

**Third Session – Forty-First Legislature**  
of the  
**Legislative Assembly of Manitoba**  
**DEBATES**  
and  
**PROCEEDINGS**  
**Official Report**  
**(Hansard)**

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**MANITOBA LEGISLATIVE ASSEMBLY**  
**Forty-First Legislature**

<b>Member</b>	<b>Constituency</b>	<b>Political Affiliation</b>
ALLUM, James	Fort Garry-Riverview	NDP
ALTEMEYER, Rob	Wolseley	NDP
BINDLE, Kelly	Thompson	PC
CLARKE, Eileen, Hon.	Agassiz	PC
COX, Cathy, Hon.	River East	PC
CULLEN, Cliff, Hon.	Spruce Woods	PC
CURRY, Nic	Kildonan	PC
DRIEDGER, Myrna, Hon.	Charleswood	PC
EICHLER, Ralph, Hon.	Lakeside	PC
EWASKO, Wayne	Lac du Bonnet	PC
FIELDING, Scott, Hon.	Kirkfield Park	PC
FLETCHER, Steven, Hon.	Assiniboia	Man.
FONTAINE, Nahanni	St. Johns	NDP
FRIESEN, Cameron, Hon.	Morden-Winkler	PC
GERRARD, Jon, Hon.	River Heights	Lib.
GOERTZEN, Kelvin, Hon.	Steinbach	PC
GRAYDON, Clifford	Emerson	PC
GUILLEMARD, Sarah	Fort Richmond	PC
HELWER, Reg	Brandon West	PC
ISLEIFSON, Len	Brandon East	PC
JOHNSON, Derek	Interlake	PC
JOHNSTON, Scott	St. James	PC
KINEW, Wab	Fort Rouge	NDP
KLASSEN, Judy	Kewatinook	Lib.
LAGASSÉ, Bob	Dawson Trail	PC
LAGIMODIERE, Alan	Selkirk	PC
LAMONT, Dougald	St. Boniface	Lib.
LAMOUREUX, Cindy	Burrows	Lib.
LATHLIN, Amanda	The Pas	NDP
LINDSEY, Tom	Flin Flon	NDP
MALOWAY, Jim	Elmwood	NDP
MARCELINO, Flor	Logan	NDP
MARCELINO, Ted	Tyndall Park	NDP
MARTIN, Shannon	Morris	PC
MAYER, Colleen, Hon.	St. Vital	PC
MICHALESKI, Brad	Dauphin	PC
MICKLEFIELD, Andrew	Rossmere	PC
MORLEY-LECOMTE, Janice	Seine River	PC
NESBITT, Greg	Riding Mountain	PC
PALLISTER, Brian, Hon.	Fort Whyte	PC
PEDERSEN, Blaine, Hon.	Midland	PC
PIWNIUK, Doyle	Arthur-Virden	PC
REYES, Jon	St. Norbert	PC
SARAN, Mohinder	The Maples	Ind.
SCHULER, Ron, Hon.	St. Paul	PC
SMITH, Andrew	Southdale	PC
SMITH, Bernadette	Point Douglas	NDP
SMOOK, Dennis	La Verendrye	PC
SQUIRES, Rochelle, Hon.	Riel	PC
STEFANSON, Heather, Hon.	Tuxedo	PC
SWAN, Andrew	Minto	NDP
TEITSMA, James	Radisson	PC
WHARTON, Jeff, Hon.	Gimli	PC
WIEBE, Matt	Concordia	NDP
WISHART, Ian	Portage la Prairie	PC
WOWCHUK, Rick	Swan River	PC
YAKIMOSKI, Blair	Transcona	PC

## LEGISLATIVE ASSEMBLY OF MANITOBA

Tuesday, October 9, 2018

*The House met at 1:30 p.m.*

**Madam Speaker:** Good afternoon, everybody. Please be seated.

### ROUTINE PROCEEDINGS

**Madam Speaker:** Introduction of bills? Committee reports? Tabling of reports?

### MINISTERIAL STATEMENTS

**Madam Speaker:** The honourable Minister for Status of Women—and I would indicate that the required 90 minutes notice prior to routine proceedings was provided in accordance with rule 26(2).

Would the honourable minister please proceed with her statement.

#### Women's History Month

**Hon. Rochelle Squires (Minister responsible for the Status of Women):** October is Women's History Month in Canada. It is an annual tradition for us to celebrate the achievements of women throughout our history and to recognize the trailblazers who have shaped our country and our way of life.

Here in Manitoba, we recognize the essential role that women in communities across Manitoba have played in shaping our province's past and future. Manitoba has a proud history of strong, ambitious women, standing up and fighting for change.

At this moment, I wish to highlight a few: I want to recognize Brenda Boyd [*phonetic*], the first woman firefighter in Winnipeg, for her many contributions to society. Because of her efforts and those of the many women who have followed by her example, more women are becoming firefighters and paramedics than ever in our province. Later this month, I will be joining a group of young girls on International Day of the Girl to share how they, too, can advance to becoming firefighters in our city.

Today we also remember the work of women such as Mary E. Dunn and Jane Isabel Andrews, the Winnipeg Police Service's first female constables, and Karen Adams a member of the RCMP's first female troop, as trailblazers in their field and role models for us all.

I also want to acknowledge you, Madam Speaker, for your work in highlighting women's firsts with your Trailblazers of the First 100 Years gallery just outside of this Chamber. This permanent exhibit now honours, celebrates and uplifts the achievements of 18 women who were or are in positions traditionally held by men or who have worked to forge new pathways for women.

On June 29, 1920, for example, Edith Rogers made history by becoming the first woman to be elected an MLA in the Manitoba Legislature. Thelma Forbes was elected into the Manitoba Legislature on November 26, 1959, and was appointed the first female Speaker in the provincial Legislature.

Madam Speaker, I am honoured to be able to stand here today with my path lit by the lights of these many trailblazers. I'd like to note that many of these firsts for women in our province occurred in the not-too-distant past and want to encourage all the women leaders in this province to continue breaking down barriers and providing a pathway for the future. We are all contributing to history in the making.

Thank you very much, Madam Speaker.

**Ms. Nahanni Fontaine (St. Johns):** October is Women's History Month and this year's theme is #MakeAnImpact in honour of women who've made lasting impacts as pioneers in their field.

I lift up all women who fought through fear, misogyny, racism and sexism in advancing women's rights in Canada. It's important to recognize, while women in general are often left out of Canada's official record, black, indigenous, immigrant, LBTTQ and women of colour are disproportionately omitted because, quite simply, their voices, narratives and space are often rendered less important within the totality of women.

This year's theme seeks to rectify this historical indifference. So Madam Speaker, allow me to recognize only but a couple of indigenous trailblazers, like Mary Axe-Two [*phonetic*] Earley, who fought hard for indigenous women's rights and paved the way for bill C-31. Mary often remarked that, and I quote, reserve dogs have more rights than indigenous women. End quote.

Roberta Jamieson became the first First Nation woman in Canada to earn a law degree.

Here in Manitoba, Dr. Marlyn Cook became Manitoba's first indigenous woman doctor in 1987.

Dr. Mary Jane McCallum is Manitoba's first indigenous woman dentist.

This past spring, Raven Beardy and Robyn Shlachetka became the first all-women indigenous air ambulance medivac team—quite impressive, Madam Speaker.

We are also proud of our own NDP caucus members as trailblazers. The member for Logan (Ms. Marcelino) was the first woman of colour elected to this House. The member for The Pas (Ms. Lathlin) was the first indigenous woman ever elected. The member for Point Douglas (Mrs. Smith) was the first MMIWG family member ever elected across Canada.

Let me be clear, Madam Speaker: none of us would be here if it weren't for these courageous women who have come before us and to them, I say, miigwech.

**Ms. Cindy Lamoureux (Burrows):** October is Women's History Month here in Canada, and it commemorates a time when some women achieved the status of persons under the law. We recognize this by taking time to celebrate the achievements and contributions of women and girls across the country and throughout our history.

We need to pay tribute to the women and girls in Canada who've made a lasting impact as pioneers in their field, whether this be as business leaders, politicians, researchers, artists and activists. All these women of impact, through their achievements and desires, have helped shape our country into a thriving, diverse and prosperous Canada.

The theme for this year's Women's History Month is make an impact. And, Madam Speaker, what better time to be making this impact? As part of this year's celebrations, there's a Government of Canada site that celebrates the achievements of more than 100 courageous women and girls through photos and biographies that capture some of their many successes. I would encourage people to check it out.

And lastly, Madam Speaker, if anyone knows of a woman of impact, as I am sure that we all do, I would encourage you to share her story using this

year's MakeAnImpact hashtag, as it is our duty to empower the women around us.

Thank you.

**Madam Speaker:** The honourable member of Assiniboia. I would ask if he's seeking leave to speak to the ministerial statement.

**Hon. Steven Fletcher (Assiniboia):** Yes, I ask for leave.

**Madam Speaker:** Does the member have leave to respond to the ministerial statement?

**An Honourable Member:** No.

**Madam Speaker:** Leave has been denied.

Further ministerial statements?

The honourable Minister for Growth, Enterprise and Trade—and I would indicate that the required 90 minutes notice prior to routine proceedings was provided in accordance with our rule, 26(2).

Would the honourable minister please proceed with his statement.

#### **Fire Prevention Week**

**Hon. Blaine Pedersen (Minister of Growth, Enterprise and Trade):** I rise today to remind all Manitobans that this is Fire Prevention Week, October 7th to October 13th.

On behalf of the Office of the Fire Commissioner and the fire departments across the province, I ask all Manitobans to: Look. Listen. Learn. Be Aware. Fire Can Happen Anywhere.

That message was the theme for this year's campaign kickoff at Lord Nelson School this morning. This is important because home fires today can burn faster than ever. Occupants may have as little as one to two minutes to escape safely from the time the smoke alarm sounds. Knowing how to use that time wisely takes planning and practice.

This year's campaign works to educate children and adults about three basic but essential steps that will both reduce the likelihood of having a fire and ensure people know how to safely escape in the event of one.

Look for places for fires could start. Take a good look around your home. Identify potential fire hazards and take care of them.

Listen for the sound of the smoke alarm. You could have only minutes to escape safely once the

smoke alarm sounds. Go to your outside meeting place, which should be a safe distance from the home and where everyone should know where to meet, before you call 911.

Learn two ways out of every room and make sure all doors and windows leading outside open easily and are free of clutter.

Be aware. Fire can happen anywhere.

Thank you, Madam Speaker.

**Mr. Tom Lindsey (Flin Flon):** Fires can happen in an instant, leaving homeowners and renters with just minutes to safely escape.

This week, we recognize Fire Prevention Week to rise away—awareness of fire safety. This year's theme—Look. Listen. Learn. Be Aware. Fire Can Happen Anywhere—encourages Manitobans to look for problems that can cause fires, listen and be aware of their smoke alarms and learn two ways out of every room.

It's important to continue to be vigilant in educating children and all Manitobans about the importance of fire safety.

However, it's unfortunate that the Pallister government has abandoned its responsibility to keep our communities safe. The Pallister government's so-called red tape bill before this House will result in contracting out and partially privatizing responsibility for fire safety inspections across the province.

\* (13:40)

Remember the horrible Grenfell Tower fire last year in London that killed 72 people? Many people ask themselves how, in such a rich country, a catastrophe such as that could happen.

In the aftermath of that tragedy, commentators observed that Conservative governments leading up to the fire enacted a bonfire of red tape with a one-in-two-out rule governing new regulations, and inspections were partially privatized to a system of approved inspectors.

This is exactly what is happening here. The Pallister government has set about weakening health and safety standards, so this week we recognize Fire Prevention Week, but we also recognize—

**Madam Speaker:** The member's time has expired.

**Ms. Judy Klassen (Kewatinook):** I first want to thank all those in Manitoba who serve on the front

lines of fire prevention, especially our women firefighters.

When we first returned to these Chambers following the 2016 election, I had asked the new government what they would be doing to prevent and be prepared for fires like the one in Fort McMurray. I did not receive an answer.

When we raised the issue again after the fires in Island Lake forced the evacuation of nearly all our residents, I did not receive an answer. There was no plan to ensure all communities, including First Nations, had community fire plans.

Then, this past summer, when Little Grand Rapids and Pauingassi First Nations were evacuated as well, we asked this government for the fire protection plans for these communities. In spite of the government saying there were plans, we have searched high and low, and they are not there.

I would like to thank the Canadian Red Cross for their efforts in helping First Nations develop emergency plans.

The Premier (Mr. Pallister) has repeatedly said in relation to cannabis that their priority is public safety, yet when Manitoba's really—when Manitobans really need this government to keep them safe, they are not doing enough to make sure every community in the boreal forest has a firebreak and fire protection plans to avoid disasters.

Madam Speaker, it's extraordinarily disappointing that the minister would rise today and speak about fire safety when this government has done—has not done enough.

Megwetch.

**Madam Speaker:** The member's time has expired.

## MEMBERS' STATEMENTS

### Orange Shirt Day

**Mr. Wab Kinew (Leader of the Official Opposition):** I hope colleagues remember Ted Fontaine who spoke so powerfully at committee when we passed the bill honouring Orange Shirt Day here in Manitoba. He told us about the trauma he experienced in residential schools. He was taken from his family on Sagkeeng First Nation and then would experience mental, physical, spiritual abuse and more, including during his time at Assiniboia residential school, which stood at the corner of Route 90 and Academy.

Ted was one of 150,000 indigenous children taken from their families and put in Indian residential schools, a system designed to kill the Indian in the child. Today in our country there is a growing movement to honour residential school survivors like Ted during Orange Shirt Day on September 30th. Many schools here in Manitoba held talks, had marches and taught about Phyllis Webstad, whose experience named Orange Shirt Day. There were also events at The Forks and at Portage and Main.

My family and I attended an Orange Shirt Day powwow at Wellington Park, the location of the former Assiniboia Indian Residential School. You know, Madam Speaker, it was pretty cool to practise and to celebrate indigenous culture at a site that had once targeted its destruction. My kids were there and will be able to learn from the mistakes of the past but also to be inspired by the resilience of people like Ted.

As kids danced on the powwow at the field, Ted shared how he used to play baseball on that very spot many decades ago. He also shared some more painful memories about how lonely he was for his family and about how the pain his experience had caused him there would haunt him and subsequent generations of his family for many years to come.

As we move towards reconciliation and towards a national statutory holiday honouring Indian residential school survivors, let's take a minute to honour people like Ted, who is here in the gallery with us today. Your courage has brought us this far. May the beautiful future that you have helped to deliver for all of our children today bring you peace and freedom.

Miigwech.

#### **Madhumita Chandrasekaran**

**Mrs. Sarah Guillemard (Fort Richmond):** Madam Speaker, last week on October 5th we celebrated World Teachers' Day and took the time to acknowledge the positive impact educators have on students around the globe. Each member of the Legislative Assembly here today could share how teachers have enriched their lives and motivated them to reach beyond their limitations.

Today I would like to highlight an example of how this encouragement and support has led to amazing opportunities for a student in Fort Richmond. Madhumita Chandrasekaran, or Madhu, as she is called by her family and friends, is currently a grade 9 student at Acadia junior high. When

Madhu was in grade 8, she was encouraged to participate in the Manitoba Schools Science Symposium by her teachers Mr. Thorlakson and Ms. King.

Madhu's science project was titled a Novel Approach to Efficiently Recycle Used Diapers in Optimizing Plant Growth and was selected to advance to the 2018 Canada-Wide Science Fair in Ottawa, where 460 students from grades 7 to 12 presented their work.

After presenting her research results that revealed soiled disposable diapers could stimulate better plant growth compared to traditional fertilizing methods, Madhu was awarded with a gold medal and the Challenge Award for Discovery.

This impressive student has already been highlighted on television interviews and in local newspapers, and it is an honour to share her achievements with the provincial government and all members today.

Madam Speaker, Madhu is here in the gallery today with her parents, Chandra Kullappan and Gowri Subramanian, as well as the teachers who have provided the tools for success, Mr. Jared Thorlakson and Ms. Carla King.

