Promoting Health Equity: Mental Health of Black Canadians Fund

Budget 2018 earmarked \$42 million to strengthen multiculturalism and address the challenges faced by Black Canadians, including \$10 million over five years for the Public Health Agency of Canada (PHAC), and \$9 million over three years for Canadian Heritage. These funds are targeted to enhancing local community supports for youth at risk, and to developing research in support of more culturally-focused mental health programs in the Black Canadian community.

In September 2018, PHAC launched the Promoting Health Equity: Mental Health of Black Canadians Fund to deliver on the Budget 2018 funding for eight short-term capacity-building projects and fifteen longer-term implementation projects all led by Black Canadian experts or organizations. These projects are expected to be completed by the end of this fiscal year (2023-24).

It is critical to share the findings and best practices generated from these projects. As part of this work, PHAC is supporting a knowledge mobilization network to help disseminate the learnings generated from these projects more broadly. This project is led by TAIBU (pronounced "Tie-boo"), a community health centre in the Greater Toronto Area that aims to deliver programs in a culturally affirming environment.

PHAC has also established the Mental Health of Black Canadians Working Group, comprised of 11 multi-disciplinary experts in research, practice and policy from diverse Black communities across Canada. This Working Group played an integral role in the selection of projects for funding and provides essential guidance on capacity-building and strengthening evidence on the key determinants of health impacting Black Communities. PHAC provided secretariat support to this Working Group, whose mandate ended in June 2023.

Health Inequities in Black communities in Canada

PHAC, Health Canada, and Statistics Canada are exploring opportunities to increase understanding of the intersection of health and social determinants in the context of the pandemic. In September 2020, PHAC released a new resource entitled "Social determinants and inequities in health for Black Canadians: A Snapshot". The Snapshot reports national data on inequalities in health outcomes and determinants of health for Black Canadians, and highlights how anti-Black racism and systemic discrimination are key drivers of health and social inequities faced by diverse Black Canadian communities.

FEDERAL APPROACH FOR COMPLEX NEEDS: INTERSECTIONS OF MENTAL ILLNESS, SUBSTANCE USE AND HOMELESSNESS

UPDATE ON MANDATE COMMITMENTS

Through Budget 2023, the Government is providing \$25B over 10 years to provinces and territories for four shared health priorities, including mental health and substance use. In addition to funding for community-based supports via the renewed Canadian Drugs and Substances Strategy, these investments will provide critical services for individuals with complex needs.

As wrap-around services tied to housing improve outcomes for individuals with complex needs, the federal government is also continuing to provide significant supports related to housing and social services.

ISSUE

Municipalities and communities across Canada are struggling to respond to the needs of individuals with complex needs tied to mental health, substance use and precarious housing or homelessness. A lack of appropriate, wrap-around health and social services tied to housing results in increased economic costs for these communities, and poor outcomes for individuals with complex needs. Collaboration between all levels of government and with stakeholders is required for better cross-sectoral integrated services.

KEY FACTS

Individuals with complex needs are a relatively small but highly vulnerable and high-needs population and are often being frequent users of costly emergency, public safety and hospital services. Individuals with complex needs face many individual, systemic and structural barriers to accessing appropriate housing, mental health and substance use supports.

Evidence points to comprehensive and integrated models that pair stable housing with wrap-around health and social services (e.g., mental health and substance use, dental, primary care; employment, food security, rent supplements) and other supports (e.g., legal services) as having best outcomes for individuals and their families, communities, and as being more cost-effective for health systems. .

KEY MESSAGES

People with complex needs face systemic and structural barriers to accessing the services and supports they require.

Our government is committed to a compassionate and human-centred approach, focused on providing supports across the full continuum of mental health, substance use, housing and social services.

Through Budget 2023, the Government is providing \$25B over 10 years to provinces and territories for four shared health priorities, including mental health and substance use.

The federal government also provides significant supports to address needs related to housing and social services.

IF PRESSED ON SUPPORTS NEEDED TO ADDRESS COMPLEX NEEDS

Increasing numbers of individuals experiencing mental health, substance use, and homelessness are realities for many communities across Canada.

Evidence points to integrated models that pair wrap-around mental health and substance use services along with health, social services, and stable housing as having the best outcomes for individuals and communities.

Holistic approaches that are compassionate, human-centered and involve a full continuum of measures must be part of our responses to this pressing issue. This includes harm reduction, prevention, treatment and recovery and enforcement and public safety.

IF PRESSED ON FEDERAL FUNDING AGREEMENTS

Our Government is providing nearly \$200 billion to provinces and territories over 10 years to address shared health priorities, including:

Access to family health services,

Supported health workers and reduced backlogs,

Access to mental health and substance use services, and

Modernizing health systems.

This includes \$25 billion over ten years to support provinces and territories through bilateral agreements, which may support mental health and substance use activities related to complex needs, integrated youth services, suicide prevention and addressing the opioid toxicity crisis.

BACKGROUND

Individuals with complex needs (those with mental health and substance use needs who are homeless or precariously housed) are a small but highly vulnerable and high-needs group, who often chronically need costly emergency, hospital, social and public safety services. Limited access to appropriate mental health and substance use supports, along with social and other services, is a major challenge as is accessing appropriate housing. Waitlists for supportive and subsidized housing are often long, and the scarcity of affordable housing exacerbates the problem. Rural and remote areas face additional barriers, due to limited health and social services. These challenges contribute to high rates of morbidity and mortality among this population.

Linking mental health and substance use investments to housing and other supports is critical for achieving progress. This requires systematic approaches where municipal, provincial, territorial and federal governments work together across silos and with stakeholders and community organizations to

put in place integrated supports. The federal government is committed to working with provinces and territories and municipal and Indigenous leaders to break down silos so that Canadians can have access to the integrated supports they need.

SUICIDE PREVENTION

ISSUE

Suicide is a significant, complex public health issue that affects people of all ages and backgrounds across Canada.

KEY FACTS

Between 2017 and 2020, there were approximately 4,500 deaths by suicide per year in Canada, which is equivalent to 12 people dying by suicide every day. In 2019, suicide was the 9th leading cause of death among all Canadians, and the 2nd leading cause of death among individuals aged 15 to 34, behind unintentional injuries.

According to preliminary data, there were 3,769 deaths by suicide reported in 2021. The 2020 and 2021 data is provisional and could potentially increase by 5 to 15% over the next year. The delay is due to the length of time that coroners and medical examiners sometimes require to complete their investigations. At this time, caution should be used in drawing any conclusions regarding suicide trends during the pandemic. While mortality data during the pandemic is not readily available, data on the prevalence of suicidal ideation among adults shows that thoughts of suicide did not increase in fall 2020 and was similar to the pre-pandemic level of 2019 (2.7%); however, prevalence of suicidal ideation significantly increased to 4.2% in spring/winter 2021.

KEY MESSAGES

We recognize the importance of Canadians having timely access to effective suicide prevention services, particularly in regions with higher suicide rates.

9-8-8, a three-digit number for suicide prevention and emotional distress, will be available across Canada on November 30, 2023.

The federal government is leading the development of a National Suicide Prevention Action Plan which builds on the existing Federal Framework for Suicide Prevention. The Plan will strengthen a collective approach and identify key areas for action that will have the greatest impact in reducing suicide rates in Canada.

IF PRESSED ON TALK SUICIDE CANADA

While work is underway to implement the 9-8-8: Suicide Crisis Helpline, people in Canada continue to have access to Talk Suicide Canada, which offers bilingual crisis and suicide prevention support, 24 hours a day, seven days a week. Talk Suicide can be reached at 1-833-456-4566 by phone, and by text (in the evenings) at 45645. Residents of Quebec can call 1-866-277-3553, text 535353, or visit suicide.ca for support by online chat. People in Canada can also find support from their local distress centres.

IF PRESSED ON HILL TIMES ARTICLE RE: EVIDENCE-BASED SOLUTIONS

The Government of Canada welcomes the findings of the Senate Committee on Social Affairs, Science and Technology (SOCI), and its recommendations on how to improve the Federal Framework for Suicide Prevention and reduce suicide rates in Canada (June 8, 2023). The recommendations will help inform our activities in the development of the new National Suicide Prevention Action Plan.

We know that certain populations and communities are disproportionality represented in suicide mortality rates and that tailored evidence-based approaches are needed.

We are committed to collaboration and ongoing engagement with all partners, including Indigenous partners, to enable the co-development of actions that will have the greatest impact within communities.

BACKGROUND

There is no single cause that fully explains or predicts suicide; a combination of factors are associated with suicide, such as mental illness, physical health, personal issues and loss, childhood abuse and neglect, and exposure to trauma.

Three-Digit Number for Suicide Prevention and Emotional Distress: Budget 2023 announced \$158.4 million over 3 years to support the launch and implementation of 9 8 8, a three-digit number for suicide prevention and emotional distress. The federal government is undertaking a review to establish a long-term funding mechanism for this service in 2025-26.

As highlighted in the Canadian Radio-television and Telecommunications Commission's (CRTC) August 2022 determination, on November 30, 2023, 9-8-8 will be available across Canada. The number has been designated for Canadians to call or text when in need of immediate suicide prevention crisis support.

The Public Health Agency of Canada (PHAC) has been preparing for the implementation of the three-digit number from a service delivery perspective. On August 31, 2022, PHAC announced that the Centre for Addiction and Mental Health (CAMH) was selected to lead the coordination of 9-8-8 service delivery, building on its experience delivering Talk Suicide Canada.

Talk Suicide Canada: The Government of Canada is investing \$21 million over five years in CAMH to implement and sustain a fully operational pan-Canadian suicide prevention service with its partners. Talk Suicide Canada currently provides 24/7 suicide crisis support via phone (1-833-456-4566) in English and French, 24 hours a day, seven days a week and by text (45645) in English and French in the evenings to people in Canada. This service will transition to 9-8-8 on November 30th, 2023. Because 9-8-8 will link to the Talk Suicide Canada number, those who continue calling the 10-digit number will be directly connected to 9-8-8.

Distress Line Equity Fund: On September 8, 2023, PHAC launched the Distress Line Equity Fund, which will support eligible distress lines and centres in addressing gaps in equity, diversity, and inclusion to ensure the sector is responsive to the needs and experiences of those who call. This new funding opportunity will complement 9-8-8, but is distinct. Distress lines do not need to be part of the 9-8-8 network to apply. Funds can be used to support staffing, training in equity, diversity, and inclusion, and enhancing an organizations ability to provide services in multiple languages to serve diverse populations.

National Suicide Prevention Action Plan: On May 8, 2019, parliamentarians voted unanimously in favour of motion M-174, sponsored by MP Charlie Angus (NDP, Timmins-James Bay), calling for the Government to establish a National Suicide Prevention Action Plan. The proposed actions in M-174 are aligned with the existing 2016 Federal Framework for Suicide Prevention, as well as with Government of Canada activities already in progress. The Government of Canada has a statutory obligation to report bi-annually under the Federal Framework for Suicide Prevention Act. An update to the development of the Action Plan was included in the December 2022 Progress Report. Progress Reports are available on [Canada.ca](https://www.canada.ca).

The Action Plan will be developed using a phased approach. Phase I will lay the foundation, with the aim of setting the vision and identifying early areas for action. Engagement will continue with federal departments, provinces and territories, Indigenous partners, and key stakeholders to inform the future phases, including the co-development of future action areas. This phased approach is in recognition that suicide prevention is a complex issue that involves many partners and stakeholders, all of which have a role to play and many of which are at the forefront of suicide prevention initiatives already underway.

Survey on COVID-19 and Mental Health: PHAC is currently conducting surveillance to understand the impact of COVID-19 on suicide and mental health. The Survey on COVID-19 and Mental Health showed that 2.4% of adults in Canada reported suicidal ideation since the pandemic began in 2020, which is not significantly different from the 2.7% before the pandemic in 2019; however, the percentage increased significantly in spring 2021 to 4.2%. Risk factors of reporting suicide ideation during the pandemic included being under 65, Canadian-born, a frontline worker, reporting pandemic-related income/job loss or loneliness/isolation, experiencing a highly stressful/traumatic event during one's lifetime, and having lower household income and educational attainment. Continued surveillance of suicide and risk/protective factors is needed to inform suicide prevention efforts.

NATIONAL SUICIDE PREVENTION ACTION PLAN

ISSUE

Suicide is a significant, complex public health issue that affects people of all ages and backgrounds across Canada. An effective response requires concerted efforts and coordinated action.

KEY FACTS

Between 2017 and 2020, there were approximately 4,500 deaths by suicide per year in Canada, which is equivalent to 12 people dying by suicide every day. In 2019, suicide was the 9th leading cause of death among all Canadians, and the 2nd leading cause of death among individuals aged 15 to 34, behind unintentional injuries.

According to preliminary data, there were 3,769 deaths by suicide reported in 2021. The 2020 and 2021 data is provisional and could potentially increase by 5 to 15% over the next year. The delay is due to the length of time that coroners and medical examiners sometimes require to complete their investigations. At this time, caution should be used in drawing any conclusions regarding suicide trends during the pandemic. While mortality data during the pandemic is not readily available, data on the prevalence of suicidal ideation among adults shows that thoughts of suicide did not increase in fall 2020 and was similar to the pre-pandemic level of 2019 (2.7%); however, prevalence of suicidal ideation (suicidal thoughts or ideas) significantly increased to 4.2% in spring/winter 2021.

KEY MESSAGES

Suicide is a significant public health issue that can affect people of all ages and backgrounds across the country.

We recognize the complex nature of suicide and suicide prevention which involves multiple actors and sectors for an effective response.

The federal government is leading the development of a National Suicide Prevention Action Plan which builds on the existing Federal Framework for Suicide Prevention. The Plan will identify key areas for action and expected impacts on suicide prevention and reducing suicide rates.

IF PRESSED ON THE SOCI REPORT ON THE EFFECTIVENESS OF THE FEDERAL FRAMEWORK FOR SUICIDE PREVENTION

The Government of Canada welcomes the findings of the Senate Committee on Social Affairs, Science and Technology (SOCI), and its recommendations on how to improve the Federal Framework for Suicide Prevention and reduce suicide rates in Canada (June 8, 2023). The recommendations will help inform our activities in the development of the new National Suicide Prevention Action Plan.

We know that certain populations and communities are disproportionately represented in suicide mortality rates and that tailored evidence-based approaches are needed.

We are committed to collaboration and ongoing engagement with all partners, including Indigenous partners, to enable the co-development of actions that will have the greatest impact within communities.

IF PRESSED ON TIMELINE FOR RELEASE

The Government of Canada is committed to developing a National Suicide Prevention Action Plan that will pave the way forward for collective action on suicide prevention.

The Government is taking a phased approach to allow for meaningful engagement and collaboration.

Phase I will establish the vision, strategic objectives and identify early areas for action based on current evidence and will be released in the coming months for consultation.

Phase II will include broader engagement with federal departments, provinces and territories, Indigenous partners and other key stakeholders in the co-development of further actions and a collective approach to monitoring progress.

BACKGROUND

There is no single cause that fully explains or predicts suicide; a combination of factors are associated with suicide, such as mental illness, physical health, personal issues and loss, childhood abuse and neglect, and exposure to trauma.

National Suicide Prevention Action Plan: On May 8, 2019, parliamentarians voted unanimously in favour of motion M-174, sponsored by MP Charlie Angus (NDP, Timmins-James Bay), calling for the Government

to establish a National Suicide Prevention Action Plan. The proposed actions in M-174 are aligned with the existing 2016 Federal Framework for Suicide Prevention, as well as with Government of Canada activities already in progress. The Government of Canada has a statutory obligation to report bi-annually under the Federal Framework for Suicide Prevention Act. An update to the development of the Action Plan was included in the December 2022 Progress Report. Progress Reports are available on Canada.ca.