I invite my colleagues of the House to please join me in celebrating an amazing young woman and her team of supporters.

#### **Maureen Orchard**

**Hon. Rochelle Squires (Minister of Sustainable Development):** Madam Speaker, I am proud to rise today to recognize and honour a remarkable woman in my constituency of Riel. Maureen Orchard has spent over 50 years volunteering with basketball and wheelchair basketball in Manitoba and Canada.

Maureen's lifelong love and involvement in basketball started when she played in a church league and soon after she was asked to be the administrator for the league. Maureen learned early in her life the importance of giving back to her community.

Maureen was recently honoured by the International Wheelchair Basketball Federation. She was awarded the Gold Medal Triad and the title of honorary secretary general. The president of the International Wheelchair Basketball Federation, Ulf Mehrens, presented Maureen with this award at the 2018 world wheelchair basketball championship in Hamburg, Germany.

This award is given to individuals who have contributed to the growth and development of wheelchair basketball in an outstanding way on both the national and international levels. Maureen is only the second Canadian to be given this prestigious award, following the legendary player and three-time Paralympic champion Chantal Benoit.

The list of Maureen's achievements is impressive. She was instrumental in the establishment of the Canadian Wheelchair Basketball Association and served as its president from 1993 to 1998. Maureen was inducted in the builder category to the Manitoba Basketball Hall of Fame in 2015 as well as the Canadian Paralympic Hall of Fame in 2017.

Maureen plans to stay involved in the wheelchair basketball community through the 2020 Paralympic Games in Tokyo, Japan, as an adviser and technical committee member.

Basketball has been a passion for Maureen for most of her life, and her involvement in wheelchair basketball gave her the opportunity to help those who, in her own words, are differently abled.

Maureen Orchard has made enormous contributions to her community and beyond, and I am so proud to represent her in the Manitoba Legislature, and I ask my colleagues to help me honour Ms. Maureen Orchard, who is with us in the gallery today with her family.

\* (13:50)

#### **Manitoba's Methamphetamine Crisis**

**Hon. Jon Gerrard (River Heights):** The meth epidemic became a crisis in Manitoba in 2017.

In October of that year, crystal meth was reported to be absolutely rampant in Winnipeg. Possession charges for meth increased 890 per cent over what they'd been in 2012. Meth-related emergency room visits increased a staggering 1,700 per cent from 2013 to 2017. People were dying. In 2017, eight of Manitoba's 24 homicides were related to meth use and 35 Manitobans died from meth-related overdoses.

In October 2017, I asked in QP what the government was doing about the explosion in crystal meth use in Winnipeg, an explosion with devastating effects on young people and on families. The government gave no answer. In November 2017, I asked again and specifically called on the government to set up stabilization units to bridge

between active substance use and rehab or treatment programs. This time the Premier (Mr. Pallister) acknowledged that crystal meth was a tremendous problem, but failed to mention any initiative his government was undertaking.

In January 2018, our Manitoba Liberal leader called on the government to fund drug stabilization units and also to fund transitional housing with mental health supports in-house and a plan to enable people in recovery to move into their own housing with less intensive support for up to two years. But the government didn't act.

In the months since, we've had many more Manitobans in difficulty and dying from meth use from Winnipeg to Brandon to St. Theresa Point. The crisis continues because this government has failed to act.

#### **Virden Indoor Rodeo & Wild West Daze**

**Mr. Doyle Piwniuk (Arthur-Virden):** Madam Speaker, I rise to this House today to congratulate a group on 30 years of success. The Virden Indoor Rodeo & Wild West Daze has been voted rodeo of the year by the cowboys and cowgirls multiple times over the last two decades. Most recently, the Virden Indoor Rodeo & Wild West Daze was named Event of the Year at the 2015 Tourism Westman Tribute to Tourism Awards. Proving its long-lasting popularity, the rodeo celebrates its 30th year of this past August.

There is no two ways about it, cowgirls and cowgirl-boys and fans of all ages of—come to Virden in August for a great rodeo action. When you come, be prepared to spend the whole weekend so that you don't miss out. The event is dual sanctioned by the Manitoba Rodeo Cowboys Association and Canadian Cowboys Association. It attracts contestants from Canada, the United States, Australia and New Zealand. It is known as the make-it-or-break-it event for those earning points towards the MRCA and the CCA finals.

On the third weekend of August, the rodeo indoor—Virden Indoor Rodeo Wild West Daze kicks off with a community barbecue hosted by Corex Resources, held at the Virden—picturesque Victoria Park. Celebrations continue Thursday evening, where the downtown fun and entertainment attracts all ages. Organizing and hosted by the Virden Community Chamber of Commerce, the evening's success is due to the tremendous support from both sponsors and local businesses.

I would like to take this time to extend a huge congratulations to all those who volunteer countless hours, putting their time and effort into a great event. It is an event that many look forward year after year.

Thank you, Madam Speaker.

### Introduction of Guests

**Madam Speaker:** Prior to oral questions, we have some guests in the gallery that I would like to introduce to you.

We have seated in the public gallery from Woodlawn School 47 grade 4 students under the direction of Wendy Buhler and Shawn Kehoe, and this group is located in the constituency of the honourable Minister of Education and Training (Mr. Goertzen).

And also in the public gallery from Maples MET School we have 17 grade 9 students under the direction of Emma Gareswhite, and this group is located in the constituency of the honourable member for Burrows (Ms. Lamoureux).

On behalf of all honourable members here, we welcome all of you to the Manitoba Legislature.

### ORAL QUESTIONS

#### Global Warming Manitoba Plan

**Mr. Wab Kinew (Leader of the Official Opposition):** The environment is everything, Madam Speaker. We have to act now in order to leave a world and a climate for our kids that we can all be proud of.

Major report was released over the weekend by the Intergovernmental Panel on Climate Change, and it paints a very stark and bleak portrait of the challenge we face: flooding, fires, natural disasters, pandemics, increased migration across borders, food shortages. In short, if we do not take action now to address climate change and to make big polluters pay, the consequences will be catastrophic.

Now, we have 11 years in which to make this change. Now, instead of rising to this enormous challenge the Premier has decided to jump on the bandwagon with Doug Ford and other Conservative leaders across the country who have no plan to fight climate change.

We know the Premier can do a one-eighty, will he keep on spinning and bring us back a plan to help fight global warming here in Manitoba?

**Hon. Brian Pallister (Premier):** Well, after 17 years of the previous government failing to develop a plan, Madam Speaker, we have a green plan and we are acting on it. We say yes to green and no to the carbon tax.

The NDP, apparently, says yes to the carbon tax and no to green. They staked out their position last week, Madam Speaker. They said they don't want to fight climate change and they actually went further and called on Ottawa to cut \$67 million of Low Carbon Economy Fund programming to Manitoba.

So I'd like the member opposite to explain, is that really the NDP position, as unbelievable this is, or is he going to flip-flop on that position too?

**Madam Speaker:** The honourable Leader of the Official Opposition, on a supplementary question.

**Mr. Kinew:** Well, let's review the record of Señor Flip-Flop over here on the government side of the House, Madam Speaker. He campaigns on a price on carbon in the 2016 election. He comes and delivers one, two, three throne speeches promising a price on carbon, and then all of a sudden Doug Ford shows up on the national scene and then he says, you know what? No carbon pricing. The rest of my folks are here. I'm fine following their lead.

Now, instead of proposing a plan that would actually fight climate change and reduce carbon emissions, thereby giving our kids a—*[interjection]*

**Madam Speaker:** Order.

**Mr. Kinew:** —chance, a fighting chance at having a beautiful future here in Manitoba, he's decided to completely back off. Not only has he backed off, but he didn't bother to tell anyone in his caucus or most of his staffers either.

Now, this is what happens when you have a government of one, Madam Speaker. The entire apparatus has to shift on a dime according to the moods of the person in the—in charge.

Will the Premier recognize that his so-called leadership is in fact hurting our province? Will he present a real plan to fight global warming today?

**Mr. Pallister:** I appreciate the member's concerns about caucus unity, given the record of the NDP in this province, Madam Speaker. That being said, we have advanced a green plan. We say yes to that green plan, 67 pages of green plan, acknowledged as the best such plan, by the Prime Minister of Canada, in the country of Canada.



That stands in stark contrast to the members opposite, who failed to develop any plan whatsoever and, frankly, are not articulating one now either. Their position last Thursday was that Ottawa should withdraw \$67 million—\$67 million—as a way of refunding some of the \$2 billion Ottawa would take out of Manitobans' hands over the next five years to help fight carbon. Their position is clear: they don't want to fight carbon, they'd rather just raise taxes instead, Madam Speaker.

**Madam Speaker:** The honourable Leader of the Official Opposition, on a final supplementary.

**Mr. Kinew:** Yes, I'll give the Premier a pass. He clearly needs to practise his lines a bit more. That was pretty rough.

But let's return to the issue at hand. The report of the Intergovernmental Panel on Climate Change makes clear the massive challenge that we and future generations are facing, and yet what has the Premier done? Well, all that remains of his green plan is window dressing without the actual window. He's raising the cleanest—the price of the cleanest form of power we have here: hydro. He's raising the price of it, thereby putting a disincentive for people to adopt lower carbon footprints and, finally, we realize—*[interjection]*

**Madam Speaker:** Order.

**Mr. Kinew:** —that there's no programs here to help the average family reduce their carbon footprint. Most families want to do the right thing when it comes to the environment, but this government is not bringing forward anything concrete to help them do so. That's not a plan.

Will the Premier acknowledge that he has failed to rise to the challenge of climate change and instead bring back a real plan that will help us fight global warming in Manitoba?

**Mr. Pallister:** I appreciate the member's comment about pretty rocky—he has a record that speaks to that, Madam Speaker—but the fact remains it's pretty rough trying to defend the NDP inaction on climate change.

On the other hand, Madam Speaker, if the member would take the time to read it, he would find that Manitobans developed a beautiful plan and we're going to be enacting it with the help of Manitobans, with or without the help of Ottawa, frankly. As the members opposite have advocated Ottawa not help, we'll proceed on our own if we have to.

We will displace diesel. We will engage in reforestation. We will pursue e-buses. We will look at propane displacement. We will look at hydro inter-ties. We will look at developing better watershed management, and we will undertake these projects with a commitment to seeing this province do more than its part to address the fundamental issues of climate change that were unaddressed by the NDP from 17 years.

\* (14:00)

**Madam Speaker:** The honourable Leader of the Official Opposition, on a new question.

### **Methamphetamine Crisis Safe Injection Sites**

**Mr. Wab Kinew (Leader of the Official Opposition):** His whole carbon plan rests on hydroelectric development that was led by the NDP.

Now, it seems like there's a new—*[interjection]*

**Madam Speaker:** Order.

**Mr. Kinew:** —story in the media each and every day—*[interjection]*

**Madam Speaker:** Order.

**Mr. Kinew:** Madam Speaker, about the meth crisis that is gripping our city and gripping our province. Now, crimes have—crime rates have skyrocketed and the chief of police himself says that this issue is keeping him up at night.

We see the impact that this is having in health-care centres: nurses are afraid for their own personal safety; health-care professionals are stretched to the limits in ERs; and we hear regularly from police officers that they're spending a disproportionate amount of their time babysitting people suffering from meth psychosis. This is to say nothing about organizations like the Bear Clan who see this on the streets each and every day.

Now, we know that a safe consumption site would help. You don't have to like it, Madam Speaker, but the evidence is clear: safe consumption sites work.

Will the Premier bring forward a real plan to help combat the meth crisis—

**Madam Speaker:** The member's time has expired.

**Hon. Brian Pallister (Premier):** This is a serious concern and it requires serious and urgent action and

focused action, and that is exactly what we're going to engage in, Madam Speaker.

The member wants to take NDP credit for the most massive boondoggle in the history of Manitoba, that being the \$15-billion commitment to build a bipole line in the wrong place and Keeyask, not needed or wanted by Manitobans for their power.

Manitobans are already paying five or six times as much as the federal government proposes to invoke in a tax on Manitobans because of the NDP mismanagement of the past number of years, and the member, instead of rising to the defence of Manitobans as we are on this side of the House, rises to the defence of Ottawa and higher taxes. Madam Speaker, it's unbelievable. That's the position the new leader of the NDP has staked out for himself, and it's an indefensible position.

**Madam Speaker:** The honourable Leader of the Official Opposition, on a supplementary question.

**Mr. Kinew:** Madam Speaker, what are people in Manitoba worried about? Well, it seems like meth is something that they're very worried about. *[interjection]*

**Madam Speaker:** Order.

**Mr. Kinew:** We heard the public opinion polling say today that four out of five Winnipeggers are scared for their safety because of meth. Eighty per cent of Winnipeggers are afraid. Now, apparently, it's not a priority for the Premier. He's still focused on the first set of questions and won't answer a direct question about meth and the need to have a safe injection site, a.k.a. a safe consumption site right here in Winnipeg.

First he says he needs a study. Then the study says a safe consumption site would be a good idea, so then he's got to change the study. Then the ministers have to go out and defend this and, you know, defend that. All the while, the meth 'crisis' worsens and the Premier refuses to take a simple, direct step that will help save lives in the city of Winnipeg.

Will the Premier bring forward a real plan to fight the meth crisis, including creating a safe consumption site right here in Winnipeg?

**Mr. Pallister:** Well, again, Madam Speaker, this is a serious issue. Meth has devastating consequences, obviously. We know that and our community is seeing it, as are other communities across the length of the country. I've had conversations with most of the premiers specifically on this issue and it's not an

issue isolated to our jurisdiction, but we are taking action, real action. We've added six new mental health beds at HSC; we're expanding capacity with 12 additional beds for women's treatment at AFM. We're doing other things as well.

But, Madam Speaker, the member opposite fails to understand that the major issue, frankly—apart from ISIS—that most of the world communities want us to face as governments across the planet—is the issue of climate change. And the member offers nothing by way of approaching that issue, which is a fear to people all over this planet and needs to be addressed.

We are taking that challenge seriously. We are addressing it, and with or without the member's help and with or without Ottawa's help we will take action on our green plan.

**Madam Speaker:** The honourable Leader of the Official Opposition, on a final supplementary.

**Mr. Kinew:** We see, perhaps, in those non-answers the reason why the meth crisis is getting worse and worse in Manitoba. The Premier can't bring himself to commit to what the evidence shows would actually save lives, and that's the creation of a safe injection site here in Winnipeg.

Now, is it because he's got the experts on his side? Is it because of scientific consensus on his side? Just like with climate change, no. The Premier is out on his own here. The Premier denies climate change. The Premier won't open a safe injection site because that's what Conservatives do. Simple as that, Madam Speaker, and it's a real shame because there's people in our province, there are members of our families who are suffering as a result.

We need action. We need it to be separate from ideology, and we know that the evidence points out a very clear fact, Madam Speaker: safe injection sites save lives. You don't have to like it, but they work.

So I would ask the Premier, again, to bring forward a real meth crisis plan, including the creation of a safe injection site here in Winnipeg.

**Mr. Pallister:** I recognize that the member has hung his entire meth strategy on the single hook of a safe injection site, Madam Speaker. We don't believe that complex problems are best addressed with simplistic answers, and so that's why we're working to develop processes that will better meet the challenge of withdrawal management, that will help people to detoxify, that will give people the real treatment they

need to reduce the likelihood of meth addictions in the first place. That's why we're actioning the—  
[interjection]

**Madam Speaker:** Order.

**Mr. Pallister:** –VIRGO report. We're taking this complex issue, multi-dimensional issue, and we're approaching it the right way, not the simplistic way the member is advocating for today.

### **Changes to Health Services Impact on Front-Line Workers**

**Ms. Nahanni Fontaine (St. Johns):** The Premier (Mr. Pallister) doesn't understand, nor does he care about the stress that front-line workers are under as a result of his callous decisions.

The Premier wrote a blog post distributed to over 10,000 civil servants on September 21st that I table today. The response is varied, but I would like to quote this anonymous—because you could not be anonymous on it; this was something that was clear when you had to respond in the blog: These have been the most challenging times for staff vacancy, work overload, mental health and morale since starting with the government of Manitoba, wrote one civil servant in the Department of Health.

Will the Premier apologize, and will he stop undermining our front-line workers?

**Hon. Cameron Friesen (Minister of Health, Seniors and Active Living):** Last week the leader of the opposition went into the hall and tried to advance a false narrative that somehow nurse overtime was up in Manitoba. I realize that research for the opposition is hard and they might have the graph actually upside down, but if I could help that member I would—I will table three copies of the report that show that nurse overtime in the province of Manitoba is down 29 per cent since January of 2016.

**Madam Speaker:** The honourable member for St. Johns, on a supplementary question.

**Ms. Fontaine:** Clearly, the minister's not listening to front-line workers with a response like that.

One employee, Madam Speaker, of government Air Services, wrote, and I quote: Since the Winnipeg Sun made us aware of your intention to privatize us, the morale has been at an all-time low. We have lost many gifted aircraft maintenance engineers and pilots to private companies as they feared they needed to find reliable employment in order to

support their families. This process has been ongoing for 18 months now where we have lived in limbo with a black cloud hanging over us. Several of my co-workers are so stressed by this that they are suicidal and have to go to counselling and be medicated.

Will the Premier apologize and stop attacking our front-line workers?

**Mr. Friesen:** Well, Madam Speaker, we've been clear as a government that we inherited a mess and we had to make action and we had to make progress on behalf of all Manitobans, and the evidence is that we are making that progress.

In respect of labour rates, while that NDP party can't defend levels of civil service that went 10 per cent that of other jurisdictions, we have said that we would 'maximumly' use attrition that is natural in the system to shape the workforce down to a more manageable size. We can say we're ahead of schedule on that, but we're proceeding with an abundance of caution. We're listening; we're taking action; we're aware.

**Madam Speaker:** The honourable member for St. Johns, on a final supplementary.

**Ms. Fontaine:** Madam Speaker, I'm not sure if front-line workers are going to be very appreciative of these cold and callous responses from the minister. And front-line workers are clear—  
[interjection]

**Madam Speaker:** Order.

**Ms. Fontaine:** –they are bravely standing up and speaking truth to this power here. They won't stand idly by as the Premier ignores their concerns. The employee of government Air Services wrote, and I quote: You have spent millions of taxpayers' dollars on your consultants without once speaking to us employees regarding how money can be saved and how our organization can be made more efficient.

\* (14:10)

When will they listen to front-line workers and stop attacking them?

**Mr. Friesen:** Well, Madam Speaker, under the NDP, the use of those private aircraft carriers went from a 9 per cent to about 68 per cent in the space of 10 years, so the member does a powerful flip-flop in the House today.

But that member talks about money spent on contractors. I wonder if that member would set the

record straight and indicate to the House just how many reports on mental health and addiction the NDP paid for and just how many recommendations they actually implemented. The answer, for her benefit and others, is zero—four reports, zero recommendations.

We're taking action where they did not.

### **St. Boniface Neonatal Unit Nursing Overtime Concerns**

**Mr. Andrew Swan (Minto):** Well, it's pretty clear there's a new Minister of Health, but we're seeing that same old style.

Recently, nurses at St. Boniface general hospital—70 of them signed a letter setting out their concerns. Rather than address their concerns, this Minister of Health has now chosen, even today, to attack them instead. Among other things, the nurses have raised the extremely serious issue of mandatory overtime where nurses are simply told they can't go home at the end of their shift.

The minister is denying what Manitoba nurses are telling us every day: this government's decisions are forcing nurses to work dangerous amounts of mandatory overtime and it's putting patient care at risk.

Why isn't this minister, this new minister, listening to nurses?

**Hon. Cameron Friesen (Minister of Health, Seniors and Active Living):** Same old critic and same old unfactual information, Madam Speaker.

The CEO at that institution that he references has been very clear that the overtime hours that are being experienced are actually historical ones that have been felt for an awful long time. Nevertheless, we are sensitive to overruns and overtime, and we're taking action. That member knows, as we explained last week, that 35 more nurses have been hired at St. Boniface even since those concerns were first raised, including a number of those exactly in the N-I-C-E-NICU unit.

So, Madam Speaker, this government is taking action. We're aware of these issues that he is, once again, raising.

**Madam Speaker:** The honourable member for Minto, on a supplementary question.

**Mr. Swan:** Madam Speaker, the question is about mandatory overtime. It's not voluntary. A nurse shows up and she's told by her supervisor she cannot

leave at the end of that shift. Nurses are working 10, 12, in some cases 16 hours looking after patients. Nurses are feeling stressed, burned out and exhausted.

The situation was bad in June when this was raised and, unfortunately, this government did nothing and the situation is worse now. We're even told many new parents with sick children feel they have to stay overnight in the NICU because they know nurses are exhausted from prolonged shifts. Parents are worried about their newborns and so are nurses.

When—what will it take for this minister to realize that his Premier's plan is not working?

**Mr. Friesen:** Well, Madam Speaker, the member is quite plainly just wrong.

The government took action. The government has been using a system whereby we are diverting expectant mothers to other facilities where we see that the volume requires it. Volumes of births this summer in the last few months have been up. That is not something that the government can actually predict, but we can respond to it and we are doing so. We immediately instructed the WRHA to work with St. Boniface and with MNU to make sure they stay on top of this. But, once again, I indicate to that member here's what the CEO says: The chronic overcapacity and staffing shortages are long-standing.

**Madam Speaker:** The honourable member for Minto, on a final supplementary.

**Mr. Swan:** Well, the minister can listen to a CEO. We're going to keep listening to nurses in Manitoba.

The situation is getting worse. For January through to June there were 800 incidences of mandatory overtime and, of course, the excuse we hear from the former minister of Health was that was because of the flu. Now, in just another four months we've had more than 700 examples of mandatory overtime.

They can't use the flu as an excuse. They can't use anything else as an excuse. The only excuse is this government is failing to put resources in important areas like the NICU, where nurses are looking after newborns with medical issues.

When will this minister change his ways and make it clear the practice of forcing nurses to work mandatory overtime will go back to being a rare occurrence.

**Hon. Brian Pallister (Premier):** The member claims he's listening and desires to be listened to, but if he wants to be listened to he has to use facts, not fancy, Madam Speaker. He's wrong on overtime.

Last week his leader claimed that ER wait times were up; they're down. Wrong. He claimed that average length of stay for in-patients was going up; it wasn't. It was going—*[interjection]*

**Madam Speaker:** Order.

**Mr. Pallister:** —down, Madam Speaker. He's also mistaken on diagnostic testing. He claimed that that was going down; it's up, significantly up; and he also claimed that hip and knee replacement surgeries and cataracts were down, but the number of surgeries that were done in all categories was up.

So, Madam Speaker, if the members want to be listened to, they should make sure they're factual when they speak.

#### **Methamphetamine Crisis Addiction Services Funding**

**Mr. Dougald Lamont (Leader of the Second Opposition):** For more than a year we've been hearing that Manitoba is in the midst of a meth epidemic worse than fentanyl and opioids. I've heard it personally all across this province, from Brandon to Thompson, from downtown Winnipeg to suburbs to fly-in reserves.

This government is receiving \$40 million a year for the next 10 years from the federal government dedicated to public mental health and homecare and another \$5 million especially to deal with opioids. Yet, in this year's budget this government spent \$1 million less on mental health and addictions than the NDP did in 2014-15 four years ago, and they underspent funding to health authorities for community health services by \$26.6 million.

There is a single principle in health care: do no harm.

How can the Premier justify cuts to mental health and addictions even as meth addictions are increasing exponentially?

**Hon. Brian Pallister (Premier):** Well, I encourage the new leader of the opposition to consider the reality. He is trying to pilot and trump up the contribution of Ottawa-east here in Ottawa-west territory, and he need not do that because the federal government is reducing its partnership share of

health-care funding by over \$1 billion over the next few years, and it's not a record he should brag about.

As well, Ottawa, in reducing its support does not recognize the real challenges faced by an aging population who need more health-care support, not less, in our province, but have, unfortunately, to carry the burden along with the rest of the citizens of our province of \$1 billion of debt-service costs for the first time in our history, thanks to the NDP unsustainable practice of spending more and getting fewer results from it.

These are the realities we must face. We're dealing with limited resources and we're doing the absolute best we can with the resources entrusted to us by Manitobans. If he wants higher taxes, he should say so.

**Madam Speaker:** The honourable Leader of the Second Opposition, on a supplementary question.

**Mr. Lamont:** Madam Speaker, I've said before that I'm opposed to the new funding formula and I was opposed to it when the Premier voted for it in 2008.

The meth crisis is not a new issue. We recognize it's difficult, but it's getting worse because this government is doing virtually nothing to make it better. We know from police it's driving up violent crime like assault and murders. It's driving an increase in property crime. It's putting people in the health and justice systems at risk from assault from someone in meth psychosis. Nurses are getting concussed and guards are getting PTSD.

The quick ACCESS clinics are open two hours, five days a week in Winnipeg for a problem that is 24 hours a day, seven days a week and province-wide. But these quick ACCESS clinics don't provide treatment. They provide referrals. To what, Madam Speaker? Another wait list? Private clinics may cost \$18,000 for 10 days in detox and 30 days of residential recovery, and patients may need repeated treatments.

What is needed for meth is stabilization units and housing supports with mental health workers.

Will the Premier restore funding to mental health to create new treatment spaces, or will he continue to ignore this crisis?

**Mr. Pallister:** Well, we do have new treatment spaces, Madam Speaker. The member ignores the reality of the actions we've taken, conveniently so, but inconveniently fails to outline in detail the costing around his proposal. So I welcome him doing

so. We're certainly open to ideas and suggestions. We've been listening to the experts. We commissioned the VIRGO report and have been acting on it. Our minister's taking this issue very seriously, and we will continue to act to do the best we can with a very dire situation.

**Madam Speaker:** The honourable Leader of the Second Opposition, on a final supplementary.

**Mr. Lamont:** I will note, Madam Speaker, that the VIRGO report had no mention of methamphetamines. It was determined that the government did not provide enough information to the author.

But we need to be clear: meth is a different type of drug than opioids or alcohol. There is no such thing as a safe injection site for meth, and treatment and recovery are different too. When we talk about harm reduction with meth, we are talking about—*[interjection]*

**Madam Speaker:** Order.

**Mr. Lamont:** —death reduction and disease reduction.

It's said that we should love the sinner but hate the sin. This is also true of addiction, that we need to separate the human being from their addiction. Addicts should be treated in hospitals and clinics, not jails and remand.

\* (14:20)

We know the need is increasing; we know the federal government is providing \$400 million more over the next 10 years for mental health and home care, and we know that this government is going to have a new revenue stream from cannabis sales: a 9 per cent mark up on wholesale, a 6 per cent fee on top of that, and on top of that, a federal excise tax from which the Province will get 75 per cent of the revenue.

Will this government commit today to applying cannabis revenues to 'revention' and to creating new spaces for addictions treatment and recovery?

**Mr. Pallister:** Quick to spend, Madam Speaker, over there, and ready to throw money at a problem that we're not sure we have. The member has failed to reveal any analysis that he has done. We have certainly done a lot, here, to determine that we don't expect a net. There's a difference between gross revenue and net, and I'll get the member to look that up.

The fact is that we aren't going to be expecting any major revenue flows to solve all the problems the member has begun to list and will, I'm sure, continue to list as the days go on. And so, Madam Speaker, the member has suggested that the NDP are wrong in their assertion about the injection sites. He might like to have that debate with them. I'd suggest he's wrong in asserting that we can spend money that we do not have.

### **Rent Assist and Social Housing Units Need for Poverty Reduction Strategy**

**Mrs. Bernadette Smith (Point Douglas):** Since this government came into office, they've kicked at least 300 people off of Rent Assist and reduced Rent Assist for over 7,000 families. Under this Pallister government low-income working people saw their Rent Assist deductibles rise from 25 to 28 and now 30 per cent. They're pushing families further into poverty and sending children to school hungry.

Will this new Minister of Families start to show that she actually has a heart and cares for Manitobans and reverse these harmful cuts?

**Hon. Heather Stefanson (Minister of Families):** Well, I thank the member for that question and I don't know where to begin with the litany of false assertions in her preamble, Madam Speaker.

But what I will say is, after 17 years of NDP mismanagement we're here to clean up a mess. We are taking action. We're working with stakeholders in the community to ensure that we do take that action. We're listening to Manitobans. We will continue to take action on their behalf.

**Madam Speaker:** The honourable member for Point Douglas, on a supplementary question.

**Mrs. Smith:** This Pallister government has failed to build one single unit of social housing. They sold a Manitoba Housing building on Smith Street, which means 300 fewer units of social housing—Manitoba. The wait-list—*[interjection]*

**Madam Speaker:** Order.

**Mrs. Smith:** —for Manitoba Housing has gone up by nearly 600 people since they were elected. They've been cutting—they've cut maintenance crews in half. The former minister failed to fulfill his mandate.

Again, I ask the new minister: Will she show low-income Manitobans that she has a heart and that she cares by creating new social housing, and that

she's not abandoning it altogether like the last minister did?

**Mrs. Stefanson:** I and, indeed, all members on this side of the House care very deeply about Manitobans, and that's why we're working towards helping them and cleaning up the mess of the previous NDP governments. In fact, again, the litany of false assertions by the member opposite—in fact, we have 500 more units that have been built, and I want to thank the previous minister of Families for his leadership in that.

We are supporting, also—*[interjection]*—we are also supporting more than 2,500 Manitobans more than members opposite on Rent Assist, so she is plain wrong. But where she failed, we will deliver, Madam Speaker.

**Madam Speaker:** The honourable member for Point Douglas, on a final supplementary.

**Mrs. Smith:** You can take—thank our NDP government for those 500 new units.

This government, they've failed to produce a poverty-reduction strategy. They made cuts to Rent Assist and there's—they've failed to build one social housing unit, which is making it harder for Manitobans.

Moreover, this government is doing nothing to support people who get kicked out of their house because they're struggling with meth. Manitobans—this government, they're sitting on their hands and they're listening with earplugs in.

Will this government—this new minister—commit to finding solutions for people with addictions, provide an actual strategy to reduce poverty and create a new social housing—create more new social housing today?

**Mrs. Stefanson:** I think it's incumbent upon all members of the—this House to put the facts on the record. The member opposite is simply not putting the facts on the record, Madam Speaker. The fact is that we have 2,500 more people that we're assisting by the way of Rent Assist since we came in to power, and those numbers—*[interjection]*

**Madam Speaker:** Order.

**Mrs. Stefanson:** —are growing. We are continuing to help those Manitobans, the most vulnerable citizens within our society.

So the member opposite knows that we are working with Manitobans. We know—she knows that

we are moving in the right direction. And we will continue to work with Manitobans to help the most vulnerable people in our society.

### **Illegal Drugs and Drug Enforcement WPS Specialized Resources and Training**

**Mr. Andrew Smith (Southdale):** Members of the Winnipeg Police Service put themselves in harm's way every day as they serve our communities. Officers work tirelessly to keep drugs off our streets and protect us from criminals.

Can the Minister of Justice please inform the House of recent actions our government has taken to equip the Winnipeg Police Service with the tools and training they need to keep our communities safe?

**Hon. Cliff Cullen (Minister of Justice and Attorney General):** I thank my colleague for that important question.

I also want to take this—*[interjection]*

**Madam Speaker:** Order.

**Mr. Cullen:** —opportunity to thank Manitoba police officers who do great work day in and day out.

Madam Speaker, last week I was happy to join Inspector Max Waddell in terms of our government's announcement of nearly \$350,000 to provide Winnipeg Police Service the equipment and training to combat the illicit drug trade. This is part of our investment of over \$1 million that we've committed over the last month to support police agencies across Manitoba to keep our communities safe.