Engagement to date includes the Ministerial Roundtable (March 2022), the National Suicide Prevention Centre Conferences (May 2022; May 2023), as well as collaboration with other federal government departments via the Federal Coordinating Committee for Suicide Prevention and early discussions about the need for a National Suicide Prevention Action Plan with provinces and territories.

In June 2023, the Senate Committee on Social Affairs, Science and Technology released a report that assessed the effectiveness of Canada's Federal Framework for Suicide Prevention and included 11 recommendations for strengthening Canada's response to suicide. Among these recommendations was the need to update the Framework with evidence-based interventions, including measurable outcomes to support evaluation.

Building on the Federal Framework, the National Suicide Prevention Action Plan will address the Senate Committee's recommendations by including concrete, measurable actions, informed by engagement efforts.

A request for a Government Response has not yet been adopted in the Senate. When this is adopted, a Government of Canada response will be required within 150 days of the request.

The Action Plan will be developed using a phased approach. Phase I will lay the foundation, with the aim of setting the vision and identifying early areas for action. Engagement will continue with federal departments, provinces and territories, Indigenous partners, and key stakeholders to inform the future phases, including the co-development of future action areas. This phased approach is in recognition that suicide prevention is a complex issue that involves many partners and stakeholders, all of which have a role to play and many of which are at the forefront of suicide prevention initiatives already underway.

NATIONAL STANDARDS FOR MENTAL HEALTH AND SUBSTANCE USE HEALTH

UPDATE ON MANDATE COMMITMENTS

Standards are part of the suite of tools used to ensure services are evidence-based and meet an established level of quality and accessibility.

Health Canada has partnered with Standards Council of Canada to coordinate the development of standards/guidelines for mental health and substance use health services in six priority areas, with a focus on health equity.

This work is expected to be completed by March 31, 2024.

ISSUE

The quality and accessibility of mental health and substance use health services varies across the country. Furthermore, inequities in access to quality services are greater for populations that face barriers to care, including Indigenous peoples.

KEY FACTS

In fall 2020, one in five Canadians reported a need for mental health care in the past year. Of those, 45% reported that their needs were either unmet or only partially met. A delay in quality mental health support is linked to decreased positive health outcomes.

Among other priority populations, such as youth, Indigenous peoples and those identifying as LGBTQIA2+, these groups are more likely to report that their needs are unmet or partially met, highlighting the need to reduce barriers to care.

Standards are part of the suite of tools used to ensure services are evidence-based and meet an established level of quality and accessibility. This includes promoting health equity principles that support the needs of diverse populations.

Standards will be available for voluntary implementation in provinces and territories, including to support the implementation of their action plans within their bilateral agreements with the federal government (i.e., Budget 2017 and Budget 2023 investments).

KEY MESSAGES

The Government is taking a compassionate and human-centred approach to ensure that individuals in Canada have timely access to quality mental health and substance use health services, regardless of where they live.

Health Canada has partnered with Standards Council of Canada to coordinate the development of standards/guidelines for mental health and substance use health services in key areas, such as Integrated Youth Services, with a focus on health equity.

The development of standards is being informed by evidence and engagement with diverse stakeholders, including people with lived and living experience.

IF PRESSED ON PROGRESS MADE BY STANDARDS COUNCIL OF CANADA

The Standards Council of Canada has been advancing standards work for mental health and substance use health services in collaboration with key stakeholders and partners.

The development of standards is guided by a broad range of experts, including people with lived and living experience, to ensure inclusion of diverse perspectives on complex issues.

Due to the high level of stakeholder interest, this work is expected to be completed by March 31, 2024.

BACKGROUND

On March 14, 2022, the Minister of Mental Health and Addictions announced a partnership between Health Canada and Standards Council of Canada to coordinate the development of standards in priority areas for mental health and substance use health services, as part of investments made through Budget 2021. Health Canada is providing Standards Council of Canada \$6.3 million from November 2021 to March 2024 to complete this work.

The six priority areas for standards development include: 1) Integrated Youth Services; 2) Mental Health and Substance Use Health Integration in Primary Care; 3) Digital Mental Health and Substance Use Health Apps; 4) Substance Use Treatment Centres; 5) Substance Use Workforce; and 6) Integrated Mental Health and Substance Use Health Services for People with Complex Health Needs. These priority areas were identified in alignment with the Common Statement of Principles on Shared Health Priorities developed with provinces and territories in 2017, to build on progress and investments made by provinces and territories in these areas.

Standards Council of Canada has established a National Mental Health and Substance Use Health Standardization Collaborative to provide a forum for over 300 stakeholders, including people with lived and living experience, to inform standards work through a Steering Committee and various working groups.

SUPPORTING THE MENTAL HEALTH OF CHILDREN AND YOUTH

UPDATE ON MANDATE COMMITMENTS

We are working with partners to support the mental health of children and youth, including advancing Integrated Youth Services (IYS). IYS are “one-stop shops” of integrated supports in the community, including mental health supports.

In 2022, we announced \$18M to fund IYS projects and develop a “network of networks” as well as a national data framework and infrastructure.

In 2023, federal and provincial/territorial officials, service providers, and IYS leaders came together at a workshop to share lessons learned and actionable insights on establishing/expanding IYS.

ISSUE

Many mental health issues manifest before adulthood, and contribute to a disproportionately large percentage of hospitalizations due to these disorders, among children and youth.

The mental health of youth was in decline before the COVID-19 pandemic, which further exacerbated this trend. Through the pandemic, symptoms of depression and anxiety have also increased among this age group.

There is an opportunity to better address the mental health needs of children and youth by focusing on early intervention in community based settings.

KEY FACTS

Almost two thirds of mental health disorders emerge before the age of 25, and nearly half do before 18.

In 2020, over 35,000 children and youth were hospitalized for mental health disorders – almost 1 in 4 of all hospitalizations for children and youth. Younger Canadians are among the highest users of Emergency Departments (ED) for mental health and substance use services, where half of those who visit the ED frequently for mental health and substance use services are under the age of 35.

The prevalence of self-reported diagnosed mood and/or anxiety disorders had doubled in youth aged 15 to 25 years over ten years. In 2021, this prevalence was 16%, up from 8% in 2011.

The COVID-19 pandemic has had significant impacts on the mental health of youth. The percentage of youth aged 12 to 17 years reporting “excellent” or “very good” mental health fell from 72% in 2019 to 69% in 2020 and was even lower in 2021 (62%).

KEY MESSAGES

Our Government recognizes the significant mental health challenges being faced by children and youth.

We are working with partners, provinces, and territories to ensure children and youth have access to mental health supports as they recover from the pandemic and in the long-term where and when they need them so that they can flourish in society.

For example, we are making significant investments to expand the availability of Integrated Youth Services hubs across Canada, which are “one-stop shops” of integrated supports in the community, including mental health and substance use supports.

IF PRESSED ON SUPPORT FOR INTEGRATED YOUTH SERVICES

Our government understands the need to intervene early in ways that are easily accessible and meet young people where they are.

We continue to work with provinces/territories, Indigenous communities, and stakeholders to help develop and expand Integrated Youth Services (IYS), which provide a “one-stop shop” of supports in the community for youth.

In 2022, we announced \$18M to fund IYS projects and develop a “network of networks” as well as a national data framework and infrastructure.

This is in addition to \$6.4M for research to examine existing standards, best practices and guidelines.

IF PRESSED ON THE HEALTHCARE FUNDING ANNOUNCEMENT AND INTEGRATED YOUTH SERVICES

We will provide \$25 billion over 10 years to provinces/territories (PTs) via tailored bilateral agreements to address shared priorities including improving access to mental health and substance use health.

PTs could use these investments to further advance access to integrated youth services.

This investment will build on Budget 2017 investments of \$2.4 billion from 2023-24 to 2026-27 for mental health & addictions services that have yet to flow to PTs.

IF PRESSED ON HOW THE GOVERNMENT WILL DEMONSTRATE PROGRESS ON SUPPORTING THE MENTAL HEALTH OF YOUTH

We are committed to improving how health information is collected, shared, used and reported to Canadians to promote greater transparency on results.

The Canadian Institute for Health Information will report on Canadians need for, and access to care, including the degree to which mental health and substance use services are available for youth, ages 12 to 25.

IF PRESSED ON ENGAGEMENT

We have engaged with children and youth stakeholders and Canadians of all backgrounds, including individuals with lived and living experience, to help advance the government's commitment to supporting the mental health and wellbeing of young Canadians.

I plan to continue engaging through roundtables and meetings with a number of partners and stakeholders, including provincial and territorial Ministers responsible for mental health and substance use challenges and priorities.

IF PRESSED ON CHILDREN AND YOUTH MENTAL HEALTH

We recognize that children and youth have unique needs and experiences, including as it relates to mental health.

Statistics Canada is running a second cycle of the Canadian Health Survey on Children and Youth (CHSCY) to explore issues that have an impact on the physical and mental health of children and youth.

The Government of Canada is taking action by providing support for Integrated Youth Services, launching the Wellness Together Canada portal, developing national standards for mental health and substance use services, and advancing development of the 988 suicide prevention hotline.

IF PRESSED ON HOW YOUTH MENTAL HEALTH IS BEING SUPPORTED THROUGH THE DEVELOPMENT OF NATIONAL STANDARDS AND GUIDELINES

Health Canada has partnered with Standards Council of Canada to coordinate the development of standards/guidelines for mental health and substance use health services in key areas, such as Integrated Youth Services, with a focus on health equity.

The development of standards and guidelines are guided by a broad range of experts, including youth, to ensure inclusion of diverse perspectives on complex issues.

This work is anticipated to be completed by March 31, 2024.

BACKGROUND

Mental health issues can impact any population, and children and youth are no exception. Similar to other populations, the COVID-19 pandemic has had significant impacts on the mental health of children and youth. Concerns about the virus itself have been compounded by impacts on school and routines, social activities, isolation, and decreased access to services and supports.

Federal government actions and investments are supporting the mental health and substance use needs of children and youth, including through transfers to provinces/territories and funding to community-based organizations.

One way in which provinces/territories are meeting the priority for children and youth is through the development and expansion of integrated youth services (IYS) models. IYS models of care provide locally relevant, effective, youth-focused and integrated services for mental health/substance use within the community. IYS hubs aim to provide "one-stop shops" of supports in the community, which can include mental health and substance use services, primary care, sexual health and harm reduction services, youth and family peer support, social and community services, as well as support for navigating these systems of care.

There are now approximately 75 hubs across Canada with over 55 more in development. All 13 provinces and territories have developed or are developing an IYS network (i.e., multiple IYS hubs managed by a central provincial office or 'backbone organization'). Additionally, there is a pan-Canadian Indigenous IYS network in progress.

While progress has been steadily advancing, with a youth population of approximately 6.5M, approximately 400 IYS hubs across Canada are needed to ensure all youth who need access to mental health and substance use services can get the help they need.

The Canadian Institutes of Health Research (CIHR) is leading the IYS Network of Networks (IYS-Net) initiative allowing for research and evaluation to inform continuous innovation and learning, as well as responsiveness to emerging challenges. The goal is to improve access to evidence-based, and evidence-generating best practices. Funding will focus on strengthening and expanding IYS networks.

FETAL ALCOHOL SPECTRUM DISORDER AND IMPACTS OF COVID-19

ISSUE

Fetal Alcohol Spectrum Disorder (FASD) is the leading known cause of preventable developmental disability in Canada. Caused by prenatal alcohol exposure, FASD has life-long impacts.

KEY FACTS

Fetal Alcohol Spectrum Disorder, or FASD, is a serious public health issue. It is difficult to diagnose and often goes undetected. In many cases, people with FASD require life-long assistance from a wide range of services including health, community, remedial education, and many others. Early and appropriate support can improve outcomes for people with FASD.

KEY MESSAGES

The Government of Canada recognizes that FASD is a serious public health issue. Services and supports for FASD are multi-jurisdictional and multi-sectoral, and addressing FASD will take a coordinated effort across federal departments and across all levels of government.

Annual funding of \$1.5 million is allocated through the Public Health Agency of Canada's FASD National Strategic Projects Fund to collaborate with key stakeholders and partners across Canada to develop nationally applicable tools, resources, and knowledge that can be used to prevent FASD and improve outcomes for those who are already affected, including their families and communities.

The Government of Canada is continuing to explore options to work with key stakeholders and partners to address existing knowledge gaps, which will inform effective approaches to FASD awareness and prevention.

IF PRESSED ON SENATE PUBLIC BILL S-253 – AN ACT RESPECTING A NATIONAL FRAMEWORK FOR FETAL ALCOHOL SPECTRUM DISORDER

We look forward to debate when this Bill moves to the House.

BACKGROUND

FASD is a diagnostic term used to describe the impact on the brain and body of individuals prenatally exposed to alcohol. It is a lifelong disability and people with FASD will experience some degree of challenges with their motor skills, physical health, learning, memory, attention, emotional regulation, and social skills. The number of people with the disorder is unknown. Recent studies from Canada estimate that between 0.1% to 3% of children and youth have been diagnosed with the disorder.

According to a 2013 cost-of-illness study which is the latest data available at this time, the economic cost associated with FASD in Canada was approximately \$1.8 billion annually in direct costs alone.

Further, Indigenous partners have signalled the importance of preventing FASD through two recommendations in the Truth and Reconciliation Commission of Canada's Calls to Action (#33 and #34). These recommendations focus on FASD, calling for culturally appropriate preventive programs and criminal justice system reform.

Bill S-253 – An Act respecting a national framework for fetal alcohol spectrum disorder was tabled by Senator Mohamed Iqbal Ravalia (an Independent Senator from Newfoundland and Labrador) on October 19, 2022. It is now at committee stage in the Senate. The Bill calls for the Minister of Health to develop a national framework on fetal alcohol spectrum disorder. It includes specific measures that the framework must include (i.e., training, education, guidance, research, national standards for prevention and diagnosis, a strategy to increase awareness of risks, etc.) It also calls for consultations to develop the framework, and it sets out accountability and reporting requirements. The Bill would require the Minister of Health to table the framework within one year after the day on which the Act comes into force.

The Public Health Agency of Canada (PHAC) is the federal lead for addressing FASD in Canada through the FASD Initiative, which includes the FASD National Strategic Projects Fund (NSPF). The Fund allocates \$1.5 million annually for projects that promote education and awareness; harm reduction approaches; and research into the social determinants of health that impact alcohol consumption and FASD. Three contribution agreements were funded through the NSPF in 2022-23. These projects supported

prevention and reduction of stigma, and reached an audience of non-pregnant women of childbearing age, pregnant women and their partners, young adults, individuals with FASD, service providers and policy makers.

PHAC leads surveillance activities with respect to maternal and child health issues, including prenatal alcohol exposure and neurodevelopmental disorders such as FASD. Collecting data to determine how many Canadians are living with FASD is associated with many challenges. For instance, population-based surveys tend to underestimate the true prevalence of FASD as they rely on self-reported diagnosis and use sampling strategies that often miss important segments of the population. However, at present, such surveys are our best source of information to estimate FASD prevalence in Canada. Using the 2019 Canadian Health Survey on Children and Youth, PHAC estimated the prevalence of FASD among Canadian children and youth aged 1 to 17 years living in private dwellings was 1 per 1000 (0.1%). Canadian children and youth who identified as Indigenous and lived off reserve had a significantly higher prevalence of FASD than those who did not identify as Indigenous (1.2% versus 0.1%). Other Canadian studies have employed various methods to estimate the prevalence of FASD while focusing on different population groups, jurisdictions, and age ranges. These estimates range from 0.09% - 2.9%. Through the Centre for Surveillance and Applied Research, PHAC is piloting options to strengthen FASD prevalence estimation, with a view to identifying proper surveillance approaches for FASD.

The Government of Canada also promotes healthy pregnancies, including FASD awareness and prevention, through other supportive policy and programs by (1): supporting evidence-based policy and guidance for health practitioners and the general public on prenatal issues; and (2) investing in community-based programs to promote the health of pregnant people, young children and families facing barriers to health equity, including the Canada Prenatal Nutrition Program (CPNP) and the Community Action Program for Children.

Indigenous Services Canada (ISC) currently invests \$17.9 million annually to support FASD prevention activities in First Nations and Inuit communities through regionally based solutions. This includes a funding increase as part of the Budget 2017 announcement of an additional \$83.2 million over five years to expand Indigenous maternal and child health services with \$3.7 million ongoing for FASD starting in 2022-23.

Health Canada leads the Canadian Drugs and Substances Strategy (CDSS) that aims to protect the health and safety of all Canadians by minimizing harms from substance use for individuals, families and communities, including harms caused by alcohol consumption (e.g., FASD). Health Canada is currently advancing a proposal to strengthen and renew the CDSS, including investments related to prevention, as well as community-based supports to advance public education and awareness through the Substance Use and Addictions Program.

The Canadian Institutes of Health Research (CIHR) invests over \$6.5 million in projects that are currently investigating social epigenetics, the use of magnetic resonance imaging, brain development and mental health, proteins that may be developmentally protective, pediatric neuroimaging, neurobiomarkers, and nutritional preventive intervention in the context of FASD.

The Kids Brain Health Network (KBHN) is receiving \$50.8 million from 2009-2024 to improve the outcomes for children and families impacted by neurodevelopmental disabilities, including FASD as a national Network Centre of Excellence under the Networks of Centres of Excellence Program (NCE). As a research network, KBHN engages with community groups, non-profit organizations, industry, parents, clinicians, health professionals, provincial and federal governments to advance knowledge to improve outcomes for children with neurodevelopmental disabilities, including FASD, and their families.

SUPPORTING THE MENTAL HEALTH OF POST-SECONDARY STUDENTS

UPDATE ON MANDATE COMMITMENTS

We continue to engage with stakeholders and Canadians of all backgrounds to help raise awareness and advance our commitment to supporting the mental health and wellbeing of post-secondary students.

Our Government is providing \$25 billion over 10 years to provinces/territories (PTs) to address shared priorities. PTs could use these investments to further improve access for post-secondary students.

We also provided \$2M to the Canadian Mental Health Association to pilot a Campus Peer Support program in five universities that empowers post-secondary students to support each other's well-being.

ISSUE

Students can face mental health problems as they confront challenges with the transition to post-secondary life, including as a result of increased workload, transition into adulthood, living away from home, and financial difficulties.

Post-secondary students enrolled during the COVID-19 pandemic faced additional challenges, needing to adapt to remote learning and distancing from personal supports and networks, which could have enduring impacts for the remainder of their academic life.

KEY FACTS

Mental health issues are prevalent amongst Canadian post-secondary students. The 2019 National College Health Assessment by the American College Health Association found that 52% of post-secondary students in Canada felt so depressed that it was difficult to function (an increase from 46% in 2016). About 69% reported feeling overwhelmed by anxiety (up four per cent since 2016). About 16% reported having seriously considered suicide within the last 12 months (up from 13 per cent since 2016).

Surveys conducted during the pandemic indicate the pandemic had worsened the state of post-secondary student mental health. A 2022 survey commissioned by the Canadian Alliance of Student Associations found that three quarters of student respondents reported that their mental health has been negatively impacted by the COVID-19 pandemic, on par with 2021 levels. The survey also found that:

1 in 3 students reported that mental health services at post-secondary institutions do not meet the diverse needs of students; and,

- o Top barriers to access included wait times, ignorance of how to access services, and quality of services, with 3 in 4 students unaware of how to access on campus services.

Additionally, according to Mental Health Research Canada, in April 2022, Canadian students continued to report that their studies were extremely impacted by their mental health (49%), significantly higher than employed Canadians who reported that it was extremely impacting their work (31%).

KEY MESSAGES

Our Government recognizes that students may face considerable mental health challenges as they navigate the transition to post-secondary education, with increased workloads, settling into a new environment, and confronting financial difficulties.

We are committed to strengthening the mental health and well-being of post-secondary students so that they can get the help they need, when and where they need it.

We are working with provinces, territories, and partners to advance the spread and scale of Integrated Youth Services, which are “one-stop shops” offering integrated supports within the community.

IF PRESSED ON SUPPORT FOR INTEGRATED YOUTH SERVICES

Our government understands the need to intervene early in ways that are easily accessible and meet young people where they are.

We continue to work with provinces/territories, Indigenous communities, and stakeholders to help develop and expand Integrated Youth Services (IYS), which provide a “one-stop shop” of supports in the community for youth.

In 2022, we announced \$18M to fund IYS projects and develop a “network of networks” as well as a national data framework and infrastructure.

This is in addition to \$6.4M for research to examine existing standards, best practices and guidelines.

IF PRESSED ON THE HEALTHCARE FUNDING ANNOUNCEMENT AND SUPPORTING POST-SECONDARY STUDENTS

We will provide \$25 billion over 10 years to provinces/territories (PTs) via tailored bilateral agreements to address shared priorities including improving access to mental health and substance use health.

PTs could use these investments to further improve access for post-secondary students.

This investment will build on Budget 2017 investments of \$2.4 billion from 2023-24 to 2026-27 for mental health & addictions services that have yet to flow to PTs.

IF PRESSED ON THE REPORT COMMISSIONED BY THE CANADIAN ALLIANCE OF STUDENT ASSOCIATIONS, "THE NEW ABNORMAL: STUDENT MENTAL HEALTH TWO YEARS INTO COVID-19", 2022

Our Government understands how the COVID-19 pandemic has exacerbated mental health challenges for many Canadians, including post-secondary students, who will continue to feel its impacts into the future.

We have provided funding to organizations such as the Canadian Mental Health Association and the Mental Health Commission of Canada to undertake initiatives to improve the mental health and well-being of students on campuses.

We will also provide \$25 billion over 10 years to provinces/territories (PTs) to address shared priorities. PTs could use these investments to further improve access for post-secondary students.

BACKGROUND

Almost two out of three mental health problems begin by age 25, which includes the period when many are studying at the post-secondary level. For post-secondary students, mental health challenges persist across campuses in Canada, as a result of increased workloads, transition into adulthood, living away from home and financial difficulties.

These challenges have been exacerbated by the COVID-19 pandemic, as significant barriers to accessing services have remained, including long wait times, stigma, and confidentiality concerns. Concerns about the virus itself have been compounded by impacts on school and routines, social activities, isolation, and decreased access to services and supports.

The Government has provided \$2M to the CMHA's national office to pilot the Campus Peer Support program, a specialized peer support certification program, in five universities that empowers post-secondary students to support each other's well-being. This project will help post-secondary institutions modify the delivery of their mental health support programs to more effectively promote well-being and ensure academic success among this at-risk age group. This three-year funding project will end in March 2024.

The following five Canadian post-secondary institutions work in close partnership with their local CMHAs, and bring expertise in peer-support programming:

University of Prince Edward Island (UPEI) and CMHA PEI (Charlottetown, PEI);

University of New Brunswick (UNB) and CMHA New Brunswick (Fredericton & St. John, NB);

Trent University and CMHA Haliburton Kawartha and Pine Ridge (Peterborough, ON);

Medicine Hat College and CMHA Alberta Southeast (Medicine Hat, AB); and,

University of British Columbia (Vancouver, BC).

There are a range of services from prevention to treatment, including peer support counselling and a range of self-management options (on-line applications, telephone), that can help promote mental health and address mental health issues. Research also indicates that increasing mental health literacy and the building of life skills and resiliency are key to mitigating the high levels of stress during the transition to post-secondary institutions. However, significant barriers to accessing services remain, including long wait times, stigma, and confidentiality concerns.

The federal government is working closely with provinces, territories and partners to support post-secondary student mental health, including through transfers to provinces/territories and funding to community-based organizations.

Namely, Budget 2023 investments of \$25 billion over 10 years to provinces/territories via tailored bilateral agreements to address shared priorities can be used to improve access to mental health supports for post-secondary students.

Additionally, the federal government is supporting the development and expansion of Integrated Youth Services (IYS) models, which can improve access to supports for post-secondary students. IYS models of care provide locally relevant, effective, youth-focused and integrated services for mental

health/substance use within the community. IYS hubs aim to provide “one-stop shops” of supports in the community, which can include mental health and substance use services, primary care, sexual health and harm reduction services, youth and family peer support, social and community services, as well as support for navigating these systems of care.

DISTINCTIONS-BASED MENTAL WELLNESS STRATEGIES

UPDATE ON MANDATE COMMITMENTS

Increasing access to the full continuum of mental health and substance use services through evidence-based, person-centred, trauma-informed, and culturally safe approaches is key to the Government of Canada’s health care plan.

The Minister of Mental Health and Addictions is working with the Minister of Indigenous Services Canada to advance Indigenous wellness, in line with the federal approach for integrated mental health and substance use services.

The Minister and senior officials continue to engage regularly with Indigenous leaders to improve distinctions-based, culturally relevant, and trauma-informed mental health and wellness supports.

ISSUE

Indigenous Peoples face unique challenges to having fair and equitable access to quality and culturally safe health care services, including early childhood trauma, income, access to stable housing, and the historical and ongoing effects of colonization and the residential school system on First Nations, Inuit and Métis communities.

Budget 2023 confirmed the Government of Canada’s commitment to improve health care in Canada through a historic investment of close to \$200 billion over ten years, of which \$25B will flow to provinces and territories through tailored bilateral agreements. These bilateral agreements will support progress on four shared priorities to improve access to health care, with mental health addressed by or included within all four priorities for residents of PT jurisdictions, including Indigenous peoples.

KEY FACTS

The Government of Canada is providing historic investments in health care, including \$25B over 10 years to provinces and territories for shared health priorities, with mental health and substance use services addressed by or integrated within them.

The Government of Canada has provided substantial investments to Indigenous Services Canada for distinctions-based mental wellness supports through Budget 2021 (\$597.6 million over 3 years). These supports provide community-based, culturally relevant and trauma-informed wellness services for families and survivors.

As part of the historic investments, the Government is also working with Indigenous partners to distribute an additional \$2 billion over 10 years on a distinctions basis to address the challenges faced by Indigenous Peoples in accessing quality and culturally safe health services including for mental health and substance use. This approach is in keeping with the federal approach, premised on the fact that Indigenous peoples are best placed to determine and address their health-related needs.

KEY MESSAGES

Our government recognizes that the ongoing effects of colonization and residential schools on Indigenous communities are root causes of mental health and substance use harms.

Through Budget 2023, the Government is providing \$25B over 10 years to provinces and territories for shared health priorities, including mental health and substance use services.

The Government is also working with Indigenous partners to distribute an additional \$2 billion over 10 years on a distinctions basis for culturally safe services.

Our Government is committed to working with Indigenous peoples to improve mental wellness.

IF PRESSED ON INVESTMENTS IN INDIGENOUS MENTAL WELLNESS

Budget 2021 provided \$597.6 million over 3 years for distinctions-based mental wellness supports.

Through Budget 2023, the Government is providing \$25B over 10 years to provinces and territories for shared health priorities, including improving access to mental health and substance use services.

In addition, the new Indigenous Health Equity Fund provides \$2 billion over 10 years to help ensure access to quality and culturally safe health care services.

The Government of Canada will ensure Indigenous Peoples are engaged in the development of funding supports, following a distinctions-based approach.

BACKGROUND

The Government of Canada acknowledges that each First Nations, Inuit and Métis community has a unique culture, territory, history, and relationship with the Government of Canada, as well as unique strengths to build on, and challenges to face. It remains committed to working independently with First Nations, Inuit, and Métis in recognition of their unique attributes to support Indigenous-led approaches and improve distinctions-based, culturally relevant and trauma-informed mental health and wellness supports.

The Minister of Mental Health and Addictions has a mandate to “support the Minister of Indigenous Services to co-develop and invest in a distinctions-based Mental Health and Wellness Strategy to meet the needs of First Nations, Inuit and the Métis Nation, including culturally appropriate wraparound services for addiction and trauma, suicide and life promotion and the building of treatment centres.” The Minister of Indigenous Services Canada is supporting work on Indigenous-led and distinctions-based strategies in this regard.

Through Budget 2023, the Government is providing \$25B over 10 years to provinces and territories through tailored bilateral agreements for shared health priorities, including improving access to mental health and substance use services. It is the expectation of the federal government that these funding supports be directed to meet the needs of all residents in the jurisdictions, including Canada’s Indigenous communities and peoples living off-reserve, and that provinces and territories will engage with local indigenous communities on this funding.

Indigenous Services Canada is also engaging with Indigenous partners on the new Indigenous Health Equity Fund of \$2 billion over 10 years funding announced on February 7, 2023. The Fund is being developed and implemented on a distinctions basis, in alignment with the United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP), the Missing and Murdered Indigenous Women and Girls (MMIWG) Calls for Justice, and the Truth and Reconciliation Commission’s Calls to Action. It will prioritize partners’ needs, ensuring alignment with Indigenous-led regional and community health priorities

In addition to the new Indigenous Health Equity Fund, the federal government invests approximately \$5 billion in Indigenous health each year. This includes important new investments announced since 2021 to support further progress, including:

\$354 million over five years to increase the number of nurses and other medical professionals in remote and isolated First Nations communities;

\$250 million over five years to further support recruitment and retention of health professionals on reserve;

\$825 million over three years for distinctions-based mental health and wellness strategies;

\$127 million over three years to foster health systems free from racism and discrimination; and

\$107 million over three years to continue efforts to transform how health services are designed and delivered by First Nations communities.

SMOKING AND TOBACCO USE IN CANADA

UPDATE ON MANDATE COMMITMENTS

Tobacco is the leading preventable cause of disease and premature death in Canada.

For decades, the government has undertaken taxpayer-funded activities to address the health hazards caused by the tobacco industry’s products.

That is why Budget 2023 reconfirmed our government's commitment to require tobacco manufacturers to contribute to the cost of federal public health investments in tobacco control.

Health Canada is advancing this work with key federal partners including Canada's Tobacco Strategy partner departments, and cost recovery and financial experts, among others.

ISSUE

Cigarette smoking is the leading cause of preventable disease and premature death in this country, killing approximately 46,000 Canadians each year. The Government has an ambitious target to reduce tobacco use to less than five percent by 2035.

KEY FACTS

Tobacco use is still the leading cause of premature death in Canada, killing half of all Canadians who smoke.

In 2020, the total cost of tobacco use to society was approximately \$11.2 billion.

According to 2021 data, approximately 3.8 million Canadians smoke cigarettes – about 12% of the population over the age of 12.

Canada's Tobacco Strategy is a comprehensive and integrated approach to help Canadians quit tobacco and protect youth and people who do not use tobacco from nicotine addiction, supported by a \$330 million investment over five years, starting in May 2018.

KEY MESSAGES

Cigarette smoking is the leading preventable cause of disease and premature death in Canada.

Our government is committed to reducing tobacco use in Canada to less than five percent by 2035.

Health Canada continues to strengthen regulations to prevent youth and people who do not smoke from smoking, and to provide people with information on the health hazards of tobacco use, and supports for quitting smoking.

Canada recently became the first country to introduce written health warnings on individual cigarettes.

IF PRESSED ON HELP FOR PERSONS WHO SMOKE

Quitting smoking can be difficult. Our Government is committed to providing resources to help.

Our Government recently launched a campaign to raise awareness of quit smoking supports. Over four million dollars is also provided to partners to support the Smoke-Free Curious campaign.