Madam Speaker, we are committed to working with our front-line officers every single day to reduce crime and to protect Manitoba families.

### **Methamphetamine Crisis Public Health Emergency**

**Hon. Jon Gerrard (River Heights):** Madam Speaker, for over a year the government has known that there is a meth epidemic and that this represents a crisis for our province. It has affected the lives of individuals and families, increasing crime and even increasing deaths from homicide and from overdoses, and yet the provincial government has done little and the epidemic and crisis continues.

Will the government finally declare a public health emergency to address this crisis?

**Hon. Cameron Friesen (Minister of Health, Seniors and Active Living):** Madam Speaker, that member should know that when this government

opened the recent rapid access addictions medicine clinic at HSC and then opened two more in close succession, that doctors were saying that this was an important step forward in collapsing the wait time for individuals to receive the treatment that they so desperately need. In Ontario, that meant a 63 per cent reduction in ER visits from those who are addictions affected.

Is that what the member means when he says the government has done nothing?

**Madam Speaker:** The honourable member for River Heights, on a supplementary question.

#### **Need for Task Force Director**

**Mr. Gerrard:** Madam Speaker, I ask the minister: show us the evidence he's got a 63 per cent reduction.

In fact, the evidence suggests that the use of emergency rooms is increasing, not decreasing.

The actions of the provincial government have done little and they've been poorly co-ordinated. Instead of stalling and stalling, and waiting and waffling, and waffling and waiting, this government needs to act. Indeed, we need a task force with a director who is empowered to second critical people from varied departments and is empowered to take rapid action—[interjection]

**Madam Speaker:** Order.

**Mr. Gerrard:** —to bring all of government together and implement the steps needed to address the current meth epidemic and crisis.

Will the government appoint such a director within the next week?

**Mr. Friesen:** Well, Madam Speaker, the member sets the bar quite low and then he fails to get over it. He is wrong again.

ER wait times are down, not up. They are down 8.5 per cent, year over year. But they are down 25 per cent over the past four years.

Madam Speaker, we know that we've received the VIRGO report and the important work of Dr. Rush, but that is based on the voices of thousands of Manitobans: families, health-care providers, community leaders from every region of our province. We are rolling out successively more and more solutions. These things are going to take time. They're going to take collaboration. We would

ask for his collaboration rather than his finger pointing.

\* (14:30)

**Madam Speaker:** The honourable member for River Heights, on a final supplementary.

**Mr. Gerrard:** We make suggestions, but this government doesn't listen.

To address the meth crisis the government needs a director to act to co-ordinate the provincial emergency-room protocols, to put in place detox and stabilization units, to ensure supported, transitional housing is present, to co-ordinate with Justice to reduce crime, to ensure K-to-12 curriculums include critical information on meth, and to co-ordinate a province-wide awareness campaign.

Will the Premier (Mr. Pallister) appoint such a director to implement rapid action to co-ordinate and address the meth crisis in our province?

**Mr. Friesen:** I think, essentially, the question that the member is asking is, is—something that has the significant attention of government. I can assure him and all the members of the House that we and—do—we do, indeed, remain focused on this. We are all alarmed by the increase of methamphetamines and addiction and psychosis in our communities. We are working. We know this will require collaboration. Ministers and members on this side of the House are collaborating.

We are listening to Manitobans on this, but let's remember that that same VIRGO report talks about how poorly aligned, after years and years, that our mental health and addiction system actually was. We've got a lot of work to do, and we are getting to that work.

#### **Workplace Safety and Health Inspections and Department Vacancies**

**Mr. Tom Lindsey (Flin Flon):** Madam Speaker, in 2015-2016 there were 10,325 workplace health and safety inspections conducted in Manitoba. According to the minister's annual report, the number of inspections has now dropped in the last two years by 60 per cent to 4,171.

Why is the minister cutting safeguards that protect workers?

**Hon. Blaine Pedersen (Minister of Growth, Enterprise and Trade):** Well, Madam Speaker, as usual, the member is wrong. There—[interjection]—instead of—[interjection]



**Madam Speaker:** Order. Order.

**Mr. Pedersen:** The member opposite feels that higher numbers are always better, and that includes taxes and spending money, but what we're after is results and what we're doing is targeting those safety inspections against those who are most likely to have workplace accidents. That's a far better system than just trying to have as many safety inspections as they can with no real purpose. *[interjection]*

**Madam Speaker:** Order.

The honourable member for Flin Flon, on a supplementary question.

**Mr. Lindsey:** The Pallister government eliminated the Department of Labour. They cut the advisory council on workplace health and safety. They are weakening acceptable exposure standards for chemicals and other standards, and now—now—workplace health and safety inspections have fallen by 60 per cent.

Will the minister reverse course, make investments to keep workers safe?

**Mr. Pedersen:** Well, the member continues to spew his unsubstantiated facts. In fact, a couple of weeks ago I was at The SAFETYS awards dinner, and it is just truly incredible that the companies and individuals, they're working towards safety there. We had company owners giving awards—or suggesting awards to their own employees for bringing forth safety plans.

There's a culture of safety out there within our workplaces, and we certainly endorse that.

**Madam Speaker:** The honourable member for Flin Flon, on a final supplementary.

**Mr. Lindsey:** It's nice to see the minister's listening to owners of—instead of listening to workers.

Will this minister quit with the cuts to workplace health and safety, recognize that—you know, he said it was because there was vacancies—*[interjection]*

**Madam Speaker:** Order.

**Mr. Lindsey:** —in his department, but yet there has not been a position posted since November 2017?

Why won't this minister fill the positions that are vacant within the department and actually protect workers?

**Mr. Pedersen:** Well, I didn't think the member could get any lower, but obviously I was wrong with that last statement that he made.

There's a culture of safety out there. Whether it's employers, whether it's employees, everyone knows that safety is important, and it's great to have a culture of safety, working with employers and with employees. That's how we reduce injuries—workplace injuries, and our government will continue to work with both employers and employees to make sure we have a safe work culture.

**Madam Speaker:** The time for oral questions has expired.

### Speaker's Ruling

**Madam Speaker:** And I have a ruling for the House.

During orders of the day on Wednesday, June 6th, 2018, the honourable member for Minto (Mr. Swan) raised a matter of privilege regarding the content of the answers given by the Premier (Mr. Pallister) to questions asked by the honourable member for St. Johns (Ms. Fontaine) relating to the Department of Justice.

The member contended that by giving answers that had nothing to do with the Department of Justice, the Premier affected the privilege of the honourable member for St. Johns to ask important questions on behalf of her constituents and within her critic responsibilities. The honourable member for Minto concluded by asking the Speaker to direct the Premier to answer the question that was posed to him during oral questions.

The honourable Government House Leader (Mr. Goertzen), the honourable member for St. Johns and the honourable member for River Heights (Mr. Gerrard) also offered advice to the Chair. I took the matter under advisement in order to consult the procedural authorities and Hansard.

First of all, I would like to remind all honourable members that when raising a matter of privilege, a member should close his or her remarks by moving a pertinent motion, as stated by rule 36(2) of the Rules, Orders and Forms of Proceedings of the Legislative Assembly of Manitoba. On pages 142 and 143 of the House of Commons Procedure and Practice, Third Edition, Bosc and Gagnon advise that the function of the Speaker is limited to deciding whether there

is a prima facie question of privilege. If there is, the House must take the matter into immediate consideration and ultimately it is the House which decides whether a breach of privilege or contempt has been committed. A privilege motion can either call for some action in the House or refer the matter to a committee. The lack of a pertinent motion will force the Speaker to immediately rule the matter out of order.

As to the core of the matter raised by the honourable member for Minto (Mr. Swan), there are two conditions that must be satisfied in order for the matter raised to be ruled in order as a prima facie case of privilege. First, was the issue raised at the earliest opportunity, and second, has sufficient evidence been provided to demonstrate that the privileges of the House or of the member have been breached in order to warrant putting the matter to the House?

Regarding the first condition of whether the matter was raised at the earliest opportunity, the member stated that his intention was to raise the matter the following day after consulting Hansard. However, he stated that during the division bells for a previous vote, he consulted with other members of his caucus and they all agreed that there was no reference to the Department of Justice in the Premier's (Mr. Pallister) answer. In that case, the honourable member for Minto should have raised the issue immediately after the recorded vote. Therefore, I rule that the issue of timeliness has not been met.

On the second question of whether a prima facie case of privilege has been demonstrated, Bosc and Gagnon state on page 516 that during oral questions, and I quote, "The Speaker ensures that replies adhere to the standards of order, decorum and parliamentary language, but it is not responsible for the quality or content of replies to questions." End quote

The matter is a disagreement over facts surrounding the issue and, as such, is a matter of debate and not a breach of privilege. The same sentiment is echoed by Beauchesne, sixth edition, on page 123, and there have been many consistent rulings on this matter by previous Manitoba Speakers, including myself.

Therefore, I respectfully rule that a prima facie case of privilege has not been demonstrated.

## PETITIONS

### Seven Oaks General Hospital Emergency Room

**Mrs. Bernadette Smith (Point Douglas):** I wish to present the following petition to the Legislative Assembly.

The background to this petition is as follows:

(1) The provincial government has announced the closure of three emergency rooms and an urgent-care centre in the city of Winnipeg—[interjection]

\* (14:40)

**Madam Speaker:** Order. Order.

**Mrs. Smith:**—including closing down the emergency room at Seven Oaks General Hospital.

(2) The closures come on the heels of the closing of nearby QuickCare clinic, as well as cancelled plans for ACCESS centres and personal-care homes, such as Park Manor, that could have provided important services for families and seniors in the area.

(3) The closures have left families and seniors in north Winnipeg without any points of contact with front-line health-care services and will result in them having to travel 20 minutes or more to St. Boniface Hospital's emergency room or Health Sciences Centre's emergency room for emergency care.

(4) These cuts will place a heavy burden on the many seniors who live in north Winnipeg and visit the emergency room frequently, especially for those who are unable to drive or are low income.

(5) The provincial government failed to consult with families and seniors in north Winnipeg regarding the closure of their emergency room or to consult with health-care officials and health-care workers at Seven Oaks to discuss how this closure would impact patient care in advance of the announcement.

We petition the Legislative Assembly of Manitoba as follows:

To urge the provincial government to reverse the decision to close Seven Oaks General Hospital's emergency room so that families and seniors in north Winnipeg and the surrounding areas have timely access to quality health-care services.

Signed by Manuel Cantagla *[phonetic]*, Patricia Cantagla *[phonetic]* and many, many other Manitobans.

**Madam Speaker:** In accordance with our rule 133(6), when petitions are read they are deemed to be received by the House.

### **Misericordia Urgent Care Centre—Reverse Closure Decision**

**Mr. James Allum (Fort Garry-Riverview):** I wish to present the following petition to the Legislative Assembly.

The background to this petition is as follows:

(1) The provincial government has announced the closures of three emergency rooms and an urgent-care centre in the city of Winnipeg, including closing down the urgent-care centre at Misericordia Health Centre.

(2) The closures come on the heels of the closing of a QuickCare clinic in the city, as well as the cancelling of important health-care projects such as ACCESS centres and personal-care homes that served families in the surrounding area.

(3) The closures have left the 40,000 families and seniors in Wolseley, the West End, Fort Garry-Riverview and River Heights, who used Misericordia Urgent Care Centre, without any point of contact with front-line health-care services in their community.

(4) These closures will be a strain on the large number of seniors who live near Misericordia and visit the urgent-care centre frequently, especially for those who are unable to drive or are low income.

(5) Misericordia's urgent-care centre was a successful model for non-emergency timely care in the province that diverted patients out of crowded emergency rooms.

(6) Medical officials at Misericordia were not consulted regarding these sweeping changes and how it would impact their ability to provide quality patient care.

(7) Closing the urgent-care centre at Misericordia was not a recommendation in the Peachey report; rather, it was a decision that was developed by and taken by the Minister of Health, Seniors and Active Living and the Premier.

We petition the legislative of Manitoba as follows:

To urge the provincial government to reverse the decision to close Misericordia's health centre's urgent-care centre so that families and seniors in south Winnipeg and the surrounding areas have timely access to quality patient care.

This petition was signed by Lynda Graham, Randy Burkett, Bev Gunnarson and many other Manitobans.

**Madam Speaker:** Grievances?

### **ORDERS OF THE DAY**

*(Continued)*

### **GOVERNMENT BUSINESS**

#### **House Business**

**Hon. Kelvin Goertzen (Government House Leader):** On House business, I'd like to announce that the Standing Committee on Legislative Affairs will meet on Thursday, October 11th, 2018, at 6 p.m., to consider Bill 16, The Climate and Green Plan Implementation Act.

**Madam Speaker:** It has been announced by the honourable Government House Leader that the Standing Committee on Legislative Affairs will meet on Thursday, October 11th, 2018, at 6 p.m., to consider Bill 16, The Climate and Green Plan Implementation Act.

**Mr. Goertzen:** On further House business, Madam Speaker, I'd like to announce that the Standing Committee on Social and Economic Development will meet on Thursday, October 11th, 2018, at 6 p.m., to consider the following: Bill 8, The Government Notices Modernization Act (Various Acts Amended); Bill 12, The Red Tape Reduction and Government Efficiency Act, 2018; Bill 24, The Social Services Appeal Board Amendment Act; and Bill 27, The Fiscal Responsibility and Taxpayer Protection Amendment Act.

**Madam Speaker:** It has been announced by the honourable Government House Leader that the Standing Committee on Social and Economic Development will meet on Thursday, October 11th, 2018, at 6 p.m., to consider the following: Bill 8, The Government Notices Modernization Act (Various Acts Amended); Bill 12, The Red Tape Reduction and Government Efficiency Act 2018; Bill 24, The Social Services Appeal Board Amendment Act; and Bill 27, The Fiscal Responsibility and Taxpayer Protection Amendment Act.

### OPPOSITION DAY MOTION

**Madam Speaker:** The House will now consider the opposition day motion of the honourable Leader of the Second Opposition.

I will now recognize the honourable Leader of the Second Opposition.

**Mr. Dougald Lamont (Leader of the Second Opposition):** I move, seconded by the MLA for River Heights, that the Legislative Assembly of Manitoba condemn the provincial government for its inaction during the methamphetamine crisis in Manitoba.

**Madam Speaker:** It has been moved by the honorary Leader of the Second Opposition, seconded by the honourable—honourable Leader of the Second Opposition, seconded by the honourable member for River Heights (Mr. Gerrard), that the Legislative Assembly of Manitoba condemn the provincial government for its inaction during the methamphetamine crisis in Manitoba.

**Mr. Lamont:** I've had the chance to travel across Manitoba and we've heard about problems with meth everywhere. It's a problem I've been hearing about for nearly a full year that I've been leader. We heard about it from the mother of an addict in Brandon. Her son was on the Brandon University basketball team. She told us her job is keeping her son alive.

The treatment facilities in Brandon are full with people from the surrounding areas, so people are being sent to Winnipeg. The facilities in Winnipeg are full, so they're being sent to Alberta. We heard it out of the Main Street Project, we heard it from St. Boniface Street Links, we've heard it in northern Manitoba, and on isolated reserves.

Earlier this spring, I had an—the opportunity to meet with a group of people led by Maureen Wood who walked from Island Lake to Winnipeg, who then further walked to Ottawa to meet with the Prime Minister.

We're hearing it from homelessness advocates and health professionals who say they are seeing people from all walks of life who has lost everything because they used this drug. There are people who had jobs, homes and families, and have lost it all.

This government needs to step up. We know we don't need more consultants to tell us there's a crisis; that's obvious enough. But one of the challenges is that the mental health and addictions report that was created—that was prepared for this government, the

VIRGO report had virtually no mention of methamphetamines, even though it is the most serious drug crisis facing Manitoba.

We need addictions treatment now. The police know it. The doctors know it. And, on too many issues, this government has shirked its responsibilities and acted like it's someone else's problem to solve.