People in Canada can also contact the pan-Canadian toll-free quitline where trained specialists can help develop a plan, answer questions, and provide referrals to programs and services in their community, where available. The number for the helpline is displayed on cigarette packs.

IF PRESSED ON YOUTH VAPING

Protecting the health and safety of youth is a top priority. We are encouraged to see that vaping rates among youth have levelled off since 2021, however, they remain too high.

We remain concerned about substance use, including youth vaping, and are taking action.

Regulations prohibit the promotion and advertising of vaping products anywhere they can be seen or heard by youth, set a maximum nicotine concentration for vaping products, and require manufacturers and importers to provide sales and ingredients information to Health Canada.

IF PRESSED ON THE LEGISLATIVE REVIEW

The first review of the Tobacco and Vaping Products Act was tabled in Parliament on December 9th, 2022.

The review found that the Act appears to be making progress towards protecting youth and achieving its vaping-related objectives.

It also found more work needs to be done and identified areas for action, such as strengthening compliance and enforcement.

Public consultations on the second review, which is focused on tobacco, have been launched.

IF PRESSED ON TOBACCO LABELLING REGULATIONS

The Government of Canada is committed to increasing public awareness of the harms of tobacco use.

To this end, we refreshed warning messages and extended health warnings to all tobacco product packages, to maintain their effectiveness.

We also introduced health warnings on individual tobacco products, so it would be impossible to avoid health warnings. This is important for youth, who often get their first cigarette from a friend or sibling, and don't see the warnings on the pack.

BACKGROUND

Canada's Tobacco Strategy represents the Government of Canada's plan to address tobacco use. It is led by Health Canada, in partnership with the Canada Border Services Agency, the Canada Revenue Agency, Indigenous Services Canada, Crown-Indigenous Relations and Northern Affairs Canada, the Public Health Agency of Canada, Public Safety Canada, and the Royal Canadian Mounted Police. The Strategy sets a goal of reducing tobacco use to less than 5% by 2035 (5 by 35).

Data released from the 2021 Canadian Community Health Survey (CCHS) show that smoking rates continue to decline. Decades of tobacco control have seen positive impacts, resulting in a national average rate of 12% (3.8M) down from 15% (4.7M) in 2019. While the recent declines are positive, millions of Canadians are still smoking. Tobacco use is still the leading cause of premature death in Canada, killing half of all Canadians who smoke. Furthermore, prevalence rates among First Nations and Inuit are much higher than that of other Canadians. Reaching the 5 by 35 goal will require continued tobacco control actions both population-wide, and also targeting groups with higher smoking rates.

In March 2023, the Canadian Centre on Substance Use and Addiction released an update of its report entitled "Canadian Substance Use Costs and Harms". The report found that in 2020 the total cost of tobacco use to society was approximately \$11.2 billion, or 22.7% of the total cost of substance use to Canadians. Furthermore, it was responsible for nearly two in three lives lost (46,366 in 2020).

The previous Minister of Mental Health and Addictions' mandate letter includes a commitment to require tobacco manufacturers to pay for the cost of federal public health investments in tobacco control. This is one of a number of comprehensive measures the Government of Canada is taking to reach 5 by 35.

POST-TRAUMATIC STRESS INJURIES (PTSI)

ISSUE

What the Government is doing to address Post-Traumatic Stress Injuries among public safety personnel.

KEY FACTS

N/A

KEY MESSAGES

Every day, public safety personnel put their safety at risk to protect and help Canadians. As a result, they are often exposed to dangerous and traumatic situations that may lead to post-traumatic stress injuries (PTSI).

The Government is proud to help those who never fail to help us by continuing to advance Canada's first-ever National Action Plan on Post-Traumatic Stress Injuries for public safety personnel, launched on April 8, 2019.

The Action Plan focuses on three key pillars: research and data collection; prevention, early intervention and stigma reduction; and support for care and treatment.

Under the Action Plan, the Government is investing \$31 million over ten years to support research on PTSI. This includes the development of an Internet-delivered cognitive therapy pilot for public safety personnel, which is operational in Saskatchewan, Quebec, Ontario, Nova Scotia, New Brunswick and Prince Edward Island.

In February 2022, we announced federal support of \$1 million to Runnymede Healthcare Centre for a feasibility study on a facility dedicated to rehabilitation and post-traumatic stress injuries for public safety personnel.

In the tragic circumstances where lives are lost, there is a memorial grant program providing first responder families with \$300,000 to help with the transition in the loss of their loved one.

BACKGROUND

Every day, public safety personnel are actively helping to build and reinforce community resilience, putting their lives on the line by responding to crises, local emergencies and large-scale disasters. In doing so, public safety personnel may experience traumatic events that trigger the onset of post-traumatic stress injuries (PTSI) and operational stress injuries (any persistent psychological difficulty resulting from operational duties). Post-traumatic stress disorder (PTSD) is an anxiety disorder caused by experiencing or witnessing traumatic events, such as fatal traffic accidents, combat situations and natural disasters, which may lead to problems in functioning in social or family life and at work or at school. The term “PTSI” has been adopted as a preferred terminology by the public safety community in an effort to reduce the stigma commonly associated with a “disorder.”

On April 8, 2019, the Government of Canada announced the release of Supporting Canada’s Public Safety Personnel: An Action Plan on Post-Traumatic Stress Injuries. The plan will support research, prevention, early intervention, stigma-reduction, care and treatment for all types of public safety personnel, all across the country.

The Action Plan was informed through several consultations which began in 2016 with key stakeholders, including Federal, Provincial and Territorial governments, the Public Safety and Health portfolios, public safety organizations, academia, union representatives, mental health professionals and non-governmental organizations.

Public safety personnel is a term that broadly encompasses front-line personnel who ensure the safety and security of Canadians across all jurisdictions. Examples can include: tri-services (police – including the Royal Canadian Mounted Police, firefighters, and paramedics), correctional employees, border services personnel, operational and intelligence personnel, search and rescue personnel, Indigenous emergency managers, and dispatch (9-1-1) personnel.

The Action Plan builds on recent investments by the Government in this area, including:

\$5 million over five years to support a new National Research Consortium on PTSI among public safety personnel between the Canadian Institutes of Health Research (CIHR) and the Canadian Institute for Public Safety Research and Treatment (CIPSRT). This consortium is the first of its kind in Canada and will work specifically to address the incidence of PTSI among public safety personnel; and

\$10 million for an Internet-based Cognitive Behavioural Therapy (ICBT) pilot to provide greater access to care and treatment for public safety personnel, especially in rural and remote areas.

Budget 2023 is providing an additional \$16.7 million to CIPSRT to allow them to continue this important work.

Departmental officials are monitoring progress against the Action Plan. Notable results to date include:

The National Research Consortium has been established, and CIHR has awarded approximately \$12.2 million to date in applied research funding that will be undertaken in close partnership with public safety personnel as the “end-user”.

The 2021 mandate letter of the Minister of Public Safety directed the Minister to work with the support of the Minister of Mental Health and Addictions to “continue advancing Canada’s first-ever National Action Plan on Post-Traumatic Stress Injuries, including additional investment to support the health and well-being of first responders.”

MENTAL HEALTH BENEFITS FOR VETERANS

ISSUE

Mental health and substance use supports for veterans

KEY FACTS

Mental health problems are known to occur at higher rates among serving members than amongst the civilian population. The prevalence of mental health conditions is particularly high among the most recently released Veterans: those released between 2015 and 2018 showed rates of depression at 32.9%, anxiety at 29.7%, and post-traumatic stress disorder (PTSD) at 29.7%. For example, 54% of Canadian Armed Forces (CAF) veterans with a disability benefit related to service in Afghanistan are also receiving financial support from Veterans Affairs Canada (VAC) for PTSD.

Mental health disorders impact veterans, their partners, and their families, including with respect to quality of life, disability, income and risk of suicidality.

Suicide risk is nearly one and a half times higher in male CAF Veterans and nearly twice as high in female CAF Veterans than in the age-adjusted male and female Canadian general population, respectively.

KEY MESSAGES

Our Government is committed to improving access to mental health services for all Canadians, including veterans.

Mental health disorders among our veterans occur higher rates than among civilians, particularly for depression, anxiety and PTSD.

That is why we are investing close to \$200 billion over 10 years to improve health care, including to better integrate mental health services in our universal health care system.

It is also why the Government of Canada implemented the Mental Health Benefits in 2022 so that veterans can obtain coverage for mental health services to address disorders related to depression, anxiety and trauma-and-stressor-related disorders.

As the Minister of Mental Health and Addictions, I am working closely with the Minister of Veterans Affairs and with provincial and territorial Ministers to ensure that people who live in Canada – including the brave members of our military forces -- can receive the mental health services they need, when they need them.

IF PRESSED ON COVERAGE FOR VETERANS AND OTHER CANADIANS FOR MENTAL HEALTH SERVICES

Since it was started in 2022, close to 14,000 veterans have been approved for the new federal Mental Health Benefits.

Veterans have up to two years of coverage so that they can get the care they need for anxiety and depression as well as trauma-and-stressor-related disorders.

As all Canadians deserve to have access to mental health services when they need them, our Government recognizes that mental health services need to be integrated as a full and equal part of our universal health care system.

I am working with my provincial and territorial counterparts to improve access to mental health care as part of new bilateral health care agreements, supported by federal investments of \$25 billion over 10 years.

BACKGROUND

On April 1, 2022, the Department implemented the Mental Health Benefits allowing eligible CAF Veterans to obtain coverage for health services needed for mental health conditions such as trauma-and-stressor-related disorders, anxiety disorders and depressive disorders.

Mental health disorders are known to occur at higher rates among serving members than amongst the civilian population. The prevalence of mental health conditions is particularly high among the most recently released Veterans: those who released between 2015 and 2018 showed rates of depression at 32.9%, anxiety at 29.7%, and PTSD at 29.7%. For example, 54% of CAF Veterans with a disability benefit related to on service in Afghanistan are in receipt of a VAC pension/award for PTSD.

Mental health disorders impact veterans, their partners, and their families, including with respect to quality of life, disability, income and risk of suicidality.

Suicide risk is nearly one and a half times higher in male CAF Veterans and nearly twice as high in female CAF Veterans than in the age-adjusted male and female Canadian general population, respectively.

Coverage under the Mental Health Benefits starts immediately following a member's application for a disability entitlement and may last up to two years.

The Mental Health Benefits provides coverage for prescription drugs as well as treatments and examinations provided by psychologists, counsellors, social workers, or other mental health professionals approved by the Minister.

From April 1, 2022 to August 31, 2023, 13,970 applicants were approved for Mental Health Benefits.

Recognizing the broader need to better integrate mental health services in Canada's universal health care system, Budget 2023 confirmed the Government of Canada's commitment to improve health care in Canada through additional health care transfers of close to \$200 billion over ten years. Of this funding, \$25B over 10 years will flow to provinces and territories for four shared health priorities, with mental health addressed by or embedded within all four priorities. These shared priorities -- family health services, health workers and backlogs, mental health and substance use, and a modernized health system --- will together result in improved access to services, including for mental health. Provinces and territories are also being asked to report on results, with three headline indicators identified to track progress on improved access to mental health and substance use services.

HEALTH CANADA RELEASES THE FOURTH ANNUAL REPORT ON MEDICAL ASSISTANCE IN DYING IN CANADA

ISSUE

On October 24, 2023, Health Canada released the Fourth Annual Report on Medical Assistance in Dying in Canada (2022) containing data that provide insights into written requests for MAID and the delivery of MAID in Canada during 2022.

In 2022, the number of cases of MAID grew by 31.2% over 2021. MAID accounts for 4.1% of all deaths in Canada in 2022. All provinces except Manitoba and the Yukon continued to experience a steady year-over-year growth in 2022.

The release of the Fourth Annual Report on Medical Assistance in Dying in Canada may increase attention to MAID and the safety concerns raised by certain groups regarding MAID implementation, and the lifting of the exclusion of MAID for people whose sole medical condition is a mental disorder (MD-SUMC) on March 17, 2024.

On February 2, 2023, the Government of Canada introduced legislation, former Bill C-39, to extend the exclusion of eligibility for MAID where a person's sole underlying medical condition is a mental illness for an additional year, until March 17, 2024. Bill C-39 received Royal Assent on March 9, 2023.

KEY FACTS

On October 24, 2023, Health Canada released the Fourth Annual Report on Medical Assistance in Dying in Canada. This report provides aggregate information on people in Canada who have made a written request for medical assistance in dying (MAID) and the outcomes of those requests, including those who received MAID in 2022.

Federal reporting provides a clear picture of the current state of MAID across Canada: who is requesting MAID, the reasons for these requests, and the circumstances under which it is provided or isn't provided.

Growth in MAID provision has increased steadily each year as a result of awareness and acceptance of the practice.

The Fourth Annual Report on Medical Assistance in Dying in Canada reported that the vast majority of 2022 MAID provisions (96.5%) were for individuals where death was naturally foreseeable, providing compassionate care at the end of life.

The proportion of MAID recipients whose natural death was not naturally foreseeable continues to remain very small compared to the total number of MAID recipients, representing just 3.5% of all MAID provisions and only 0.14% of all deaths in Canada.

This year, a number of important initiatives have been launched to support the evolution and practice of MAID generally and to support the health system's preparedness for the lifting of the temporary exclusion of MAID eligibility for persons suffering solely from a mental illness in March 2024.

Guided by the recommendations from the Expert Panel on MAID and Mental Illness, the Government of Canada has:

Developed a model MAID Practice Standard designed for use by regulatory bodies and clinicians in addressing complex requests for MAID, including where mental illness is involved (completed March 2023).

Developed and launched (August 2023) a nationally accredited MAID Training Curriculum.

Funded a Knowledge Exchange Workshop (June 2023) that included over 40 MAID practitioners as well as psychiatrists from across Canada to discuss roles and contributions to the proper assessment and management of MAID where mental disorders are involved, and supported local training related to MAID for mental disorders.

Amended the Regulations for the Monitoring of MAID in Canada to enhance data collection and enrich research and analysis and reporting back to Canadians (enacted January 1, 2023 with new data to be reported in 2024).

Initiated early activities on engagement with Indigenous Peoples (online tool launched August 17, 2023, with other Health Canada-led and Indigenous-led activities planned for 2024).

Provinces and territories, in collaboration with regulators and MAID communities, have also been working towards preparedness – some creating specific teams, adding resources, updating their practice standards and encouraging training to help clinicians in addressing requests for those more complex MAID cases, and where mental illness is a sole underlying medical condition.

KEY MESSAGES

MAID monitoring and reporting is critical to ensuring transparency and fostering public trust in how MAID is being implemented.

This annual report represents the collaborative efforts of all levels of government and health professionals working together to provide a comprehensive picture of the implementation of MAID in Canada.

Our Government continues to work closely with the provinces and territories and their health stakeholders to support the development and uptake of resources, such as a Model MAID practice standards and an accredited MAID curriculum, in order to enable safe access to MAID for people who suffer solely from a mental illness.

IF PRESSED ON THE FOURTH ANNUAL REPORT ON MAID IN CANADA

The fourth annual report is based on reporting requirements from the 2018 Regulations for the Monitoring of MAID, and contains data that provide insights into requests for MAID and the delivery of MAID in Canada during 2022.

Data collection has since been expanded after new Regulations came into force starting in 2023, but data for 2023 will only be available and reported in 2024.

IF PRESSED ON THE INCREASING MAID DEATHS IN CANADA

In 2022, 96.5% of MAID provisions were for individuals where death was reasonably foreseeable, providing compassionate care at the end of life.

The proportion of MAID recipients whose natural death was not reasonably foreseeable continues to remain very small compared to the total number of MAID recipients, representing just 3.5% of all MAID provisions and only 0.14% of all deaths in Canada.

IF PRESSED ON THE EXTENSION OF THE TEMPORARY EXCLUSION

Our Government extended the exclusion of eligibility for MAID for persons suffering solely from a mental disorder to allow for the dissemination and uptake of key resources by clinicians, including a Model Practice Standard, an Advice to the Profession document, several knowledge exchange meetings, and a national accredited MAID curriculum.

We understand this is a complex issue with many diverging views.

Our Government continues to work closely with the provinces and territories and their health stakeholders to support the development and uptake of these resources for safe access to MAID for people who suffer solely from a mental illness.

IF PRESSED ON THE QUESTION OF MAID FOR PEOPLE WITH MENTAL ILLNESS AS THE SOLE UNDERLYING CONDITION

The Government recognizes that mental disorders can cause suffering on par with that of physical illnesses.

The Government also recognizes that there are diverse views on MAID and mental illness within the psychiatric community.

Resources such as the Model MAID Practice Standard, Advice to the Profession, the MAID training curriculum, and additional resources developed by provinces and territories will support the medical and psychiatric communities in delivering MAID for complex cases.

IF PRESSED ON THE MAID FOR MENTAL ILLNESS AND SUBSTANCE USE

MAID is an option that is available only for eligible Canadians, and the legislation sets a high bar with stringent eligibility criteria and robust procedural safeguards. The MAID provisions in the Criminal Code are carefully designed to protect vulnerable people including those suffering from mental disorders including substance use.

The Government has provided significant funding to support mental health and substance use supports and to develop national standards for substance use services.

IF PRESSED ON CONCERNS THAT PEOPLE WILL SEEK MAID AS A FORM OF SUICIDE, ESPECIALLY THOSE WITH A MENTAL ILLNESS

The legislation sets a high bar for access. Only individuals with severe, long-standing and treatment-resistant mental illnesses will be considered for MAID.

The Model MAID Practice Standard indicates that assessors and providers should ensure that a person's request is consistent, unambiguous and rationally considered during a prolonged period of stability, and not during a time of crisis or suicide ideation.

The Government has provided significant funding to support the launch and implementation of 9-8-8, a three-digit number for suicide prevention and emotional distress.

IF PRESSED ON THE GOVERNMENT'S REACTION TO MEDIA STORIES ALLEGING THAT PEOPLE ARE SEEKING MAID DUE TO LACK OF NEEDED SERVICES

The eligibility criteria and robust safeguards provided by the law set a very high bar for accessing MAID.

Improving access to social and health services remains a priority and governments are working hard to address disparities.

For example, the Government has introduced Bill C-22, the Canada Disability Benefit Act to reduce poverty and support financial security of persons with disabilities. This legislation received Royal

IF PRESSED ON CONCERNS THAT PEOPLE WILL SEEK MAID DUE TO STRUCTURAL VULNERABILITY

The legislation sets a high bar for access. Only individuals with a serious illness, disease or disability, that are in an advanced state of decline that cannot be reversed and experience unbearable physical or mental suffering will be considered for MAID.

While structural vulnerability may exacerbate a person's suffering, MAID eligibility is determined by an assessment of the consequences of the person's medical condition and whether or not the person, as a result, is experiencing enduring and intolerable physical and psychological suffering.

BACKGROUND

MAID MONITORING AND REPORTING

The federal MAID monitoring system was established in 2018 through the Regulations for the Monitoring of Medical Assistance in Dying and provides a robust framework for the collection, analysis and reporting

of information. The existing Regulations enable Health Canada to identify and monitor trends in the delivery of MAID in Canada and assist in supporting transparency and fostering public trust in the MAID legislation and its application. Data collected from individual MAID providers or from a recognized PT authority is verified and analyzed by Health Canada, before being published in the annual report. The Fourth Annual Report on Medical Assistance in Dying, published on October xx, 2023, highlighted the following key findings:

In 2022, there were 13,241 MAID provisions reported in Canada, accounting for 4.1% of all deaths in Canada, and a growth rate of 31.2% over 2021. 3.5% of the total number of MAID provisions (463 individuals), were individuals whose natural deaths were not reasonably foreseeable. The average age of individuals at the time MAID was provided in 2022 was 77.0 years with cancer (63.0%) cited as the most common underlying medical condition (63.0%). A slightly larger proportion of males (51.4%) than females (48.6%) received MAID in 2022, a result consistent with previous years. The majority of MAID recipients (77.6%) had received palliative care in 2022, and of the MAID recipients who did not receive palliative care (19.6%), 87.5% had access to these services. Private residences continue to be the primary setting for the administration of MAID in Canada. 18.6% of written requests in 2022 resulted in an outcome other than MAID: 298 individuals withdrew their request (1.9% of written requests); 560 individuals were deemed ineligible (3.5% of written requests); and 2,144 individuals died prior to receiving MAID (13.3% of written requests).

On January 1, 2023, the amended Regulations for the Monitoring of Medical Assistance in Dying came into force to enhance data collection and reporting through the federal MAID monitoring system. Data collected under these amended regulations now includes, among other things, information related to race, Indigenous identity, and disability of those seeking MAID. This new information will be reflected in the annual report on MAID in Canada for the calendar year 2023, to be publicly released in 2024.

MAID LEGISLATION IN CANADA

MAID legislation has evolved since 2016 (former Bill C-14). In 2021, former Bill C-7 repealed the provision that requires a person's natural death be reasonably foreseeable in order to be eligible for MAID, although the repeal excluded eligibility for persons whose sole underlying condition is a mental illness (MI-SUMC) until March 17, 2023.

This two-year exclusion allowed time to initiate an expert review respecting recommended protocols, guidance and safeguards to apply to requests for MAID by persons who have a mental illness as a sole underlying condition. The work was undertaken by a Government-appointed Expert Panel on MAID and Mental Illness (the Panel). The Panel's Report was tabled in Parliament on May 13, 2022.

On March 9 2023, the Government passed legislation (former Bill C-39) that further delayed the repeal of the above MI-SUMC exclusion, adding an additional year to allow more time for dissemination and uptake of key resources by the medical and nursing communities. The delay ends on March 17, 2024, The additional time also allowed for jurisdictions to plan, develop and be ready to implement processes and supports for MAID requests involving mental illness.

THE EXPERT PANEL ON MAID AND MENTAL ILLNESS

Former Bill C-7, which received Royal Assent on March 17, 2021, included a sunset clause excluding persons with a mental illness as a sole underlying medical condition from seeking MAID until March 17, 2023. During the two-year exclusion period, the Ministers of Health and Justice were required to launch an independent expert review on the topic of MAID and mental illness.

An Expert Panel was appointed by Ministers of Justice and Health to conduct an independent review to consider protocols, guidance and safeguards to apply to MAID requests by persons who have a mental illness. The final report of the Expert Panel on MAID and Mental Illness was tabled in Parliament on May 13, 2022. It included 19 recommendations that provide guidance on the interpretation of the MAID eligibility criteria, the application of the legislated safeguards, and the assessment process, as well as advice on measures to improve the functioning of Canada's MAID regime more broadly.

A key conclusion of the Panel was that, the existing MAID eligibility criteria and safeguards, when interpreted appropriately and buttressed by existing laws, standards, and practices in related areas of healthcare, can provide an adequate structure for assessing those more complex (track two) MAID requests, including where a mental disorder is the sole underlying medical condition.

On July 26, 2022, the Ministers of Health, Justice and Disability Inclusion issued a news release on the Government's progress in implementing several of the Panel's key recommendations to help prepare the MAID practice community in assessing these complex MAID requests. This progress included: developing a practice standard for MAID; development of a nationally fully accredited MAID curriculum; enhancements to the data collection system under the Regulations for the Monitoring of MAID; plans for Indigenous engagement; and, federally-funded qualitative research on MAID.

PARLIAMENTARY REVIEW OF MAID LEGISLATION

The 2021 legislation also required that a Parliamentary Review be initiated to address the topics of mature minors, advance requests, mental illness, the state of palliative care in Canada, and the protection of Canadians with disabilities.

The Special Joint Committee on MAID (AMAD) submitted an interim report in June 2022, specifically focused on MAID where a mental disorder is the sole underlying medical condition. The interim report made no formal recommendations but urged the federal government to support the timely implementation of the recommendations of the Expert Panel.

AMAD's final report, containing 23 recommendations on all topics under its remit, was tabled on February 15, 2023. On June 15, 2023, the Government tabled its Response to AMAD's report and recommendations in the House of Commons.

It is anticipated that AMAD will reconvene in 2023 for further study.

PREPAREDNESS FOR THE REPEAL OF THE CLAUSE ON THE EXCLUSION OF MENTAL ILLNESS

On March 9, 2023, the Government of Canada passed legislation to extend the temporary exclusion of eligibility for persons suffering solely from a mental illness from March 17, 2023 to March 17, 2024. While the Government, in collaboration with provinces and territories, and their medical communities had made important progress in preparing for the original March 2023 deadline, the additional year allowed more time for dissemination and uptake of key resources by the medical and nursing communities.

In September 2022, Health Canada convened an independent MAID Practice Standards Task Group, comprised of individuals with clinical, regulatory, and legal expertise, to develop a practice standard to provide regulators and clinicians with guidance on MAID assessments for complex requests, including those that involve mental disorders. The Model MAID Practice Standard was published on March 27, 2023, along with another document, Advice to the Profession, which provides more detailed clinical advice on challenging topics than is typically included in a regulatory practice standard.

On September 13, 2023 the Government announced the launch of the first nationally accredited bilingual MAID education program (developed by the Canadian Association of MAID Assessors and Providers) available to licensed physicians and nurse practitioners. It consists of seven modules addressing various topics related to the assessment and provision of MAID, including mental disorders and other complex chronic conditions. Six of the seven modules are currently available for registration, the full program will be available by the end of 2023.

Health Canada continues to work with provinces and territories to support system and clinician preparedness for mental illness eligibility and is supporting research initiatives targeting marginalized/underserved populations and knowledge gaps in MAID implementation and delivery.

INQUIRY OF MINISTRY

PREPARE IN ENGLISH AND FRENCH MARKING "ORIGINAL TEXT" OR "TRANSLATION"

QUESTION NO.

Q-1554 BY

Ms. Ferreri (Peterborough—Kawartha) DATE

May 29, 2023

Reply by the Minister of Mental Health and Addictions and Associate Minister of Health

Signed by Ms. Élisabeth Brière

QUESTION

PRINT NAME OF SIGNATORY

SIGNATURE

MINISTER OR PARLIAMENTARY SECRETARY

With regard to government funding related to drug supply and treatment: (a) what was the total amount spent by the government on providing "safer supply" drugs in the 2022-23 fiscal year; (b) what is the breakdown of (a) by province or territory; (c) what was the total amount spent by the government on opioid agonist therapy in the 2022-23 fiscal year; and (d) what is the breakdown of (c) by province or territory?

Health Canada

Provinces and territories are responsible for the delivery of health services to most Canadians, including the majority of prevention, treatment and harm reduction services for people who use drugs. Recognizing the scale of the overdose crisis, the federal government is working to support a full continuum of strategies to help save lives and meet the diverse needs of people who use drugs, such as: essential evidence-based treatment and life-saving services, including harm reduction; awareness, prevention, and stigma reduction activities; data, research, and surveillance activities; and law enforcement efforts to enhance safety and security.

Through the Substance Use and Addictions Program (SUAP), Health Canada supports safer supply and Opioid Agonist Therapy (OAT) programs that provide prescriber-led access to pharmaceutical-grade drugs for people at risk of overdose. As of June 2023, Health Canada has supported 31 safer supply pilot projects across Canada through SUAP, representing a total funding commitment of over \$100.9 million. It is important to note that SUAP funding is time limited and is not intended to replace funding normally provided by provincial and territorial healthcare systems for health care service delivery.

Most drugs used in safer supply programs and OAT projects are provided at the discretion of the healthcare providers running the program and are often covered under provincial and territorial drug formularies. In addition, provinces and territories are responsible for the delivery of substance use disorder treatment services. Consequently, the federal government cannot provide a total amount for federal funding dedicated to drugs used in safer supply and OAT programs. The federal government supports community-based treatment projects through SUAP and has provided \$32,663,360 in overall SUAP funding in fiscal year 2022-2023.

In conjunction with answer (a) above, Health Canada cannot provide a breakdown of funding dedicated to drugs used in safer supply and OAT programs. In addition, recipient organizations are not required to provide a breakdown of the costs associated specifically with the OAT component. Health Canada has provided a breakdown of overall SUAP funding committed to safer supply programs, of which 7 projects include an OAT component as part of their suite of treatment options, by province or territory for the fiscal year (FY) 2022-2023:

	FY 2022-2023
British Columbia	\$11,632,533
New Brunswick	\$1,497,195
Ontario	\$18,315,312
Québec	\$1,218,320
Total	\$32,663,360

*There is one safer supply project operating in Manitoba that is funded under the auspices of an organization in British Columbia and as a result is reflected in the British Columbia total.

In general, provinces and territories are responsible for the delivery of substance use disorder treatment services, including OAT. The federal government supports community-based treatment projects through SUAP, some of which provide OAT services. SUAP committed \$2.25 million to projects providing OAT in FY 2022-23. The amount of money spent on the medications used in these OAT projects is not systematically collected by Health Canada.

Breakdown of SUAP funding committed to community-based OAT-focused projects by province or territory for the FY 2022-2023:

	FY 2022-2023
British Columbia	\$1,117,866
Alberta	\$810,326
Manitoba	\$328,250
Total	\$2,256,442

In addition to SUAP funding for OAT, the federal government has provided significant financial support to provinces and territories to help ensure that appropriate and evidence-based treatment options are available to Canadians. In 2017, \$11 billion in funding over 10 years was committed through bilateral agreements with provinces and territories for health priorities, including mental health and substance use. In addition, \$150 million in federal funding was committed through Budget 2018 for the Emergency Treatment Fund to directly support improved access to evidence-based substance use treatment across the country.

This funding was cost-matched by provinces and territories, resulting in a total national investment of \$300 million. Budget 2023 proposes to invest \$25 billion in new funding for tailored bilateral agreements with provinces and territories on shared priorities, including improved access to mental health and substance use services.

Since 2018, provinces and territories have used federal investments in treatment services on a wide range of activities, including expanding services to support youth with substance use disorder, providing withdrawal management services appropriate for people who use methamphetamine, creating Rapid Access Addictions Medicine clinics, expanding access to opioid use disorder treatments, and implementing culturally appropriate care for Indigenous communities.

INQUIRY OF MINISTRY

PREPARE IN ENGLISH AND FRENCH MARKING "ORIGINAL TEXT" OR "TRANSLATION"

QUESTION NO.

Q-1610 BY

Mr. Bachrach (Skeena—Bulkley Valley)

DATE

June 14, 2023

Reply by the Minister of Mental Health and Addictions and Associate Minister of Health

Signed by the Honourable Ya'ara Saks

PRINT NAME OF SIGNATORY

MINISTER OR PARLIAMENTARY SECRETARY

QUESTION

With regard to addiction treatment facilities: how many facilities has the government contributed funding toward, since 2015, broken down by

(i) the type of proponent of each facility (First Nations, provincial health authority, etc.), (ii) which federal funding programs were utilized, (iii) the amounts awarded by the federal government, (iv) the year in which the funding was awarded, (v) the aspect of the project that federal funding was used for (capital, operations etc.)?