On the issue of quick-access sites, we have a situation where quick-access sites are open only 10 hours a day—

**An Honourable Member:** Week.

**Mr. Lamont:** At—sorry, 10 hours a week, at three—at five different days, Monday to Friday. It means that thousands of people will not have access to these sites because, as I've been told more than once by addiction specialists, when it comes time for someone who is suffering from an addiction to choose to go into detox and choose to go into recovery, there's often an extremely short window for that to happen. As a result, at 1 o'clock in the afternoon, they may not be interested; at 2 in the afternoon, they have—may change their mind. But, if they can't be entered into a detox program by 3 or 4 in the afternoon, the opportunity is lost again. This is one the reasons why unfortunately the—however well intentioned, the quick access clinics are really a band-aid on a band-aid.

What is required is substantive addictions treatment facilities, including detox and recovery, especially for methamphetamines. And this is one the challenges with meth; it is not a drug like other kinds of drugs. I referred to this in my questions earlier today when I talked about safe injection sites. We've done—we've looked into it; safe injection sites or medically supervised drug-use sites can be extremely effective for certain types of drugs, opiates especially. The same can also be true of alcohol. But it doesn't appear that there is such thing as a safe medically supervised—safe, medically supervised consumption site for methamphetamine, especially because methamphetamine, when taken, tends to leave people intoxicated for 12 to 14 hours, and they can even be—in—can be in meth psychosis.

\* (14:50)

We know there are huge costs associated with ignoring this problem. We have people who are being treated in jails and in remand for this, instead of in the health-care system where they belong. But there are examples of people—well, last year, of—a

young woman froze to death; another case is of meth addicts who are losing parts of their—losing limbs because they cannot feel their extremities in the severe cold of Winnipeg winters, and their arms or feet—or hands or feet are freezing solid and they're losing limbs. The fact is we do have the resources to do—to deal with this.

Despite the claims that the federal government has been cutting, the federal government is actually up—is increasing the amount of funding for health care to Manitoba. Transfer payments are at record-high levels and what's more, there's specific funding at \$40 million a year over 10 years to deal specifically with mental health and home care. The fact is that funding just isn't where—isn't getting where it's supposed to.

So we've made a whole series of recommendations. We've been making the same recommendations for months, and they have to deal specifically with what—with dealing with meth and the unique nature of meth as a dangerous drug which is especially hard to deal with because there is no—there are no equivalents to—like methadone or naloxone in order to be able to save people from meth. The only thing we can have is drug stabilization units, and, given the fact that there are additional revenues coming into this—coming into the province, there's no excuse for them not to be proceeding with them.

Finally, as my colleague the MLA for River Heights has said, we're calling on the Province to set up a task force that would actually—which would be led by a doctor and would be able to reach across into different departments and across different governmental silos and actually be able to take action on this so that there is a united front and a plan to be able to deal with this crisis which just isn't happening right now. The challenge is, again, this government has dismantled the—its intergovernmental—or interdepartmental affairs so that we have a whole series of departments all wandering off on their own unable to co-ordinate.

This is a—there are lots of issues that are of great importance in this House, Madam Speaker. This is an issue of life and death for many people, and for many people, it's not just breaking the addict; it's also breaking their families because their families simply cannot afford to care for their loved ones who are struggling with an addiction.

So I would—this is—I urge the members of this House to not just to condemn the government for its

inaction on meth, but to spur them on to action and have them take meaningful action, because the fact is the resources are there. The will—what seems to be lacking is the political will.

Thank you.

**Mr. James Teitsma (Radisson):** I appreciate the opportunity to speak on this motion and, certainly, I look forward to hearing other members of the House chime in and especially members of my own government. I believe, you know, hopefully, some of our ministers will have the opportunity to speak, and I very much look forward to what they have to say on this issue.

I think when we talk about this issue I certainly do recognize the serious nature of it. It's one that significantly impacts the lives of Manitobans, and many of them directly and many of us indirectly. We saw this—the poll today about how many have fears are related to the use of meth and the consequences that it may have in our community and I think that it would be foolish to ignore those fears, certainly, and action is needed and action is, in fact, what our government is taking.

When we look at the important work that has been done with the opening of the rapid access addictions medicine clinics, and I think that we can see that there's action and, certainly, that's not the last that this government will be taking. But it is a very, very important step that we have taken, and I don't think that should be dismissed as was done by the member—I think who brought up this issue—that he believed it was in somehow and some way inadequate.

The reality is is that often families who have children, or family members that are in need of treatment for seeking addictions, didn't know where to turn. They would find themselves waiting, sometimes 'interminavly' on lists and feel very much isolated, and the idea of the rapid access addictions medicine—Rapid Access to Addictions Medicine clinics is to provide a place for families to be able to go.

And my understanding is that this has already been taken advantage of by Manitobans, that Manitobans are able to receive access into the system in a much more efficient and effective way. So I think, like I said, this is a positive thing.

*Mr. Doyle Pivniuk, Deputy Speaker, in the Chair*

I know the—if you're in the opposition benches, it might be tempting, sometimes, to take what are complex issues and reduce them to simple talking points. And we've heard the leader of the opposition—the official opposition—try to do this, and I think, actually, the Leader of the Second Opposition (Mr. Lamont) has tried to do this, too.

I think of Leader of the Official Opposition (Mr. Kinew) saying, you know, trite statements like, you know, safe injection sites save lives. Now, you know, in his—he may think that he has statistics to back that up but the fact is that in the Manitoba context, in the context of Winnipeg it may not be the most effective and cost-effective and even effective on the lives of those suffering with addictions to actually benefit them, because complex issues—our Premier (Mr. Pallister) have—just said—complex issues do not always have simple solutions.

And I know at a personal level, when I've been dealing with friends, family members, with people whose lives intersect with mine who are struggling with addiction, certainly, the issues are complex. And in my own estimation, the danger of safe injection sites is that they may save—ostensibly save the life, but living is a lot more than just not dying and we need to encourage people who are struggling with addiction. We need to support them and to call them back.

Many recovering addicts will talk about rock bottom. That's a phrase you'll often hear from people who have been addicted in the past, that they hit rock bottom. Now, I know from very personal experience that, actually, there isn't really a rock bottom until you're dead. And that's perhaps an awful way of looking at it but, in fact, that's the reality for many who are addicted to drugs, many who choose to use drugs or feel compelled to use drugs to deal with whatever circumstances their lives are in.

The fact of the matter is that rock bottom is a place where addicts have managed to turn the corner, and that turning doesn't just happen because there's a good government program. That turning happens because of a variety of complex factors that come together. You need relationships. You need mentorship sometimes. You need love. You need hope.

These are concepts that are just as important, if not more important to treating addictions than, you know, the particular government program that might be provided or the working of the health system or of, you know, the Addictions Foundation of

Manitoba or various other organizations. These organizations are important, but more important is the opportunity for those human interactions, the opportunity to come together.

Now, I am somewhat disappointed in the opposition day motion, and I think most members on my side of the House here would agree with me that, being a rare opportunity to bring forward an opposition day motion, to do so on a sensitive topic like this in a spirit of pure condemnation, I think, is ineffective.

I believe that these are the kinds of issues that, honestly, we should be able to find better co-operation across the aisle with all members of the party—of all parties, should be able to recognize the needs, should be able to agree that these are important and should not resort to politicization.

And so, it's unfortunate that the Liberal caucus has chosen to take that route of politicization, but they have followed the example of the official opposition, because the NDP have done the same thing. And, you know, they've tried to continue to push their ideological perspective around safe injection sites as being the be-all and end-all, the one and only solution. Clearly, it's not that. Clearly, if it was that, they would've established one long ago, I would hope, because a government that is in a position to do these kinds of things, you know, should reflect on your time that—on the time that the NDP were in power and reflect on what actions they took and didn't take.

\*(15:00)

Now, as I said earlier, I personally don't believe that a safe injection site is the right thing for harm reduction in Winnipeg. I think that there's a lot more that can be done and will be done, and I look forward to hearing, you know, our Health Minister and our Minister of Justice (Mr. Cullen), for instance, speak about the kinds of things that would happen there.

But one issue before my time wraps up that I do want to speak about is the Leader of the Second Opposition brought up the idea that people who are addicted to meth or alcohol or fentanyl or other drugs should be in treatment and should not be in jail. Now, I hope he didn't mean what he—what it sounded like he said. And I understand that people need treatment. Absolutely, people need treatment. But I look at the member for Point Douglas (Mrs. Smith), and she and I both know that if the person who murdered Tina Fontaine did so while they were high

or did so while they were drunk, we would know, we would both know, what the best place for that person would be. And it wouldn't just simply be an addiction treatment facility. There is also justice, and justice needs to be maintained. So I do want the Leader of the Second Opposition to consider carefully the words that he put out in question period and, ideally, to retract them, honestly, because to me that was—it was a little trite. It was not respectful to the issues that Manitobans are faced with.

Why are Manitobans in fear? And the answer is, it's not because they themselves believe that they are going to be using meth and that they're afraid that they might use meth, it's because of what meth may do to others around them, may do to their children, may do to themselves if they come into contact with someone who's experiencing meth psychosis. These are the things that Manitobans are concerned about, and I think, you know, we would be wise to reflect that concern in our strategy.

So I do look forward to our Health Minister coming forward, speaking about the actions that we've taken, the plans that we have to take more action. And, once again, I can say that this is an important issue. It's a complex issue. It's one that affects me personally. And certainly I take that very seriously, and I think everyone in the House should.

Thank you.

**Mr. Deputy Speaker:** The honourable member's time is up.

**Mr. Andrew Swan (Minto):** If the member for Radisson's (Mr. Teitsma) statements actually reflect the view of this Pallister government on a very, very serious issue, impacting communities like mine, my colleagues', his and other members of his party, then the province is in worse trouble than I could even have imagined.

What does it look like when meth comes to your community, Mr. Deputy Speaker? Unfortunately, I know the answer. People who live in the West End of Winnipeg know the answer. People who live in the North End of Winnipeg know the answer. People who live in a number of other communities know the answer.

Methamphetamine is a terrible drug. It is a terrible drug for a number of reasons. First of all, it is highly addictive. So someone who uses it becomes very quickly at risk of becoming addicted to it.

It is a horrible drug because it actually does a number of things to the human body. First of all, it suppresses someone's appetite and it suppresses someone's need for sleep. So if there is a person who is living rough, who may be homeless, who may be couch surfing, methamphetamine becomes a drug, which, at least in the short term, provides relief—not relief that any rational person would think is appropriate, but relief nonetheless. And, unfortunately, it is, as I understand it, inexpensive, because there is a lot of methamphetamine coming into Canada from elsewhere.

You know, more than a decade ago, this was before us. And our provincial government led the way in trying to deal with homemade methamphetamine by taking away precursors, by taking away the ability to manufacture the drug, which was largely, not entirely, but largely successful. But now we're told by the police, we're told by people who are very, very knowledgeable, that a large amount of methamphetamine comes into this country and is coming into this province and it is being unchecked.

So what happens? Well, let me read to you an email that a woman named Brittany [*phonetic*] sent me this morning. Her not knowing that this was going to be up, I've got her authorization to talk about this, Mr. Deputy Speaker.

Here's what Brittany had to say: Hello, I recently sent this to candidates in our ward for the upcoming election. As crime is becoming a bigger issue in the area, I felt I should get in contact with you, to state crime is now the No. 1 priority for my household. I was informed yesterday evening by a neighbour that there were two recent home invasions on my block of Downing and a block over on Minto, which included masked men entering homes in the night. It is extremely concerning that people are no longer safe in their own homes. Recent CrimeStat maps on the city's website confirm a high amount of crime in the ward in the last 30 days and I suspect it will only get worse if nothing is done, especially with the meth issues plaguing the downtown. I would like to know what you plan on doing at city hall to get our ward the help it needs. I just wanted to let you know, I hope the Province knows this is becoming the No. 1 priority for our area, city and Province, with my other top priorities being cuts to health care and the lack of concern for environment by our Premier. I want to see some changes because, as crime increases in our area, I feel more unsafe during my daily bus commute to work down Ellice, and in my

own home. I do not want to feel unsafe and I want the area to head in a positive direction.

And this is just one example Mr. Deputy Speaker, but when I was out knocking on every single house door in the West End this summer, the issue of public safety is huge in a way it hasn't been for years and years. And people understand that what is driving the increase in crime, is an increase in people who are addicted to drugs and, in large part, addicted to methamphetamine.

I am a member of a number of Facebook pages where people can post concerns they have, and a look through that any given night is enough to make one weep, frankly, Mr. Deputy Speaker. People talk about individuals that are breaking into their sheds or their garages, taking tools, taking bikes, taking construction materials. People acting in a way that does not make any rational sense to the rest of us, are acting that way because of methamphetamine.

Our family has not been immune to that. And, again, when somebody becomes a methamphetamine addict, there is some—in many cases, some fairly obvious physical effects, because, again, it suppresses appetite and it suppresses sleep. So, down our back lane and sometimes down our front street, you can see individuals pretty much every day, sometimes riding a bicycle, which doesn't look like it would be theirs, sometimes pushing carts. And these are individuals who are suffering greatly with an addiction. We've had our cars broken into. We've had people on our porch in the middle of the night. We've had people removing things from our porch. And our experience is no different from people across the West End, all the way from 'langsign' street—Langside Street, all the way out to Valour Road and obviously beyond.

And it's a very different way that people look at things than maybe they did 15 years ago. People don't believe that the crime-and-punishment—let's lock all of these users up—is the right way to go. What Manitobans that I speak to want is they want a number of things. They want prevention, they want intervention and they want rehabilitation.

And I asked the former minister of Health in Estimates, this past spring, about methamphetamine, and I tried to get him to put on the record a single dollar that this government had spent on trying to prevent people from using methamphetamine in the first place. And the minister of Health couldn't do it. And he couldn't do it because this government has done nothing.

If you go to the Health Department website, there is nothing about methamphetamine. If you go to the Winnipeg Regional Health Authority to look for methamphetamine, perhaps if you dig deep enough, as people experiencing meth psychosis are unlikely to, there is absolutely nothing to provide any guidance to users, to communities, to family members who may be trying to help.

This government has had its feet in clay as a terrible impact has come to my community and to the communities of many other members of this Legislature, not just on the opposition benches. And I hope the Health Minister and I hope the Justice Minister are going to listen to what some of their backbench colleagues are telling them because this is very, very real.

\* (15:10)

As I said, the best dollar that we can spend on dealing with the meth crisis is on preventing people from using the drug in the first place, and the government's done nothing. You know, it used to be there was a task force. The Winnipeg Police Service and the Royal Canadian Mounted Police and other municipal police forces actually had support from the provincial government to take on criminal organizations, to have big busts and takedowns, which would actually result not just in the seizure of dangerous drugs, but actually result in the individuals who are quarterbacking the importation of these dangerous drugs to actually have them face consequences, which I think everybody agrees is appropriate.

Well, that task force was cut by this supposed law-and-order Conservative government. So now, when we hear that there's a lot of methamphetamine being imported into Manitoba, well, the provincial government played a direct role in that by cutting the very resources to try to stop that from happening in the first place.

What else are people telling us? What else happens when methamphetamine comes to your community? Well, Mr. Deputy Speaker, there's needles on the ground. There's hundreds and hundreds and thousands of needles on the ground around schoolyards, around churches, around parks, around playgrounds. And I came back from a day on Agnes Street and it was upsetting in the summer when people said they wouldn't even let their kids go and play because of the needles. That happens when there's users, through their own addiction, that are not concerned about the safety of anybody else, who



are using and who are disposing of their needles right where children are playing. So what did people do? They told their kids: Stay inside.

I met other people who told their kids: Don't ride your bike outside, because bikes are actually a very, very common thing to be stolen by individuals who are addicted to methamphetamine, and it's bad enough that they were stealing bikes, Mr. Deputy Speaker, just to use for their own purpose, like, that's frustrating, but maybe we can understand it. Many bikes being stolen are being taken directly to chop shops. They are being sold by meth addicts for five dollars or 10 dollars to get their next hit, and those bikes are being immediately cut up and sold for metal salvage.