REPLY ORIGINAL TEXT TRANSLATION

Health Canada

The Government of Canada is taking a comprehensive approach to substance use guided by the Canadian Drugs and Substances Strategy supported by commitments of over \$1 billion since 2017. Additionally, the Government of Canada is investing \$198.6 billion over ten years through Budget 2023 to bolster the health care system, notably:

An immediate, unconditional \$2 billion Canada Health Transfer (CHT) top-up to address immediate pressures on the health care system. This builds on previous CHT top-ups that total \$6.5 billion provided throughout the pandemic;

A 5 per cent CHT guarantee for the next five years, which will be provided through annual top-up payments as required. This is projected to provide an additional \$17.1 billion over 10 years in new support; and

\$25 billion over 10 years through tailored bilateral agreements to address the health system needs of each province and territory (P/Ts).

P/Ts will have the flexibility to allocate this funding based on need and circumstance to four shared priorities: family health services, health workers and backlogs, mental health and substance use, and a modernized health system. These commitments are in addition to the existing bilateral agreements with P/Ts following Budget 2017 that committed \$11 billion over ten years for health priorities, including mental health and substance use, and will help provide Canadians with access to timely, equitable, and evidence-based substance use services.

Recognizing the scale of the toxic illegal drug supply and overdose crisis, the federal government is working to support a full continuum of strategies to help save lives and meet the diverse needs of people who use drugs, such as: evidence-based treatment and life-saving services, including harm reduction, awareness, prevention, and stigma reduction activities; data, research, and surveillance activities; and law enforcement efforts to enhance safety and security.

Addressing substance use is a shared responsibility with P/Ts. While P/Ts are primarily responsible for the delivery of substance-use treatment services, the federal government has a role to play in supporting the availability of evidence-based treatment options. The Government of Canada recognizes that improved access to treatment services can help those struggling with substance use and save lives. That is why we have approved the use of new medications to treat opioid use disorder and removed barriers to prescribing and dispensing. We have also supported the development of national clinical guidelines for injectable opioid agonist treatment.

The Government of Canada has also made significant investments in substance use treatment services, including providing \$150 million through the one-time Emergency Treatment Fund (ETF) to provinces and territories, which, when cost-matched with the provinces and territories, resulted in an investment over \$300 million to improve access to evidence-based treatment services. All \$150 million of ETF funds were provided to P/Ts via bilateral agreements in Fiscal Year 2018/19 (i.e., April 1, 2018-March 31, 2019). The federal government allocated funding based on the severity of the crisis in the P/T and the size of the population. This ensured that P/Ts most impacted by the crisis had enough support, and those jurisdictions that were not as affected were able to prepare for possible future impacts.

The total amount of federal funding was provided in year one of the agreement, with the flexibility for P/Ts to use their funds during the years they saw fit, with the requirement that all funds be spent by March 31, 2023.

As part of each bilateral agreement, P/Ts were required to develop individual action plans (publicly available online) that detail the initiatives that the jurisdiction would implement through the ETF and submit annual reports to Health Canada to show progress toward increasing access to evidence-based treatment. Bilateral agreements and action plans allowed for flexibilities to enable P/Ts to meet needs in a manner that was tailored to their particular jurisdiction. Plans were designed according to the following broad parameters:

expanding existing treatment approaches being offered (e.g., methadone, psychosocial treatment interventions, peer-based support programs);

implementing innovative approaches to treatment (e.g., wrap-around care); and,

developing and implementing strategies to enhance healthcare providers' knowledge of treatment best practices (e.g., training modules, emergency room protocols).

Based on annual reports from P/Ts, ETF investments improved access to treatment services across Canada. ETF funds were used to expand existing treatment approaches such as services to support youth, withdrawal management services appropriate for people who use methamphetamine, Rapid Access Addictions Medicine clinics, and access to opioid dependence treatment. These funds were also used to implement innovative approaches to treatment including wrap-around care and virtual supports as well develop and implement strategies to enhance health care providers' knowledge of treatment best practices. Reporting has also indicated that progress was made on: reducing treatment wait times, increasing the number of treatment beds; and improving access to culturally- appropriate care for Indigenous communities. PTs are not required to report the names of individual facilities to Health Canada.

Health Canada's Substance Use and Addictions Program (SUAP) provides time-limited Grants and Contributions pilot project funding to other levels of government, community-led and not-for-profit organizations, Indigenous organizations, and other groups to respond to drug and substance use issues in Canada. The program supports a wide range of evidence-informed and innovative initiatives in the areas of harm reduction, treatment, and prevention. Initiatives target a range of psychoactive substances, including opioids, stimulants, cannabis, alcohol and tobacco.

Since 2016, the SUAP has provided \$83M in funding for approximately 80 time-limited pilot projects connected to substance use treatment (described in the table below). These include projects funded through a range of non-profit, university and provincial health system stakeholders across Canada. SUAP treatment and recovery investments have supported direct service delivery, treatment system capacity enhancements, substance use workforce training and Indigenous healing projects.

Year Funded (Q(iv))	Amount (Q(iii))	Federal funding program (Q(ii))	Proponent of facility (Q(i))
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Utilization of funding (Q(v))

2016-09-13	\$1,064,600	Health Canada Substance Use and Addictions Program	
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(SUAP) Centre for Addiction and Mental Health

Toronto, ON (Non-profit) Developed a model to help estimate the resources required to address the needs for treatment services for Substance Use Services and Supports across Canada.

2017-05-17	\$960,151	Health Canada SUAP	Canadian Academy of Geriatric Psychiatry (CAGP)
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Toronto, ON (Non-profit) Led and facilitated the development of four national guidelines for older adults to prevent, assess and treat alcohol, opioid, benzodiazepine and cannabis use disorders.

2018-05-17	\$799,557	Health Canada SUAP	St. Paul's Foundation of Vancouver
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(BC Centre for Excellence in HIV/AIDS) Vancouver, BC (Provincial Health

System) Brought together professionals providing oral opioid agonist therapy services to increase the use of best practices in order to improve treatment and care.

2018-07-11	\$1,290,891	Health Canada SUAP	Eastern Health
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St. John's, NL

(Provincial Government) Established a provincial opioid dependence treatment Centre of Excellence targeting the health care community and health systems in Newfoundland and Labrador in order to build capacity for treating opioid addiction.

Year Funded (Q(iv))	Amount (Q(iii))	Federal funding program (Q(ii))	Proponent of facility (Q(i))
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Utilization of funding (Q(v))

2018-10-31	\$935,184	Health Canada SUAP	Canadian Association of Schools of Nursing (CASN)
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Ottawa, ON (Non-profit) Provided health care professionals entering the workforce with tools that ensure access to evidence-based knowledge related to substance use.

2018-11-21	\$540,500	Health Canada SUAP	Northern Ontario School of Medicine
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Thunder Bay, ON

(Non-profit - Academic) Established virtual communities of health care providers in rural and remote areas to encourage best practices and address barriers faced by physicians and patients in isolated communities.

2019-01-10 \$933,931 Health Canada SUAP St. Paul's Foundation of Vancouver

(BCCSU)

Vancouver, BC

(Provincial Health System) Developed an Opioid Agonist Treatment provider network to address the need for evidence-based addiction treatment with particular focus on rural and remote providers.

2019-01-18 \$505,398 Health Canada SUAP Government of New Brunswick – Dept. of Health – Addiction and Mental Health Services Fredericton, NB (Provincial Government) Targeted research, education, prevention and treatment in health care and its workers, people with lived experience and their families, and stakeholders to help address the problems associated with opioid addiction.

2019-03-11 \$569,390 Health Canada SUAP University of BC Vancouver, BC (University) Engaging formerly incarcerated men to explore the relationship between trauma and substance use to inform policies, programs, and practices. The intended impact is to decrease the risk for problematic substance use and support the successful reintegration to community.

2019-05-21 \$270,330 Health Canada SUAP Students Commission of Canada

Toronto, ON (Non-profit) Adapted and delivered a program to reduce tobacco use among 750 youth aged 12 to 24 across 15 communities representing all provinces and territories.

2019-06-06 \$516,076 Health Canada SUAP Opportunities for Independence Winnipeg, MB (Non-profit) Developed a trauma-informed substance use treatment program in Manitoba for women in conflict with the law and with intellectual or developmental disabilities, fetal alcohol spectrum disorder, and other neurodevelopmental challenges.

2019-06-27 \$1,899,239 Health Canada SUAP Providence Health Care Vancouver, BC (Provincial Health Authority) Developing an evidence-based intervention to screen, treat and providing long-term support for youth with substance use problems, particularly opioids, cannabis and alcohol, and studying the impact of this intervention on youth living in diverse communities in BC and Ontario.

2019-07-25 \$1,990,112 Health Canada SUAP Sinai Health System (University of Toronto - Faculty of Medicine) Toronto, ON (University) Developing and evaluating an online and in-person national evidence-based training module to enable primary health care providers to develop competencies in treating opioid use disorder, building on the existing, accredited, multi-modal Safer Opioid Prescribing program.

2019-09-01 \$1,993,724 Health Canada

SUAP University of Toronto Toronto, ON

(University) Development, piloting, evaluation and scaling-up interventions for youth and young adults vaping cessation that is

Year Funded (Q(iv)) Amount (Q(iii)) Federal funding program (Q(ii)) Proponent of facility (Q(i))

Utilization of funding (Q(v))

based primarily on an existing smoking cessation app.

2019-09-01 \$845,662 Health Canada SUAP University of Saskatchewan Saskatoon, SK (University) Modifying a service dog program to include intervention for problematic substance use with a peer support component. An evidence-informed resource toolkit and forum for knowledge exchange with service dog organizations is being developed and disseminated across Canada.

2019-09-09 \$1,248,800 Health Canada SUAP Ontario Lung Association (Lung Health Foundation)

Toronto, ON (Non-profit) Engaging youth 14 to 19 years of age in the development of an interactive online and mobile friendly program to include self-directed cessation strategies, peer and professional support and resources for youth who want to quit (tobacco smoking and nicotine vaping).

2019-10-10 \$827,286 Health Canada SUAP Northern Inter-Tribal Health Authority Prince Albert, SK

(Indigenous) Supported First Nations clients/patients living on reserve who were recovering from opiate use or who were on opiate agonist therapy.

2020-04-30 \$696,840 Health Canada SUAP Chippewas of Kettle and Stony Point First Nation Kettle Point, ON (Indigenous) Developed and implemented a motivational intervention residential treatment program for members of the Kettle and Stony Point First Nations community to address the drug crisis in through a community-led approach that promotes healing in court-ordered clients using a Social Identity Model of recovery

2020-06-01 \$794,880 Health Canada SUAP Independent First Nations Alliance

CMWSP

Sioux Lookout, ON (Indigenous) Community-based methamphetamine withdrawal support program for the Independent First Nations Alliance (IFNA) community

2020-06-16 \$441,922 Health Canada SUAP Provincial Health Services Authority Vancouver, BC (Health Authority) Supporting people in the correctional setting who experience problematic use of crystal methamphetamine by implementing behavioural treatment consisting of evidence-based practices. The project is also ensuring a transition to residential treatment post-release in order to sustain their recovery.

2020-08-17 \$1,487,277 Health Canada SUAP Canada FASD Research Network

Ottawa, ON (Non-profit) Developing evidence-based Best Practices for youth and adults with FASD with substance use issues in treatment programs. This program- based research focuses on treatment programs for opioid and cannabis use, with strategies and practices applicable to alcohol use as well, in order to support individuals with FASD as well as the prevention of FASD.

2020-08-19 \$487,222 Health Canada SUAP Native Council of PEI Charlottetown, PEI (Indigenous) Providing an innovative approach to individualized and group treatment recovery plans by creating and including land-based, culturally sensitive activities to support off-reserve indigenous peoples in PEI to overcome problematic substance use.

2020-08-20 \$2,894,425 Health

Canada SUAP Ottawa Heart Institute Research Corporation Creating regional hubs to support implementation of the Ottawa Model for Smoking Cessation (OMSC) program

Year Funded (Q(iv)) Amount (Q(iii)) Federal funding program (Q(ii)) Proponent of facility (Q(i)) Utilization of funding (Q(v))

Ottawa, ON (Non-profit) that provides evidence-based, clinical nicotine addiction support from healthcare providers with the goal of reaching an additional 60,000 people per year in five P/Ts (NB, NL, ON, QC and NU)

2020-09-01 \$1,523,118 Health Canada SUAP St. Paul's Foundation of Vancouver

(BCCSU)

Vancouver, BC (Provincial Health System) Developing a National Guideline for the Clinical Management of High-Risk Drinking and Alcohol Use Disorder, and related knowledge tools and support to assist health professionals to effectively identify and address high-risk drinking and Alcohol Use Disorder (AUD) and support patients across the lifespan to address alcohol related health conditions.

2020-12-01 \$155,570 Health Canada SUAP NorWest Community Health Centres Thunder Bay, ON

(Non-profit - Community Centre) Building Enhanced Treatment Responses (BETD) project empowered service providers in northwestern Ontario with the knowledge, skills, tools and supports

required to enhance service delivery to people who are living with, or at risk of HIV or HCV infections, including those who inject drugs.

2021-03-16 \$4,742,245 Health Canada SUAP Canadian Cancer Society Toronto, ON

(Non-profit) Creating, implementing and evaluating a national tobacco cessation social marketing campaign. Activities include reaching and encouraging quit attempts among the 2.6 million Canadians aged 35-64 who continue to smoke with the long-term goal of driving down tobacco use in pursuit of Canada's goal of less than 5% tobacco prevalence rate by 2035.

2021-04-19 \$576,615 Health Canada SUAP Eastside Movement for Business and Economic Renewal Society Vancouver, BC

(Non-profit) Providing rapid access, long-term addictions care to people who have gained employment through the EMBERS Eastside Works program in Vancouver's Downtown Eastside and are now ready to address their addictions in order to maintain their employment and stabilize their overall lives. Key activities include the provision of evidence-based treatment such as an on site weekly ASAM accredited (or equivalent) doctor or nurse practitioner to administer opioid agonist treatment and medication for alcohol treatment; facilitation of Contingency Management Group Therapy for those with problematic stimulant use by a certified therapist or social work counselor; and ongoing case management of individuals to address their problematic substance use.

2021-08-09 \$1,000,000 Health Canada SUAP Government of the Northwest Territories Department of Health and Social Services Winnipeg, MB

(Provincial Government) Providing care to street-involved individuals in Yellowknife, and improving access to supports for vulnerable individuals with substance use disorders, by providing a full complement of prevention, harm reduction, and treatment services and expanding the capacity of services to reach people throughout the Northwest Territories

Year Funded (Q(iv)) Amount (Q(iii)) Federal funding program (Q(ii)) Proponent of facility (Q(i))

Utilization of funding (Q(v)) 2022-06-15 \$626,575 Health Canada SUAP Bell Island Sobriety, Housing and Employment Inc.

Bell Island, NL (Non-profit) Developing a robust peer support program in the community of Bell Island to develop the foundation for long-term supports for people with addictions including peer supports, counselling, treatment, employment skills and accessible, affordable sober housing.

2022-06-20 \$545,977 Health Canada SUAP McMaster University Hamilton, ON (University) Updated 2017 Canadian guidelines for use of Opioids for the management of chronic non cancer pain, incorporating new evidence and adopting new knowledge synthesis methods.

2022-06-21 \$740,359 Health Canada SUAP Fort McMurray 468 First Nation

Fort McMurray, AB (Indigenous) Developing and piloting an in- community treatment program that will allow for individuals to experience recovery on their traditional lands and within their own home community through the Acahkawsis (star child) program.

2022-06-23 \$793,163 Health Canada SUAP Salvus Clinic Moncton, NB (Non-profit) Enhancing outreach, engagement, and treatment of vulnerable populations experiencing substance use disorder, including those with concurrent disorders, across the community of Moncton, NB.

2022-06-29 \$1,247,203 Health Canada SUAP Wyndham House Guelph, ON (Non-profit) This project will implement and expand the Concurrent Specialized Youth Hub, which provides youth access to multiple supports in the City of Guelph and in the Wellington and Dufferin Counties.