What is it like to tell your kid they can't ride their bike outside? That's what the meth crisis is doing to my community, and this government has done absolutely nothing in the past two years, and all they're telling us now is they're going to sit down and they're going to come up with a plan.

Well, they need to get on it. They should support this resolution. They should get moving to protect communities like mine and people that live in the West End of Winnipeg—

**Mr. Deputy Speaker:** The honourable member's time is up.

**Hon. Cameron Friesen (Minister of Health, Seniors and Active Living):** Mr. Deputy Speaker, I rise and I'm thankful for the opportunity to share some thoughts on the increasing use of methamphetamines in my community and communities across the province. It's a—clearly a challenge that all of us face, but I say to the members of this Assembly that we do better if we face this together with collaboration.

What I see today is a resolution that calls for accusations, and I think that's cheap and I think it's politically self-serving. That member for Minto (Mr. Swan) just says that the government has done absolutely nothing and yet—and yet by opening a Rapid Access to Addictions Medicine clinic in both Winnipeg, in Thompson, and a second one in Winnipeg, I can tell that member that this last weekend there was a woman who presented at one of those clinics. She was immediately diverted into an in-treatment care process—immediately—and I wonder if that member would suggest that that individual in community who, under his government, would have received nothing but a sheet that would have said

come back in four months, come back in five months, come back in six months, I wonder if the member for Minto would want to retract his statement knowing that that woman was immediately able to be identified by an addictions specialist and placed in treatment immediately. That member for Minto calls that nothing. In the life of that woman in that community I say, Mr. Deputy Speaker, that is not nothing. That is something.

In Ontario the RAAM system was able to, in a short amount of time, show a 63 per cent reduction in ER usage by addicts and a 75 per cent reduction in total per-patient bed time in hospital. That is not nothing. Those are some very, very significant demonstrations of success.

And even now I can hear members on the other side chirping, but let's understand that they're disingenuous when they express that nothing's happening. Because they know that something's happening. They know that where that member for Minto, when he sat around the Cabinet table refused to add addictions beds at HSC, we added six more in January. When that member for Minto refused to add beds to AFM in-patient for women, we added 12 since the beginning of spring. Does that member now suggest that is nothing?

Now, Mr. Deputy Speaker, it is clear to us on this side of the House that there a few things that are absolutely vital to be able to actually respond to the scourge of methamphetamines. Its use, addiction, psychosis which, I do agree with the member, is tremendously evil and hurtful and destroys lives.

Here's what we need: We need collaboration. It doesn't matter who I speak to, I spoke to the federal Health Minister, the Liberal Health Minister, she has no silver bullet on this, but she's concerned. I spoke to the Ontario Health Minister just days ago. Spoke to the Saskatchewan Health Minister who's experienced the same kind of crisis, the same kind of volume as Manitoba. Now, none of these jurisdictions is able to say, here is exactly the plan that you must import for all of your urban, your rural, your northern communities, this will do it.

Everyone that I speak to; justice—as the Justice Minister is doing, in health care, doctors, nurses, addictions specialists, they all say the same thing. We need solutions. We also need a long-term commitment to bringing more coherence and more efficiency to our mental health and addiction system that for so many years languished under the NDP

that was not improved. And, Mr. Deputy Speaker, that is the focus that this government is taking.

We know that when it comes to detox from methamphetamines, it takes longer than the 28 days that our treatment facilities right now can offer. We know that those craving centres in the brains are not stopping to fire in the way they do after 28 days. When I talked to addictions specialists, they say, 28 days detox does not touch methamphetamine addiction. So, clearly, we need to have better long-term approaches.

We know as well that when it comes to the VIRGO report that we have taken a thoughtful approach. We have asked Dr. Brian Rush and that consortium to hear from thousands of voices of Manitobans, families, health-care providers, community leaders; and they've done so from every region of the province. And what they've delivered is a list of 125 evidence-based recommendations for improving access to and coordination of mental health and addiction services in Manitoba. And the Department of Health, Seniors and Active Living is currently reviewing all of those recommendations. But Manitobans don't have to wait, because as I said, there are a number of things we've immediately undertaken.

And beyond that, we will need more addictions specialists. And for years and years, the former NDP government was not able to deliver that message that more addictions specialists are needed. We need more general practitioners selecting that as an area of focus. It is happening now. We are seeing that. We're soliciting for it. Perhaps some of that stigma is coming off of that specialization. And I assure you that there has been some significant stigma there in the past.

But, clearly, we have immediate needs and we have long-term ones because the problem of the 'uncoordination' of the addictions and mental health system in Manitoba is not a new one. The VIRGO report itself talked about how badly aligned that system has been over many years under the previous government.

But I spoke about RAAM, the Rapid Access to Addictions Medicine clinics; this will be an important approach that we use. What is it designed to do? Well, it's designed to do exactly this: take a timeline that would have meant months before for an individual with an addiction presenting at a clinic to be able to see that specialist, and to truncate that time period to a matter of days instead of weeks and

months. Let the member for Minto say that's nothing. We disagree on this side of the House. We'll stand on side with Dr. Erin Knight from the Health Sciences Centre who calls it a tremendous step forward for addictions medicine, connecting to services and treatment from harm reduction, to medication assistant treatment, to abstinence based on the patient's goals.

\* (15:20)

Mr. Deputy Speaker, there are many things that I said we are doing, including adding beds at Health Sciences Centre. But, when it comes to the previous government, members of this Assembly may find it interesting to learn that between the years 2007 and 2013 the former NDP government actually commissioned and paid money for four specific studies on addictions—four studies.

And I would ask for the NDP ministers, some of whom are in the Chamber now—former ministers, people who sat around the Cabinet table, people who sat around the caucus table—they should produce the cost of those reports. They should produce a list of the number of recommendations from four comprehensive reports and what was the effect of those four comprehensive approaches. Did they adopt those recommendations? No. Did they put the evidence to good work? No, those recommendations collected dust on a shelf.

As a matter of fact, all four of those reports have not had key recommendations implemented in any meaningful way. And I invite the members of that NDP caucus to produce those reports by name, talk about the cost and demonstrate to Manitobans why, in 2007, 2008, 2009, '10, '11, '12, '13, '14, even then, they put their own agenda above the agenda of fixing the addictions program in Manitoba, and they did nothing.

Madam—Mr. Deputy Speaker, we're not doing nothing; we're acting. But I'll leave you with a few thoughts. As I said, the opposition party—one of them—brings a resolution today, and it talks about the need for condemnation. I suggest that Manitobans are not well served by opposition parties trying to score cheap political points. If any of them has meaningful suggestions to make on the way forward on methamphetamines, I am open to hearing their suggestions.

But I even note today in question period, where the Leader of the Official Opposition (Mr. Kinew) stands up and says that safe injection sites are the

only way, yet the new opposition leader for the Liberal Party stands up and says safe injection sites are no solution to methamphetamines. So, even there, there's this great divide in terms of ideology.

Mr. Deputy Speaker, we need solutions when it comes to methamphetamine in our communities. It's clear that this challenge is not going away any time soon, but we will continue to put our focus on getting the best possible solutions in place to have the best effect in our communities to help the broadest number of Manitobans who are struggling with this scourge, and that's what we're going to continue to put our efforts.

**Ms. Nahanni Fontaine (St. Johns):** Well, I do want to just thank, say *miigwech*, to the Liberal caucus for bringing forward this important opposition day motion on meth, which I think that we—I would hope most of us would agree is a crisis here in Manitoba.

I know that—and I want to, you know, again, put it on the record that we have brought this up. In fact, it was my colleague from Fort Garry-Riverview who brought forward private member's resolution a couple of years ago now, almost two years ago. And we had—you will recall, Deputy Speaker, we had family members in the gallery. And we were debating my colleague's private member's resolution back in 2016 to do something on the meth crisis.

And you will also recall, Deputy Speaker, and actually all the members opposite will recall, that they actually—you and your colleagues actually spoke that out. And it was very disheartening to watch that on this side of the House. And, more importantly, it was really disheartening to watch family members as they all sat up on that gallery watching members in this House speak out something that is so important.

And I remember, actually, after having spoken, I remember leaving the House to go sit in the gallery with the families, and the mothers in the gallery—and my colleague from Fort Garry-Riverview will know this very well because he knows the families very well; they were shaking. They were literally shaking and crying as they were watching the proceedings unfold below them.

And, you know, as a mom, I can only imagine the despair and the hurt and the trauma that it has to lose your child to a drug overdose. As you know, Deputy Speaker, I've spoken many times in this House that my own mom died of a heroin overdose and, actually, you know, still today members of our family, in particular, my uncle, who is my mom's

brother, has a hard time, even today. Literally, just yesterday at Thanksgiving supper, we were talking about it and he still has a hard time talking about his sister. And so I can only imagine, you know, what the families that were here two years ago go through every day.

And I can only imagine what families go through this very second as we sit here and debate, again, another motion in respect of what is a meth crisis. And I remember some of the discussion back in that resolution for my colleague that I have so much respect and love for, I remember some of the comments made by members opposite in some respects were almost dismissive or almost not even believing that we were on the cusp of a meth crisis in this province.

And, you know, to hear some of the members but in particular the Minister of Health also kind of have the same tone and spirit in respect of discussing what is a bona fide meth crisis here in Manitoba. It's disheartening that we're sitting here two years later and there is still no movement. And for all of the rhetoric that members opposite talk about—trying to spin to the last—you know, their narrative, as you know, Deputy Speaker, your narrative is that, you know, the last 17 years, the last 17 years, we're doing this, we're doing that, cleaning up the mess—the bottom line is this, is that if this crisis happened while we were in government, we would have had a strategy. We'd have a strategy in place to deal with and work with families. That is the bottom line.

And I think that it's incumbent on all of us to recognize that that line—that 17 years—no longer works. This government's been in place here for two years, plenty of time to come up with a strategy to address the meth crisis. In fact, I would suggest to you, Deputy Speaker, that if you were really committed to the issue of meth crisis and really committed to Manitoba families and really committed to addressing this issue, you could have a strategy done within a month.

This government is so fast to cut things at a drop of a hat, you would imagine that, in the same spirit and the same energy and the same gung-ho that members opposite have to cut things, that they could come up with a strategy, but we're past two years and there is still not a strategy to deal with the meth crisis.

And, you know, talking about that we're taking cheap political points or—debating a crisis is not taking cheap political—whatever the saying is, as the

Minister of Health said. We are literally discussing people's lives in this House, as we are elected to do. That is what we're elected to do in this House. We're elected to bring our constituents and all Manitobans' issues to this House, and if there is ever an issue that we should be discussing and debating and actually working on and addressing with a sense of urgency, it is the meth crisis.

And, you know, I want to clarify and put on the record, you know, the misinformation that the Minister of Health just said a couple of minutes ago when he said that our leader says that the only way to deal with the meth crisis is for safe injection sites. That's not true. That's not what our leader has said. To kind of come in here and put that nonsense on the record is, I think, just really disingenuous.

\* (15:30)

It is a fundamental component to an overall strategy so that people have a place that they can go to have the resources that they need to be able to do and survive their addiction. And I think that it is so important to recognize—and I appreciate, you know, when we discuss and we understand that addictions—it is not something that any of us want. None of us want to be in the cusp or in the throes of addiction. Addictions are predicated upon many things, not the least trauma. And so to kind of construct individuals or Manitobans, our relatives—these are our relatives—it doesn't matter what side of the House you sit on or what side of the city you live on or where you live in Manitoba, Manitobans are our relatives. And to try and construct them as criminals or that they need to be in jail, I think is a disgrace.

People with addictions are trying to deal with whatever hurts and traumas that they have. And they're trying in the best way that they have. Is it the best? Obviously not. Nobody wants to have a family member that's in the throes of addiction. None of us do. Unfortunately, that is just the way that some people choose to deal with their trauma or are forced to deal with their trauma, quite frankly. So I think that it is, you know, a shame. It's more than a shame that this government still does not have a strategy on meth. I think, all summer—and if they haven't heard it, I don't know why they haven't heard it—but I know that everybody on this side has heard multiple, multiple stories, certainly all summer, but certainly for the last two years, but really concentrated this summer, and even in the last couple of days, as well, about people reaching out for support on meth.

And, to that end, I want to just—I would like to take a moment to read even just an email that I got this morning—if I can just pull it up, and I don't think I can—that it was from a mother who—from Ebb and Flow First Nation, Deputy Speaker, who is bringing up—desperately asking for help in the communities, saying that she has talked down in just the last couple of days, individuals who are dealing with addictions. She's talked them out of suicide because they have no resources to be able to access. And, you know, certainly, I think that if we're talking about a strategy, I think that this government needs to do more in working with the federal government, and doing—using those resources and those dollars that they were given to work with First Nations on reserve that have such limited resources to be able to deal with the addictions. And so we're talking about people's lives. We're talking about parents' children. I have a good friend who's a psychiatric nurse who said that she has seen in the last months—they've never seen this—children as young as 14 seeking help, who are addicted to meth. That's what we're talking about. We're not talking about people that we need to throw in jail; we're talking about our children. Children as young as 13 and 14 are addicted to meth as we speak.

**Mr. Deputy Speaker:** The honourable member's time is up.

**Hon. Cliff Cullen (Minister of Justice and Attorney General):** Thank you very much, Mr. Deputy Speaker. I do appreciate the opportunity to speak with the resolution being brought forward today. And I think it is important that we do discuss this situation, the challenges that are facing many Manitobans; in fact, many jurisdictions across our country. And a big part of this will be communication. And I think it will be a big part of the communication within families as we move forward, so that every member of our families understands the dangers that are out there, when we talk about illicit drugs in our society. So I think the more that we have an opportunity to discuss this situation before us, the challenges before us, the better off we will all be.

I will say, from the outset, I know we've heard so many stories about meth and the meth situation. There is other drugs still out there that are causing challenges to police and health, in terms of opioids and others. So certainly, we look at—going forward—we will have to be looking at the illicit drug markets in broader terms as well, and not just meth. But I will say, certainly, meth does provide challenges—unique

challenges. And I think we've heard some of those stories and we're getting to hear more and more of those stories as we go forward.

And we're hearing from the police services that certainly there are more instances of meth possession, more trafficking offences over the last year or so. We know the police are doing all they can in terms of trying to address those particular situations. And very few operations where they are actually making the product here, as of late, at least. We haven't found many of those operations in Manitoba. It's been several months since we've seen an actual operation here where they're actually making meth. A lot of it seems to be coming in from the west coast, and probably up through the US and potentially as far south as Mexico. So there is certainly a lot of work to do on that front.

I can say, as a new minister, one of my first priorities was to get out and engage with the front-line police officers and, certainly, the chiefs of police around our province, and to get their feedback on the various situations that they find themselves in. Also taking the opportunity to meet with corrections officers, sheriff's officers around the province. They, too, are dealing with the issues of illicit drugs, and we all are in this together.

And I believe that's really the message: We, as a society, are all in this together. There is no silver bullet to a solution here, so we all have to work across government, and quite frankly, across governments, to work to try to end this situation that we find ourselves in.

I must say I'm very happy to report on the positive working relationships that we have with chiefs of police across the province. In particular, Danny Smyth here, in the City of Winnipeg, and Wayne Balcaen of Brandon Police Service, and I've also had the opportunity to meet other chiefs of police around the province. Certainly, we've had ongoing discussions with the assistant commissioner for the RCMP, Mr. Scott Kolody, and we appreciate the good work that his people are doing there as well. And we look forward to continuing the dialogue to determine how we, as a province, can assist in their endeavours to police this situation.

I will say that our government recognizes the need for support, and to support our front-line officers. And to this end, I know our Budget 2018, we have increased support for provincial policing to the tune of an increase of \$6.8 million, which includes \$5.3 million additional money to the

RCMP, well over a million dollars extra for First Nations community policing, and several thousands of dollars for First Nations safety officers as well.

In terms of the City of Winnipeg alone, we are providing \$45.7 million in terms of a community safety basket of financing for the City of Winnipeg. This includes nearly \$20 million in unconditional funding directly to the Winnipeg Police Service.