Services will include housing, education, financial support and, low-barrier wraparound health care and support for youth, including those with co-occurring disorders.

2022-07-04 \$729,001 Health Canada SUAP Northeast Addiction and Mental Health Centre for Holistic Recovery Calgary, AB (Non-profit) This project will provide integrated health, housing, and supportive services to Calgary's vulnerable South Asian families, including recovery coaching for people who use drugs.

2022-07-04 \$1,060,284 Health Canada SUAP Four Arrows Regional Health Authority Inc. Winnipeg, MB (Health Authority) Providing direct services to people who use drugs and alcohol in remote Indigenous communities, who currently do not have routine access to Opioid Agonist Therapy (OAT) or other specialist addiction medicine services, including withdrawal management and pharmacotherapy. The project is also providing education to both health staff and community members, including on aspects of harm reduction, and direct mentorship for local care providers, serving to build capacity for in- community harm reduction efforts and identification and treatment of substance use disorders.

2022-07-19 \$433,416 Health Canada SUAP St. Paul's Foundation of Vancouver Vancouver, BC (Provincial Health System) Developing new and revised curriculum for the substance use workforce in BC who deliver harm reduction and treatment services to people at high risk of opioid overdose who face barriers to care due to Indigenous-specific racism.

Year Funded (Q(iv)) Amount (Q(iii)) Federal funding program (Q(ii))

Proponent of facility (Q(i)) Utilization of funding (Q(v))

2022-07-20 \$500,645 Health Canada SUAP Providence Health Care (BC Centre for Excellence in HIV/AIDS, St. Paul's Hospital) Vancouver, BC (Non-profit / Provincial Systems) Implementing and evaluating an integrated program of contingency management (CM) and cognitive behavioural therapy (CBT) in the Downtown Eastside of Vancouver for individuals with stimulant use disorder.

2022-07-26 \$377,788 Health

Canada SUAP Simon Fraser University Burnaby, BC (University) An evaluation project to examine a range of health services and their associated health outcomes.

2022-08-05 \$2,557,060 Health Canada SUAP Saskatoon Tribal Council Health and Family Services Inc.

Saskatoon, SK (Indigenous) Implementing a comprehensive Indigenous -led urban healing program in Saskatoon to support people to transition through a harm reduction continuum from street outreach to detox, treatment and recovery services.

2022-09-23 \$305,803 Health Canada SUAP Nipissing First Nation Indian Band

Garden Village, ON (Indigenous) Activities include an outreach peer support component, which will assist those in need by providing community outreach, peer support, and streamlined access to services that promote the safety, self-sufficiency and wellbeing of individuals and their families.

2022-09-29 \$897,416 Health Canada SUAP Shared Health (Manitoba)

Winnipeg, MB (Provincial Health) Increasing primary care capacity to treat substance use disorders and increase access to services "closer to home" for individuals living in rural and First Nations communities through rapid access to addiction medicine (RAAM) mobile and virtual services in three pilot site communities.

2022-11-10 \$1,220,989 Health Canada SUAP Regional Essential Access to Connected Healthcare, Niagara St. Catharines, ON (Non-profit - Regional Healthcare) Limiting the impact of the toxic unregulated drug supply and addressing social determinants of health needs for people who use drugs through the expansion of existing safer supply initiatives and increasing availability Project activities include mobile safer supply and medical and primary care, street outreach, addictions and mental health supports, housing supports, along with peer supports to ensure that lived experience is at the forefront of care.

2023-01-31 \$170,500 Health Canada SUAP Nova Scotia Health Authority #368 Halifax, NS (Provincial Government) Piloting and evaluating peer support workers in adult outpatient withdrawal management and recovery support settings across Nova Scotia, including a training program for peer support workers.

2023-02-06 \$678,190 Health Canada SUAP R.E.C.A.P. Health Services Inc.

(Centre for Research, Education and Clinical Care of At-Risk Populations) St. John, NB (Non-profit) Implementing a comprehensive multidisciplinary treatment team to provide support and wrap around care individuals in southern New Brunswick with stimulant use disorder.

2023-02-15 \$290,500 Health

Canada SUAP Nova Scotia Health Authority #45 Halifax, NS Providing mental health and addictions support and care in Nova Scotia Emergency Health Departments.

Year Funded (Q(iv)) Amount (Q(iii)) Federal funding program (Q(ii)) Proponent of facility (Q(i)) Utilization of funding (Q(v)) (Provincial Health Authority)

2023-02-22 \$188,374 Health Canada SUAP Vasantham - A Tamil Seniors Wellness Centre Inc.

Scarborough, ON (Non-profit) Delivering a culturally informed psycho- educational therapy and prevention education for the Tamil population of the greater area of Scarborough / Toronto for people who are struggling with substance use.

2023-02-22 \$696,441 Health Canada SUAP Possibilities Recovery Center Inc.

Saskatoon, SK (Non-profit) Delivering a 16-week intensive outpatient addiction treatment program for Indigenous women in Saskatoon.

2023-02-24 \$1,749,111 Health Canada SUAP Selkirk First Nation Pelly Crossing, YK (Indigenous) Supporting a range of services including: linking people to traditional knowledge and substance use counseling services, delivering healing camps on wellness and traditional healing practices, and delivering professional development to health and social services workers.

2023-02-27 \$183,890 Health Canada SUAP Centre for ADD/ADHD Awareness, Canada Toronto, ON

(Non-profit) Developing and delivering peer-led support groups across Canada for individuals who have ADHD and use substances or have a substance use disorder. Activities include providing emotional support and mentorship for participants as well as critical education about ADHD and strategies on how to manage some of the core symptoms that have led to substance use in the first place.

2023-03-01 \$207,561 Health Canada SUAP Hamilton Police Service Hamilton, ON

(Non-profit - Police) Hiring a Concurrent Disorder Navigator to offer outreach and follow up supports to approximately 150 marginalized clients struggling to access supports in a timely manner. The goal is to enable better integration of all the programs within the Crisis Response Branch of the Hamilton Police Services in order to create more consistency and enhance communication for more streamlined care planning and follow up.

2023-03-06 \$597,488 Health Canada SUAP CADDRA - Canadian ADHD Resource Alliance Toronto, ON

(Non-profit) Developing a training program for Canadian healthcare providers to enhance assessment and support for individuals with concurrent substance use and Attention Deficit Hyperactivity Disorder (ADHD).

2023-03-07 \$470,027 Health Canada SUAP The Governing Council of the University of Toronto Toronto, ON

(University) Collecting the experiences of people who use drugs (PWUD) when accessing emergency room care in hospitals in Ontario to help identify barriers to health care. PWUD are hired as co-researchers to interview others from the represented project communities at the Ontario Network of People Who Use Drugs (ONPUD).

2023-03-10 \$805,534 Health Canada SUAP Jean Tweed Treatment Centre

Toronto, ON (Non-profit) Reinstating a 3-week intensive online addictions program (IOP) for women with substance use issues living in Ontario who are unable to attend in- residence treatment programs.

Year Funded (Q(iv)) Amount (Q(iii)) Federal funding program (Q(ii)) Proponent of facility (Q(i)) Utilization of funding (Q(v))

2023-03-13	\$1,353,365	Health Canada SUAP	Centretown Community Health Centre Inc. Ottawa, ON (Non-profit - Community Centre)	Expanding clinical and outreach services at the Centretown Community Health Centre's existing Urban Health Program for individuals who use the toxic street drug supply in downtown Ottawa. Providing centralized services such as primary care, mental health and addictions services, including opioid agonist therapy (OAT) for people who use drugs.
2023-03-14	\$293,400	Health Canada SUAP	Nova Scotia Health Authority #198 Halifax, NS (Provincial Government)	Providing services to persons with substance use / concurrent disorders in Eastern Zone.
2023-03-21	\$374,827	Health Canada SUAP	Georgian Bay Native Women's Association Midland, ON (Indigenous)	Activities include hiring one additional Indigenous Counsellor and two Knowledge Keepers/Elders and two Peer Support employees to expand the existing "Giinoondaago - You are Heard" holistic Indigenous wellness counselling program to help address help address the deep-rooted issues (e.g., trauma and intergenerational impacts of colonization, residential schools, the Sixties scoop, and stigma and racism) that contribute to substance use.
2023-03-21	\$683,675	Health Canada SUAP	Nova Scotia Health Authority #126 Kentville, NS (Provincial Government)	Supporting a sustainable patient and family centred addiction medicine consult service at QEII hospital.
2023-03-23	\$1,235,383	Health Canada SUAP	Research St. Joseph's - Hamilton Hamilton, ON (Non-profit)	Expanding upon St. Joseph's Healthcare Hamilton's (SJHH) work in developing measurement-based care or point-of-care assessment for patients with substance use disorders who present in a variety of clinical addiction and concurrent disorders services at SJHH. The innovative, patient-centred MBC for SUDs model includes point-of care assessment for both addiction and comorbidities and ongoing patient measurements to monitor changes and inform within-treatment adjustments and clinical modifications that optimize care.
2023-03-28	\$1,963,855	Health Canada SUAP	Sacred Circle Indigenous Wellness Society Chilliwack, BC (Non-profit - Indigenous)	Designing and delivering a 16-week Indigenous program for treating and preventing substance use disorder. The program includes a series of 1.5-day land-based ceremonies based on traditional Indigenous knowledge, including knowledge of Tsleil Waututh, Katzie, Stolo, Tk'emlOps and Cheam peoples of Central and Southern BC and the Cree and other First Nations, and Metis People of Treaty 6, 7 and 8 Territories in Alberta.
2023-03-30	\$1,287,605	Health Canada SUAP	Government of Newfoundland and Labrador – Department of Health and Community	Expanding the provincial Opioid Dependence Treatment Hub and Spoke model to provide treatment for a range of substance use disorders (in particular, alcohol use disorders) in specialized, primary health care settings in Newfoundland and Labrador (NL).
2023-05-12	\$1,193,514	Health Canada SUAP	Gitpo Spirit Lodge #73 Eel Ground, NB (Non-profit)	Providing medically prescribed cannabis to 30 members of the Natoaganeg First Nation in the Miramichi region of New Brunswick who are currently using opioid agonists to determine if this combined medication approach helps people reduce and/or replace opioid medications.
2023-03-28	\$1,917,838	Health Canada SUAP	Manitoba Metis Federation inc. Winnipeg, MB (Indigenous)	Developing, facilitating, and leading a Metis-specific opioid education, stigma reduction, harm reduction and addictions outreach program for Metis peoples of Manitoba. The project is conducting community consultations to increase understanding of the current attitudes towards and knowledge of opioid use within the Red River Metis communities across Manitoba. The project is also developing and delivering workshops on opioids, safer use and opioid overdose prevention and response; provide on-site psychiatric care services and opioid medication management services in

Winnipeg; distributing Naloxone kits and fentanyl test strips through seven regional offices across Manitoba; and, using an outreach van to visit each of the six rural regions once per month.

2018-06-06 \$1,295,355 Health Canada SUAP Simon Fraser University Centre for Health Evaluation and Outcome Sciences (CHEOS) Vancouver, BC (University) Developing a comprehensive, rigorously defined set of health system performance measures for people with opioid use disorders.

2018-07-24 \$713,652 Health Canada SUAP University of Calgary - Department of Family Medicine

Calgary, AB (University) Adapted a telehealth model for opioid replacement therapy delivery within remote areas, including Indigenous primary care settings, to increase access to suboxone and reduce barriers to distribution.

2018-08-11 \$183,890 Health Canada SUAP Centre for Addiction and Mental Health (MaRS)

Toronto, ON (Non-profit) Conducted a feasibility study, designed the intervention, and engaged stakeholders to address Opioid Use Disorder in Ontario utilising outcomes- based contracting, as a Social Impact Bond (SIB).

2018-09-07 \$950,458 Health Canada SUAP Government of BC Victoria, BC

(Provincial Government) This initiative will provide training for pharmacists on opioid agonist treatment.

2019-01-28 \$2,967,165 Health Canada SUAP Dr Peter Aids Foundation Vancouver, BC

(Non-profit) Implemented and evaluated an intravenous opioid agonist therapy program in an integrated health setting for people who use injection drugs.

2019-03-22 \$1,599,565 Health Canada SUAP University of BC Vancouver, BC (University) Studying and analyzing people with severe concurrent disorders to gain knowledge about critical subgroups (e.g., women, LGBTQ2S, people from rural and remote areas, homeless and Indigenous people) and monitor the transitions from inpatient treatment to community living.

Year Funded (Q(iv)) Amount (Q(iii)) Federal funding program (Q(ii)) Proponent of facility (Q(i)) Utilization of funding (Q(v))

2020-07-01 \$480,225 Health Canada SUAP University of Calgary (Alberta Health Services) Edmonton and Calgary, AB (University/Provincial Health Authority) Building capacity and evaluating the effectiveness of contingency management and how this service could be added to routine care for people who use methamphetamines and who are seeking treatment services.

2020-07-10 \$1,332,360 Health Canada SUAP Centre of Excellence for Women's Health Society Vancouver, BC (Non-profit) Produced gender transformative, equity oriented, harm reduction and trauma- informed health information and treatment approaches for practitioners, policy makers and women who use cannabis.

2021-05-04 \$1,443,263 Health Canada SUAP McMan Youth, Family and Community Services Association Calgary, AB (Non-profit) Providing addictions supports and wraparound services to women who require support with their substance use issues on the wait list for long-term residential addictions treatment at the Aventa Center of Excellence for Women with Addiction, a residential treatment centre in Calgary. The primary focus is on recovery and sobriety related to the use of alcohol, but clients may also seek services for crystal meth, fentanyl or other substances.

2022-08-10 \$196,754 Health Canada SUAP Alberta Health Services - Youth Addictions and Forensic Mental Health Edmonton, AB (Provincial Health Authority) Delivering Indigenous-based programming and culturally-relevant ways of healing to Indigenous youth (12-18 years old) with polysubstance use and their families, in Edmonton, its surrounding area as well as Indigenous communities and towns across Northern Alberta.

2022-10-01 \$831,170 Health Canada SUAP St. Paul's Foundation of Vancouver Vancouver, BC (Provincial Health System) Supporting seven interdisciplinary learners identified by BC's First Nations Health Authority (FNHA) and the Indigenous Physician's Association of Canada (IPAC) to complete the BC Centre on Substance Use (BCCSU) Interdisciplinary Addiction Medicine Fellowship program.

2023-01-27 \$2,579,088 Health Canada SUAP Options Community Services Society Surrey, BC
(Non-profit) Delivering a home-based detoxification service in Surrey, South Surrey, North Delta, and White Rock, BC. The project is specifically focusing on services for South Asian men.

2023-02-16 \$2,505,185 Health Canada SUAP Dan's Legacy Foundation Delta, BC
(Non-profit) Providing on-call care in six hospital emergency departments in Metro Vancouver for at-risk youth (ages 15-25) admitted for self-harm, psychosis and overdose. Therapists are linking the youth to housing, food, education, and recovery support programs. The goal is to help youth maintain housing, engage in trauma-informed therapy programs and begin working towards their individual education, employment and recovery goals.

2023-02-21 \$1,835,450 Health Canada SUAP Northreach Society Grand Prairie, AB
(Non-profit) Delivering opioid agonist treatment (OAT) and related support for residents of Grand-Prairie's 120 unit Coordinated Care Campus supportive housing and wraparound support centre.

Year Funded (Q(iv)) Amount (Q(iii)) Federal funding program (Q(ii)) Proponent of facility (Q(i))

Utilization of funding (Q(v))

2023-02-27 \$957,069 Health Canada SUAP Covenant Health Edmonton, AB (Non-profit)
Enhancing existing community-based pathways of care to include culturally appropriate services for addictions and substance use disorder. The project is delivering outreach services, engaging with additional primary care partners and increasing the involvement of family members.