And, certainly, I had a really great conversation with Inspector Waddell over there who heads the gang agency there, and certainly he's provided us some insight in terms of how they're dealing with these operations; the strategy that they have going forward. And clearly, they're doing what they can to cut off the flow of these substances into the city. But he's saying we certainly can't put people in jail. This isn't the only solution. Certainly, that is one piece of their strategy, but it's certainly not the only piece of the strategy going forward.

To further assist the police around the province, we're using revenue from the criminal property forfeiture and the proceeds of crime funds to help provide the tools that police agencies across Manitoba need. So, over the summer, we've announced \$500,000 from the proceeds of crime fund to pay for innovative crime reduction initiatives. And certainly, and this call for new applications has just closed, and we're in the process of reviewing those applications over the next couple of weeks. So I look forward to making some more positive announcements in regard to the proceeds of crime fund to provide front-line officers with the tools that they need.

And just over the last month, Mr. Deputy Speaker, we have announced over \$1 million from our government in funding for police and community agencies across Manitoba with a focus on enhancing front-line responses to the illicit drugs here in Manitoba. And these particular investments include nearly \$350,000 in specialized training and equipment to help the Winnipeg police force combat the drug trade. We provided over \$300,000 in a new assessment tool that deals with mental health risk, and that's for front-line police officers. And certainly it's a great assessment tool that police officers can use in the field to evaluate a stage of mental health that a particular individual is incurring, and then the police officer can make decisions in terms of how that particular individual should be dealt. It's certainly a new piece of equipment that the front-line police officers have been asking for, and we were

more than happy to provide funding for this particular new piece of merchandise.

\* (15:40)

We've also included over \$100,000 to the Brandon Police Service, including \$76,000 for ballistic vests and other equipment for their Tactical Response Unit there in Brandon. And we've heard very positive reports back from the police agencies around the province, whether it be Inspector Waddell or Deputy Chief Perrier who have said we're on the right track in that regard in providing those particular tools.

Now, we know, quite frankly, from previous history just throwing money at an issue is not necessarily the solution, but if we can make sure we're making strategic investments, I think things will turn out better. So, clearly, putting the right tools in the hands of front-line officers is an important thing that we have to do at this point in time.

I do want to recognize too that the previous minister, now the Minister of Families (Mrs. Stefanson), brought forward the Criminal Justice System Modernization Strategy. We've got some great things going on in terms of that particular strategy. It has a focus on crime prevention, has targeting resources for serious criminal cases, looking at more effective restoration of justice and responsible integration of individuals as well. And we've seen some very positive results already, even though we're really just early in the stages of that revitalization program, so we're looking forward to even bigger and better things happening, Mr. Deputy Speaker.

I do want to point out the community mobilization programs that are under way across the province. And it's nice to—I had an opportunity to join with a couple of these organizations and the great work that they're doing with individuals in—right in our own communities. And a lot of these people are dealing with the illicit drug—and whether it be meth or opioids as well, they're dealing with those on a community basis. And it's great to see the community come together. The community's coming together with resources. The provincial government is at the table providing resources, providing expertise as well from a wide number of departments, and this has been a very positive aspect in terms of dealing with people right at the community level.

So we certainly look forward to continuing our support with those very important community mobilization programs, Mr. Deputy Speaker. Certainly, there's more work to do on this front. We as a government are prepared to do it, and we are prepared to spend time in visiting with community members, police forces and all those in—all those stakeholders, quite frankly, that are involved in this particular situation. And we look forward to moving the needle on this very important issue in the very near future and continuing to work closely with our stakeholders.

Thank you.

**Hon. Jon Gerrard (River Heights):** I'd like to start by thanking all the members who've participated in this debate, because I think, hopefully, out of this exchange and the back and forth, can have a better understanding of what's happening with the meth epidemic and how we can better approach it.

What we're seeing from the government side is, at best, kind of a fragmented, bits and pieces here and there. And what we're calling for is a more holistic, comprehensive approach and for rapid action instead of delays that we've seen.

Meth affects all communities. We've heard the Minister of Health talk about his community; we've heard the member for Minto (Mr. Swan) talk about his community. There are no communities in Manitoba who are escaping it and the impact. And the impact in some communities is at the individual level. In some communities, it's at the level of the family and community—the safety of being able to play outside, how, you know, there is little that's less important—or little that's more important, I should say, than for kids to be able to play and be comfortable playing outside, particularly in our summer when it is all too short.

It is important, and I'm glad to see that the Health Minister has recognized the critical need here and that the Minister responsible for Justice has talked about the pressing situation. It is a little bit distressing that we find that the Minister for Health is not getting as much collaboration and co-operation from his own Premier (Mr. Pallister) as we might hope. Indeed, I understand that in the scrum the Premier has said, just a few minutes ago, that he's not ready to throw money at a problem we're not sure we have. This is a rather extraordinary situation, and, you know, one wants to reflect about, you know, people living in mansions or Costa Rica, but I think, quite frankly, that the important thing here that we

do need to have a consensus that this is a vital and urgent issue—indeed, an emergency, a public health emergency.

This has been clear for at least a year at this point. A year ago we had reports of the rampant use of meth. A year ago, we had reports and statistics showing the very high 'skyrocketing' number of issues related to meth, visits to emergency rooms, pressing of charges against people with meth and so on. The deaths of people in overdoses—one thing after another was piling up, and it was very apparent a year ago that we had a crisis. This government, in spite of the fact that we've provided advice and information at various steps along the way, has done all too little, has had a fragmented approach and has not responded with the urgency and the rapidity that this situation requires.

It is also important—the Health Minister talked about the impossibility of getting people off meth in 28 days. Well, the Health Minister needs to visit with Marion Willis at Morberg House because she has a rather extraordinary story. She has taken many people off the streets at straight—St. Boniface Street Links and provided the temporary housing at Morberg House in a family atmosphere where people are well supported. And in this kind of an atmosphere, the striking thing, and the striking thing that she's found, is that almost everyone that she deals with who has a meth addiction and often has a mental health problem at the same time is able to be off meth within a month.

And we have a remarkable story here in our province of success that the Health Minister has not listened to and the former Health minister didn't listen to. In fact, the sad thing is that the former Health minister attempted to shoot the messenger in Marion Willis and decreased funding for her program and, when, in fact, she was ready to help and work collaboratively, but the former Health minister was not ready to work collaboratively. And we hope that the present Health Minister is as good as his word and is ready to work collaboratively with people like Marion Willis who have a lot of expertise, which is hard won.

Why do we need this overall approach? We need, clearly, a director who can manage the government effort across many departments. It can be done without huge costs because the director can second people from—should be able to second people from different departments. For instance, we need to make sure that every emergency room in the

province has the most current possible protocol for looking after people who have meth. This could be developed by a physician seconded, knowledgeable, for those assessing and treating people in the emergency room.

We need primary detox centres where—which need to be established as fast as possible, including but not limited to what's happening at the Main Street Project.

\* (15:50)

We need drug stabilization centres because once people go through detox, you can't just send them out to into the street or back into the community. That doesn't work. You need to make sure that their hands are held, as it were, as they go through a drug stabilization process and then, following that, into transitional housing options.

And these need to be here and identified, and it's the sort of thing that—Marion Willis at Morberg House has been very efficient at working with people who—taking them through the process of getting off meth and then getting into supported housing where they're stabilized and transitioned and then can get back into the community.

We need a co-ordinated effort on education with individuals, for example, seconded from the Department of Education to make sure that our primary and second education—secondary education has the up-to-dated curriculum for enabling all our young people to know about the meth 'epidemic', why they should avoid meth, and make sure that this information is there for people.

We need a province-wide public awareness campaign. Interestingly, when the Leader of the Liberal Party and I were in St. Theresa Point, we saw very effective messages being produced by students in St. Theresa Point. It was really amazing to see. If I had more time, I would read some of them.

If the students in St. Theresa Point can do such a good job of putting forward messaging and getting them around the community, it is really disappointing that the government, provincially, can do such a poor job of get these messages around the community and not even having up-to-date information on websites.

The meth epidemic is a major reason for the increase in crime. We have a huge spike in vandalism in River Heights which—being attributed to the use of meth. We need to make sure that, as

part of this, the director of a task force is able to work closely with people in justice area and be much more effective than we've been so far in preventing vandalism crime.

We need to be able to identify the precursors to taking meth. Poverty appears to be one of these, but there are a variety of others, and it is important that we can not only identify those, but we can develop and implement a really good approach to preventing meth use and meth addiction. We need, in this context, a thorough and good comprehensive research program. We need to have the funding allocated strategically and effectively.

All these things can be done, but, Mr. Speaker, they are not being done now. They need to be done. This government needs to get to work. Call that public health emergency on the meth crisis. Set-up in place, quickly, a director and a task force to make sure that we have a rapid response. We're not getting it. We need it. We ask the government to act quickly.

**Mr. Deputy Speaker:** The honourable member's time is up.

**Mrs. Bernadette Smith (Point Douglas):** So, first of all, I just want to say thank you to the leader of the second official opposition for bringing this motion forward. Clearly, on this side of the House, we get it. We care about this issue. Clearly, on that side of the House, they don't care at all. You know, the Health Minister can't even simply stay and listen to what people are—

**Mr. Deputy Speaker:** Order. I just want to—*[interjection]*

Order. Order. Order.

I just want to remind the member that you can't say that the—any members are away from the—absence from the Chamber. So, the honourable member for Point Douglas.

**Mrs. Smith:** Clearly, the member from Spruce Woods is not listening. We can't, you know, just sit idly by and not listening to—not listen to the concerns of Manitobans, because this is affecting everyone. It's not a North End problem. It's not an indigenous problem. It's not a female problem. It's not a male problem. It's an everyone issue. Everyone needs to care about this.

Whether you live in Radisson or you live in Spruce Woods or you live in Transcona, wherever you live, every part of this province is being permeated by meth. And I don't get why the

members opposite don't care about this issue and don't want to do anything about it—*[interjection]*

**Mr. Deputy Speaker:** Order.

**Mrs. Smith:** They claim that they've put so much money into, you know, putting beds in the Health Sciences Centre, six beds. But when I talk to nurses and doctors at the Health Sciences Centre, they actually have no idea where these beds are. They don't know what—where this money supposedly came from to have these beds for people who are struggling meth to come and use.

They have these rapid access centres—*[interjection]* And you know, I'm—and the member from Brandon East is chirping over there, and he worked in health care. He should know that people that are struggling with addictions are family members. You know, this isn't, you know, just some random person on the street that we shouldn't care about. *[interjection]*

**Mr. Deputy Speaker:** Order.

**Mrs. Smith:** And I'm sure Brandon—the member from Brandon East will have time to get up and talk about this and share his expertise about being in the medical field because, clearly, he has stuff to say. But maybe he can sit and learn a few things by listening to what I have to say. So—*[interjection]*

**Mr. Deputy Speaker:** Order.

**Mrs. Smith:** —the crime rate in Manitoba here has spiked by 60 per cent. And that's a fact. That comes from the Winnipeg Police Service themselves. Let's see, from CrimeStat: break and enter, commercial: up 40 per cent; commercial robberies: up 52 per cent; theft of motor vehicle: 28 per cent rise. Just this week, in my constituency, there was a carjacking. The woman reported that the person who stole her car was acting erratically, that he was clearly on something. And people don't just go and take someone's car. They're not thinking properly. And as we know, with meth, meth increases the dopamine in your brain. So it actually changes the chemical reaction in your brain. Dopamine makes you feel happy, it makes you feel loved; it gives you this great feeling.

And people are talking about, oh, 28-day treatment centres. Well, I can tell you from going to meth town halls and listening to actually front-line workers, not just the police, not once on that side did I hear one of, you know, the government ministers talking about talking to the actual people who are



struggling with addictions. Maybe they would, you know, be able to come up with a strategy if they actually did that because, you know, the police aren't going to police this—out way out of this. They're not going to police them way—their—police their way out of this. And even the police chief, Danny Smyth, will tell you that. I've been to three town halls now and listened to him speak at every single town hall and he says the exact same thing. You know, these are people who are struggling.

They have three pillars, actually, that they work with. So the first one is their illicit drug strategy: so education and awareness and, actually, you know, educating people and educating kids in the schools on this drug, rolling out some curriculum. Nothing's come out from this government. What are they doing to protect children? Haven't seen one thing.

Intervention: helping, actually, addicts, people who are struggling with meth to get off the meth. You know, people do things that they otherwise wouldn't do because they're struggling with this addiction. And I can tell you, they're struggling because of trauma that they've had in their life. You know, they're not struggling and waking up one day or born, and said, oh, I want to be addicted to methamphetamines; I want to be a drug addict. Absolutely not. You know, people are dealing with poverty because this government continues to make life harder for Manitobans here in this province. They're giving Manitobans less and less hope, because they can't afford to live, because this government doesn't care about people who are low income. You know, all they care about is money over people. That's all I hear: money over people. Where are we going to save money? Oh, it's going to take money to do that. Well, how about saving lives? How about actually putting some investments into people rather than, you know, trying to take this deficit down that they clearly, you know, doubled.

\*(16:00)

And then intervention: You know, they're talking about the police want intervention. They want somewhere to be able to take people when they're on meth. They don't have anywhere. They take them to the hospitals, well, people are in psychosis. We're hearing nurses speak out, we're hearing doctors speak out. They don't feel safe.

There was just a poll done by CTV and they polled people in Manitoba, and the poll said 44 per cent strongly agree that they are not safe walking the streets of Manitoba, 35 per cent

moderately agreed that they weren't safe, and 16 per cent said that they wouldn't walk outside at all. So is this government's job to keep people safe? Yes, it is. And are they doing their job? I give them an F in that area because Manitobans are speaking, they don't feel safe; not under their government.

These rapid access centres, well, you know, 10 hours a week? Come on. You go in, you get triaged, then what? *[interjection]*

**Mr. Deputy Speaker:** Order.

**Mrs. Smith:** Then where do you go? There's no beds. There's no treatment centres. There's nowhere to go. So, you know, what's good having a rapid access centre that's open 10 hours combined a week if they actually have nowhere to send them to?

This dopamine, you know, when someone takes methamphetamines, they lack that dopamine for six months; it's six months before that dopamine starts to come back, before they start to feel hope again, before they start to feel loved, till they start to feel good about themselves. So we need long-term treatment centres, not 28 days, not three months, not six months, but we need year long, and even after that, you know, because we know addictions are a lifelong thing that people deal with. You just don't kick the habit of, you know, drinking and then the next day you're sober and for the rest of your life. You struggle with that each and every day.

We need education, strong education, preventative, so that, you know, kids aren't 14 going to the hospital that are addicted to meth, because that's what this government's creating. They're creating these children that are becoming addicted to drugs because they lack strategy. They have no poverty strategy, nope. They have no housing strategy, nope. And now, you know, they have no strategy on addictions, let alone meth. And they heard last year, clearly, that this was an issue and still, we're here a year later and it's getting worse.

And Main Street Project, the last town hall I was at, they estimate 25,000 Manitobans are addicted to meth. And that's only getting higher, that's only increasing because of this government's lack of action and them not wanting to do anything about it.

So I implore this government to start listening to Manitobans, to start caring about Manitobans, to start caring about our children and our families, and to start listening and put a plan in action. You know, you've heard lots of people tell you that there's things that they can do; they can get long-term treatment

beds, they can start doing education, they can't police themselves out of the way, so they need to start talking to the people who are actually dealing with this and quit talking to the people who are up here. And start listening to Manitobans, take those earplugs off and get off your hands.

Miigwech.

**Mr. Deputy Speaker:** The honourable member's time is up.

*Madam Speaker in the Chair*

**Ms. Judy Klassen (Kewatinook):** In early February of this year, Garden Hillers, there were over a hundred young men who held a walk, and I quote: Their walk was entitled Fuck Meth. And I apologize for the unparliamentary language right away, but it only speaks to the frustration that we're feeling in the North.