2023-03-07 \$674,828 Health Canada SUAP Pacifica Treatment Centre Society Vancouver, BC
(Treatment Centre) Offering a pre-treatment program for individuals on the waitlist for residential treatment services from the Pacifica Treatment Centre in Vancouver, BC, to mitigate the potential for harms, enhance readiness for those on the waitlist and reduce the high waitlist drop-out rate.

2023-03-09 \$824,766 Health Canada SUAP Lookout Housing and Health Society New Westminister, BC (Non-profit)
Designing and delivering a 60-day online substance use recovery program for men and designing and delivering training for front-line workers in residential treatment programs. The project is connected to the organization's residential treatment program in Vancouver and Surrey, BC.

2023-03-13 \$1,172,775 Health Canada SUAP Vancouver Coastal Health Authority (Previously Sheway) Vancouver, BC (Provincial Health Authority)
Delivering a comprehensive Indigenous cultural support program at Sheway in Vancouver's Downtown Eastside by providing health and social services to people who are either pregnant or parenting and use or have used substances.

TOTAL \$82,910,720

INQUIRY OF MINISTRY

PREPARE IN ENGLISH AND FRENCH MARKING "ORIGINAL TEXT" OR "TRANSLATION"

QUESTION NO.

Q-1708 BY

Ms. Findlay (South Surrey—White Rock

DATE

September 14, 2023

Reply by the Minister of Mental Health and Addictions and Associate Minister of Health

Signed by Mr. Darren Fisher

QUESTION

PRINT NAME OF SIGNATORY

SIGNATURE

MINISTER OR PARLIAMENTARY SECRETARY

With regard to the government's safer supply program: (a) what were the projections showing a reduction of overdoses that were used to justify implementing the program; (b) off of what methodology were the projections in (a) based; (c) what is the government's explanation for why the number of overdoses increased following the implementation of the program; and (d) when did the government first become aware that its projections showing that overdoses would decrease were flawed and inaccurate?

Health Canada

Since 2017, guided by the Canadian Drugs and Substances Strategy (CDSS), the Government of Canada has taken a comprehensive approach to address substance use issues and the overdose crisis, supported by over \$1 billion in spending. There is no one-size-fits-all solution to prevent or reduce overdose deaths — a full range of services and supports are needed.

Safer supply sits within a continuum of services where medications are prescribed in the context of a therapeutic relationship between a healthcare provider and a patient. Safer supply services are informed by well-established domestic and international evidence from medication-assisted treatment (MAT) services, which are considered the gold standard of treatment for substance use disorder.

With regard to questions (a) and (b) above, surveillance conducted by the Public Health Agency of Canada (PHAC) on the overdose crisis shows a significant increase in apparent opioid-toxicity deaths in Canada beginning with the COVID-19 pandemic in 2020, and rates remain elevated today. PHAC also conducts forward modelling to provide estimates of how many opioid-related deaths may occur over the coming months in Canada. Projections are based on assumptions regarding the toxicity of the illegal drug supply and the impact of health interventions. The model considers all health interventions together and does not report projections for specific interventions, such as safer supply. The model is updated twice a year, in June and December.

Health Canada recognizes that additional high-quality evidence is needed that address potential benefits and risks of safer supply. To help build this evidence, Health Canada is supporting assessment and evaluation projects related to Substance Use and Addictions Program (SUAP)-funded pilot projects. This includes a preliminary assessment of 10 safer supply pilot projects in Ontario, British Columbia and New Brunswick. The federal government, through the Canadian Institutes of Health Research (CIHR), is also supporting a study being conducted by a research team from the Canadian Research Initiative in Substance Misuse. This four-year evaluation research project focuses on program implementation and the short-term health outcomes of eleven of the government funded safer supply pilot projects. The final results of this study are expected in 2025. Additionally, CIHR has awarded \$2 million to the University of Victoria to support a four-year study evaluating the safer supply initiatives in British Columbia in partnership with Indigenous leaders, Elders and system partners.

With regard to questions (c) and (d) above, there is no one single intervention alone that will reduce overdose deaths and solve the overdose crisis. This crisis is being driven by a highly toxic illegal drug supply and a number of underlying socio-economic factors. This is why the federal government has taken a broad, comprehensive approach under the CDSS focusing on prevention, treatment, harm reduction and enforcement.

All SUAP-funded safer supply pilot projects are time-limited, innovative interventions designed to evaluate the effectiveness of providing pharmaceutical-grade medications as safer alternatives to the contaminated illegal drug supply in Canada. These pilot projects must have linkages to provincial and/or territorial health systems, involvement of people with lived and living experience of substance use in design and planning, prescriber/health care provider oversight, and must demonstrate commitments to research and evaluation.

Safer supply services exist in a limited number of locations in Canada, and currently serve a relatively small number of clients compared to the total number of people who use drugs and who are at risk of overdose due to the toxic illegal drug supply in Canada. At the federal level, there are 29 funded pilot projects, serving approximately 4,300 clients nationally. The focus of federally funded projects has been on building the evidence around this new practice.

Under the CDSS, the Government of Canada will continue to undertake a comprehensive and evidence-based approach to substance use issues and the overdose crisis, including testing new ideas and approaches to help save lives and reduce harms. We will continue to work with all levels of governments and key stakeholders, who also have critical roles to play. We will continue to monitor and assess all available evidence regarding our approach, including studying the outcomes of safer supply pilot projects, to inform both current and future actions, and make adjustments including implementing risk mitigation measures as appropriate.

INQUIRY OF MINISTRY

PREPARE IN ENGLISH AND FRENCH MARKING "ORIGINAL TEXT" OR "TRANSLATION"

QUESTION NO.

Q-1422 BY

Mr. Vis (Mission—Matsqui—Fraser Canyon)

DATE

April 20, 2023

Reply by the Minister of Mental Health and Addictions and Associate Minister of Health

Signed by Ms. Élisabeth Brière

QUESTION

PRINT NAME OF SIGNATORY

SIGNATURE

MINISTER OR PARLIAMENTARY SECRETARY

With regard to the legislative review of the Cannabis Act launched by Health Canada in September 2022 and the related online questionnaire: how was the online questionnaire advertised to the public; over what time period did each of the advertising methods in

(a) take place; (c) how many individuals provided feedback through the questionnaire; and (d) what is the breakdown of the responses to each question in the questionnaire?

Health Canada

The online questionnaire was first communicated to the public on September 22, 2022, when Canada's federal health ministers, the Minister of Health and the Minister of Mental Health and Addictions and Associate Minister of Health, announced the launch of the legislative review of the Cannabis Act at an in-person event alongside the Chair of the independent expert panel.

As part of this launch, the opportunity to participate in online engagement was announced, thereby, commencing the 60-day online public engagement period. On this day, Health Canada published two discussion papers online, one for the general public and stakeholders, including a supporting questionnaire to receive feedback (with a closing date of November 21, 2022), and the other one specific to First Nations, Inuit and Métis communities (which originally was slated to also close November 21, 2022 but was extended to January 15, 2023, due to requests from Indigenous Peoples that they required more time to provide feedback). Announcement activities were supported by a news release, social media, and the launch of a dedicated webpage which included links to participate in the consultation and provide feedback to the questionnaire. Emails from Health Canada were also shared directly with stakeholders and Indigenous partners, inviting them to participate in the online engagement process.

Social media was issued frequently throughout the duration of the engagement period, including a push near the end of the consultation period to remind Canadians to participate in the consultation prior to its closing date.

As per the response to question (a), on the day of the consultation launch, September 22, emails from Health Canada were shared directly with stakeholders and Indigenous partners, inviting them to participate in the online engagement process. Emails reminding these same groups to participate were also sent mid-way through the consultation and just before the closing date.

The consultation was also posted on the “Consulting with Canadians” page on Canada.ca.

The public engagement gathered feedback from more than 2,300 individuals, organizations, and other stakeholders. A total of 2,158 individuals responded to the questionnaire. Additionally, a total of 211 email and mail submissions were received

The questionnaire consisted of 17 open and 11 closed-ended questions, nine of which were demographic questions. The results of the online public engagement, including responses to the questionnaire, are being analyzed and will be summarized in a report and published online in 2023.

INQUIRY OF MINISTRY

PREPARE IN ENGLISH AND FRENCH MARKING "ORIGINAL TEXT" OR "TRANSLATION"

QUESTION NO.

Q-1493 BY

Ms. Zarrillo (Port Moody—Coquitlam)

DATE

May 2, 2023

Reply by the Minister of Mental Health and Addictions and Associate Minister of Health

Signed by Ms. Élisabeth Brière

QUESTION

PRINT NAME OF SIGNATORY

SIGNATURE

MINISTER OR PARLIAMENTARY SECRETARY

With regard to the Order Amending Schedules 2 and 3 of the Tobacco and Vaping Products Act, published in the Canada Gazette, Part I, Volume 155, Number 25 : (a) has the consultation period length to receive feedback on the proposed regulations ended; (b) what is the timeline for the government to decide on final regulations for flavoured vaping products; and (c) is the government still committed to reducing youth vaping rates through a targeted ban on flavours, including mint and menthol, that appeal to youth?

Health Canada

The consultation period for the proposed order closed on September 2, 2021. Health Canada received over 25,000 submissions and continues to assess the input it received from Canadians.

The Government of Canada remains committed to preventing youth vaping and has taken a number of measures to that effect. The Tobacco and Vaping Products Act (TVPA) prohibits the sale of vaping products to young persons and bans advertising that could be appealing to young persons. The TVPA also contains certain restrictions with regard to flavours to help protect young persons from enticement to use vaping products. Confectionery, dessert, cannabis, soft drink and energy drink are flavours that cannot be promoted or sold in relation to vaping products labelling, promotion, or packaging.

Three sets of regulations came into effect between 2020 and 2021, the Vaping Product Labelling and Packaging Regulations, the Nicotine Concentration in Vaping Products Regulations and the Vaping Products Promotion Regulations. The labelling and packaging regulations require a standardized nicotine concentration statement and a health warning about the addictiveness of nicotine as well as a toxicity warning. The nicotine concentration regulations cap nicotine at 20 mg/mL of liquid. The vaping promotion regulations prohibit advertising and display of vaping products at retail locations, including online, that can be seen by youth.

Health Canada continues its efforts to improve compliance with TVPA provisions on youth access to vaping products and promotions. In fiscal year 2022-2023, for example, these efforts included: a) inspecting

1180 vaping product retailers and seizing non-compliant products at 177 establishments; and b) conducting inspections of 255 online vaping product retailers and issuing 230 warning letters.

With respect to public education, Health Canada has invested more than \$14 million to date in its “Consider the consequences of vaping” campaign, which seeks to inform youth and their parents about the risks and harm associated with vaping. The campaign includes traditional and online advertising, as well as interactive learning tours in schools.

Finally, a new federal excise duty on vaping products came into effect on October 1, 2022. Health Canada is committed to working closely with the Department of Finance to ensure that Canada’s product taxation policy is consistent with the government’s health objectives. The Government of Canada will monitor the impacts of the excise duty to ensure its intended benefits are being achieved.

Protecting the health and safety of youth is a top priority.

INQUIRY OF MINISTRY

PREPARE IN ENGLISH AND FRENCH MARKING "ORIGINAL TEXT" OR "TRANSLATION"

QUESTION NO.

Q-1754 BY

Mr. Lloyd (Sturgeon River—Parkland)

DATE

September 25, 2023

Reply by the Minister of Mental Health and Addictions and Associate Minister of Health

Signed by Mr. Darren Fisher

QUESTION

PRINT NAME OF SIGNATORY

SIGNATURE

MINISTER OR PARLIAMENTARY SECRETARY

With regard to the upcoming tenth session of the Conference of the Parties (COP10) to the World Health Organization Framework Convention on Tobacco Control, from November 10 to 25, 2023, and the third session of the Meeting of Parties (MOP3) to the Protocol to Eliminate Illicit Trade in Tobacco Products, from November 27 to 30, 2023: (a) how many individuals will be part of the government's delegation and what are their names and titles; (b) what is the overall budget for the government's COP10 and MOP3 participation, broken down by (i) accommodations, (ii) meals or per diems, (iii) hospitality; (c) what are the government's key priorities or action items for both the COP10 and MOP3; and (d) has the government been assigned any specific agenda items or resolutions for both the COP10 and MOP3, and, if so, what are they?

Health Canada

In accordance with the Directive on Travel, Hospitality, Conference and Event Expenditures, Health Canada strives to find economical means of travel while considering alternatives that minimize or limit travel costs.

This includes limiting the number of departmental travellers to the minimum necessary to deliver the business of government, making use of virtual options of participation when available, and selecting economical meals of travel when booking transportation and accommodations.

The Government of Canada plans to send a delegation of ten individuals to COP10, November 20-25, 2023, including:

Dr. Sonia Johnson, Director General, Tobacco Control Directorate (TCD), Controlled Substances and Cannabis Branch (CSCB), Health Canada (HC)

Ms. Laura Smith, Director, Office of Policy and Strategic Planning (OPSP), TCD, CSCB, HC

Mr. Denis Choinière, Director, Tobacco Products Regulatory Office, TCD, CSCB, HC

Ms. Kemba Anderson-Gohlor, Regional Coordinator to the Conference of the Parties for the Region of the Americas, and Manager, Regulatory and International Policy Unit, OPSP, TCD, CSCB, HC

Mr. Dylan Upper, Acting Manager, Multilateral Relations Division, Office of International Affairs for the Health Portfolio

Ms. Angélique Bisson, Senior Policy Analyst, OPSP, TCD, CSCB, HC

Ms. Mireille Rigby, Senior Policy Analyst, OPSP, TCD, CSCB, HC

One domestic Non-governmental Organization Representative

Two representatives from the Government of Québec (Provincial/territorial representatives – travelling at their own expense)

The total cost of travel for COP10, for delegates whose travel is being funded by Health Canada, is as follows:

Accommodations: \$9,500

Meals and per diems: \$11,651

Hospitality: N/A

Please note, flights are still in the process of being booked, therefore the final cost is unavailable at this time. Estimated flights costs are: \$16,500.

The government's key priorities for COP10 are focused on bolstering the Framework Convention on Tobacco Control implementation globally, enhancing transparency and accountability of the COP and exploring measures that go beyond the FCTC. In particular, Canada will focus on:

Forward Looking Tobacco Control Measures: Canada has put forward a proposal to COP to consider exploring tobacco control measures that extend beyond the provisions of the WHO Framework Convention on Tobacco Control (FCTC). Through this decision point, Canada's aims to generate new discussions on tobacco control and reinvigorate a collective response to the global tobacco epidemic.

Supporting Global Implementation of the FCTC: Canada is committed to supporting a new peer- review and evaluation support mechanism. Canada believes this mechanism will strengthen global implementation of the FCTC, ensuring that its provisions are effectively translated into action at the national level. The WHO Convention Secretariat report associated with this agenda item, can be found at the following link: <https://storage.googleapis.com/who-fctc-cop10-source/Main%20documents/fctc-cop10-14-en.pdf>

Enhancing Transparency and Accountability: Canada will advocate for increased transparency and accountability of COP through webcasting the plenary sessions.

These priorities underscore Canada's dedication to public health and our leadership in the global tobacco control community.

Canada has not been assigned any specific agenda items for COP, but Canada will be presenting a draft decision for adoption on "Forward looking tobacco control measures" as is detailed above. The WHO Convention Secretariat report associated with this agenda item, can be found at the following link: <https://storage.googleapis.com/who-fctc-cop10-source/Main%20documents/fctc-cop10-11-en.pdf>