Then again, at the end of March, Maureen A. Wood led a walk from my First Nation to Ottawa, a distance of 3,300 kilometres over the winter road, 24-7 at the beginning in -40 degree weather. They slept in the backs of flatbeds on trucks just to make it through the night.

In May 2018, they made it to Ottawa. They were out, and we got a meeting with the federal Manitoba caucus, which was very productive where we submitted our proposal for a treatment centre for the Island Lake area. We reiterated our ask for dogs at airports—drug-sniffing dogs at airports because at least this would curb the influx of contraband into remote First Nation communities which would go a long way because it's devastating. It's had a devastating effect on our people.

After we met with the Manitoba caucus, we then met with Trudeau. We need our detox facilities. They're needed everywhere here in Manitoba. Garden Hill First Nation just buried seven people—Garden Hill First Nation just buried seven people. Over half were meth-related. I don't know about anybody else in this Chamber, that's personal for me, and it would be whether I was a legislator or not. We're the ones that are continuing—trying to continue our daily lives without our loved ones. We need education in our schools. We need to create that awareness of the danger of that drug.

But I would like to close on a positive note. My friend's child—who is also one of my daughter's best friends—as a youth tried the drug and she became a user, but thanks to that walk, thanks to those

54 people who took part, took time out of their lives, put their jobs on hold, she knew they were praying for them. She knew there was a lot of people rooting for her in her corner, and even though today she is tempted daily, she still needs those resources in place because she is trying to stay clean, and she is struggling with that.

So I implore this government to create a strategy for all of Manitobans, not just our urban people, but our northern, because if you think it's bad down here, go up North and see how it's tearing our people apart.

Megwetch, Madam Speaker.

**Mr. James Allum (Fort Garry-Riverview):** I want to compliment the second opposition for bringing this motion to the House today, condemning the provincial government for its inaction during the methamphetamine crisis in Manitoba. I can hardly do better than my sister from Kewatinook here who actually had to raise her voice to implore members to listen to her on a critical question affecting her region and her part of Manitoba, but, of course, as many members have said, this is not isolated to one place or one region but covers all of Manitoba and all of Canada and, frankly, is a crisis probably universally.

And I have to say that there are things about the current government that I find quite difficult, needless to say, and all members on this side of the House do, probably even including the government members, but I'm often amused by the way in which the government twerks information and twerks facts and plays fast and loose with the public record, and I find that amusing from time to time. And I also find it enraging from time to time, and so I go from laughter to anger with this government like a pendulum, back and forth.

But, on this particular issue, I find nothing amusing and I have some reserve of anger, but mostly I find that I'm ashamed of this government in the way in which it's responded to an issue that is of such dire consequences in our neighbourhoods and in our communities.

\* (16:10)

For the Minister of Health to get up today and, really, to describe no plan of action when this is an issue that's been brewing not nearly for a year, but further than that, and it's been in the government's possession to do something about it.

And yet what we find, frankly, is a sad record of inaction, a sad record of absence of understanding and a very sad absence of empathy. And I fail to understand how we as Legislature—legislators, 57 of us in this House, cannot work collaboratively together in order to address such a profoundly important issue that as, all of us have said, affects every part, every nook and cranny of this province, every—each and every day.

The Minister for Justice gets up—and I want to compliment him on moving through, I think, four, maybe five, Cabinet positions already. I'm quite certain that he's going to set a record by trying to hold all Cabinet positions during the course of this four short years of the Pallister government—but he got up and said absolutely nothing.

One other member from the other side got up and said things that I think we'll want to review in Hansard, but the gist of it was that there's no point saving lives for people if they can't help themselves. And that goes to the heart of the Tory 'concertive'—Conservative ideology about these kinds of issues, that meth addicts, addicts of any kind, have no one to blame but themselves, they shouldn't've got themselves into this circumstance in the first place and, consequently, this, as a government's, going to do what the Premier (Mr. Pallister) always does, which puts his hands in his pockets, shrugs his shoulders, and says, well, there's nothing I can do.

And that, I have to say, makes me ashamed as a legislator. It makes me ashamed as a Manitoban and makes me ashamed as a citizen who comes to this House each and every day, I know with my colleagues for certain, to work to try to make the world a better place for every single Manitoban—not merely for our friends, not merely for those who agree with us, but for every single Manitoban.

And we do that by putting ourselves in their shoes to—and—to appreciate exactly where those individuals might have found themselves in this world. And then we try to rely on principles like the social determinants of health to help us to really understand the root causes and the sources of these kinds of issues and then try to address those root causes in order to try and make sure that everybody lives a happy, healthy, productive life. Who doesn't want that for themselves, and who doesn't want them—that for every other citizen?

When the government gets up and really has no answers for critical questions, it makes me think that, in fact, that they lack an empathy for understanding

where other people are. They lack a respect for the social determinants of health. They lack any kind of consideration for the difficulties that people face each and every day in these kinds of circumstances, and then it's shameful that they won't take any immediate action in order to address them.

Now, the government has made it quite clear, whether it's the former minister of Health or the current Minister of Health or the Premier himself, that they're not interested in establishing a safe consumption site here in Winnipeg. That's deplorable. That's where ideology gets in the way of the best interests of fellow citizens, and that makes no sense.

But it's also not helpful for the second opposition to come into the House and repeat untruths purported by right-wing candidates in the mayoral election about the capacity of safe consumption sites to actually save lives. And we know that to be an absolute untruth.

We know the director of the Main Street Project just last week dealt with that particular point of view that was put out there by a right-wing candidate for mayor, then repeated by another right-wing candidate for mayor, and then that becomes the common sense among Tories and among Liberals, Tweedledee and Tweedledum of Canadian politics. And it doesn't actually get to the heart of the problem, which is simply to try to save lives through any means possible in order to ensure that everybody has a fair chance in our society and in our communities.

And I know, Madam Speaker, that's what you worked for during your time as an MLA. That's what we're here for. And it's an embarrassing state of affairs when the children's advocate for the Province of Manitoba, the very one who was, I guess, hired by committee here in the House, but whose powers and authorities, her office and budget, were all expanded as a result of work done by the current government, should then have to turn around and embarrass the current provincial government for not actually taking any action.

Daphne Penrose said just a few weeks ago, and I'm quoting: I am disappointed to learn that six months after the VIRGO report was released, the government still does not have a concrete plan of action for youth mental health and addiction.

When your own children's advocate is saying that to you, Madam Speaker, that's the time when

you don't just turn tail, hide in the corner, pretend that the facts are otherwise, pick fights with other people, as my friend from St. Johns says. That's the time when you open your ears and you listen, and you get together and you work as a Cabinet and as a caucus in order to address that very critical issue. And it says something about the government side, at least in my opinion, that that's not happening.

And, as I said, while I'm often amused by the government and while I'm often angered by it, in this particular case, I'm ashamed. Get on with getting some concrete action. Do the work on behalf of the people of Manitoba, and make sure that everybody—everybody—in this province lives a happy, safe and productive life.

Thank you, Madam Speaker.

**Ms. Cindy Lamoureux (Burrows):** Madam Speaker, I just wanted to put a few words on the record pertaining the motion brought forward from the member from St. Boniface that the Legislative Assembly of Manitoba take action to address the 'methamphetamine' crisis in Manitoba.

We've all witnessed this crisis grow over the past couple years, and, unfortunately, this government has not been putting in the effort to manage it. Madam Speaker, we need this government to understand the urgency of the meth crisis, and I believe that's what those of us on this side of the House are attempting to do here right now.

Just a couple of weeks ago, I was door knocking in the North End, and constituents were bringing up the issue of meth on the streets. People were expressing how they're scared to open up their doors at night; they're scared this drug is going to be mixed in with something and their children are going to consume it. And they're scared and rightfully upset that this epidemic is only going to continue to get worse because there is no plan being shared with us.

My constituents are tired of walking through the community and seeing needles on the street. I personally have found needles right outside my own office. And we know that this is a universal issue. It goes beyond Winnipeg, beyond Manitoba, beyond Canada. And members on this side of the House are recognizing that; we just need this government to also recognize that.

Madam Speaker, our current Health Minister himself said that he's not comfortable at all with how meth is being handled within this country, even by his own government. So let's start being proactive.

Let's talk about detox centres—I know the NorWest Co-op has been really adamant on this idea—or spaces being made available in addiction facilities.

The leader of the Manitoba Liberal Party mentioned this earlier: when a person is ready to admit themselves into an addictions facility—perhaps they're coherent or they had something—someone encouraging them to do this, whatever the reason may be—the facility should have the resources to be prepared to accept this person, and this government needs to start providing these resources and creating opportunities.

Madam Speaker, these are just a couple of ideas, and I hope the government begins this new dialogue rather than continues to ignore the crisis. I hope to see this motion passed. Thank you.

**Mr. Tom Lindsey (Flin Flon):** Keep it going for another nine.

Thank you, Madam Speaker, and this motion that the second opposition party has brought forward condemns the provincial government for its inaction during the methamphetamine crisis in Manitoba. You know, I don't know why we would expect anything any different from this government. Their inaction on any crisis that's ever happened in the province of Manitoba speaks volumes, whether it's the rail line in Churchill that they sat on their hands, the job losses throughout the North that they've done nothing, methamphetamine crisis that they stick their head in the sand and pretend it doesn't exist. Maybe it doesn't exist in their neighbourhood, but, surprise: if it doesn't, it's coming.

\* (16:20)

I know—like, I'm from Flin Flon, and we always like to think up there that some of these things don't affect us, but more and more I hear from my constituents that they're finding the evidence that it does, that needles are found in playgrounds, needles are found in schoolyards.

More people are beginning to believe—which is quite a change in attitude for some people—that safe consumption sites are not the whole answer, but at least part of the answer, and that they need to be explored, if, for nothing else, than to try and keep some of our kids that are non-drug users safe, so that people that are users have a safe consumption site so that hopefully they can start to get counselling and start to get a way to break the addiction cycle. If, failing that, the very least we can offer them is a

chance to reduce the harm that may come from unsupervised use.

You know, one of the things that any government should be charged with is protecting the most vulnerable people in its society. This government does the opposite of that, Madam Speaker. They like to look after the most privileged members of society while ignoring, at best, the most vulnerable and potentially causing more harm to the most vulnerable, when we see their lack of action on housing, we see their lack of action on poverty reduction. Everything that helps lead to increased drug use is what this government seems to pursue, rather than the opposite, trying to lift people out of poverty—they do the opposite.

One of the things that I found in so many communities is when there's no hope, the hopeless do things that are not healthy, and yet this government continues to do nothing to offer hope to those people. We've heard a little bit about, well, they're claiming such great credit because they've opened not one, but two rapid access addiction centres in Winnipeg and they've opened one in Thompson. Wow. That should help everybody in the province. What about everybody else? What about everybody else? What are they planning to do for the rest of the province? *[interjection]*

Well, you know, a former minister of Health is sitting there, got lots to say about everything except when he's in charge of doing something, and then he seems to become ominously quiet. When he was the minister of Health, he had nothing to say about how to get people from the North to Winnipeg for medical care, and now he seems to have nothing much to add to the conversation about how to give people some hope that have addiction problems in the rest of the province, perhaps even in his own constituency where nothing has been done. Maybe they'll buy them a bus ticket. Oh, wait, there's not going to be any busses, and this government has offered no assistance there, either. So, I mean, this former minister of Health, and I guess we could probably call him the minister of cuts, because we probably shudder to think what cuts are coming next—we see no real plan from this government on how to address the meth crisis or any other crisis.

You know, maybe they could have an awareness day. They're big on awareness days. Doesn't solve anything but, you know, the illusion of action seems to be more what they're interested in with so many things, rather than concrete steps, a concrete plan on

how to address any kind of crisis in this province. *[interjection]*

It's nice to see that at least some of the members are listening, because they weren't earlier. It was unfortunate when the member from Kewatinook had to raise her voice to get them to at least hear what she had to say about how the meth crisis is affecting communities not just in her constituency but throughout the North. So it's nice to see that if—at least come up with enough decency to listen while people are speaking about this very important process.

Now what they really need to do is listen to the people that are affected; never mind just listening to the CEO of the Winnipeg Regional Health Authority who tells them what they want to hear, that, oh, yes, everything's under control. We've got six beds, or is it 12 beds, that will solve all the problems. Yet, when you talk to front-line people—*[interjection]*—friend from Point Douglas points out that those front-line people don't know where those beds are. So I don't know how they see that as being a solution to anything, when it's a paper solution, perhaps, not a real solution.

So what is the plan? Well, we've heard them talk about incarceration and policing—and, certainly, policing has become more of a challenge as the methamphetamine crisis grows: how to deal with people that have the psychosis, that have the problem. What are the police going to do? Are they going to put everybody in jail? That doesn't seem to be much of a solution. In fact, it's not a solution at all.

So what is the solution? What is the government planning to do? Well, they want to collaborate. They've said that repeatedly: that they want to collaborate. The Minister of Health, current Minister of Health, has said that he wants to collaborate, but who does he want to collaborate with? Does he want to collaborate with families who have been affected by the meth crisis? Does he want to collaborate with people that are in the throes of addiction? Does he want to collaborate with people that have miraculously found a way through that addiction? Well, we don't know that. So far, all we know is he's collaborated with the CEO.

It's been my experience that sometimes collaborating with CEOs doesn't really get you the answers that you need to have; gets you to have the answers that you want to hear.

So, as more and more Manitobans fall victim to this, this crisis, we need to find the answer and the government needs to really step up to the plate in this case while they've ignored so many other crises. They need to really come up with a plan and come up with a plan now, not their usual modus operandi to have a plan to have a plan to have a plan.

I don't know how many plans have looked North I've heard so far, but, so far, there's not much looking, and I suspect this will be another very, very similar circumstance that they'll have a plan to have a plan while waiting for somebody else or blaming somebody else. They're famous for doing that too. Well, let's wait for the federal government; see what they're going to do—*[interjection]*

**Madam Speaker:** Order.

**Mr. Lindsey:** Let's blame the federal government because they haven't done enough, while this government sits on its hands and does nothing.

So you know they want to collaborate; then sit down and collaborate with the federal government, sit down and collaborate with other governments and come up with an actual game plan to how to address this very serious problem, and quit sitting on their hands doing nothing.

Thank you, Madam Speaker.

**Hon. Steven Fletcher (Assiniboia):** Madam Speaker, I've listened, quietly and respectfully, to the various points of view and heard from people from all sides of the House, and the rhetoric is severe.

I think the headline is—the member from Fort Garry-Riverview claims that there's two, not one but two, right-wing candidates in the 'mayorialt' election here in Winnipeg. Well, that's news to everyone. In fact, this is not a right-wing or a left-wing issue; this is an issue for everyone. And that's why the Manitoba Party has constructive solutions. The Manitoba Party is as purple as the Manitoba crocus flower. If you mix red with blue, you get purple, and, in my view, yellow matches. So, when it comes to the issue, perhaps we need to take a little bit from everyone and not be too ideology-focused when we're talking about these issues.

\* (16:30)

Madam Speaker, I'm going to begin my substantive comments with a positive story. Three Sundays ago I went up to the Aurora Recovery Centre just north of Gimli to find out what the actual

situation was, and, like I do with all the positions that I take or the new Manitoba Party takes, there's substantive research, and we look into what we are advocating. I've been to the Fresh Start facility in Calgary in person. I've gone to the Aurora centre. And I am going to provide some productive solutions. *[interjection]*

But, Madam Speaker, while we're talking about this serious issue, the heckling from the member from Southdale and the member from Emerson is really disheartening because we have some important things that we can talk about.

Madam Speaker, I will table for you two items. Both are advertorials that appeared in the Winnipeg Sun. One is a full-page ad asking: Where is the Health Minister, Cameron Friesen?

**Madam Speaker:** The member has been around long enough to know, I think, that we are not to mention members by their names, but by their categories, their minister roles, or their constituencies, so I would just urge the member caution in making—putting forward names, first and last names of any members.

**Mr. Fletcher:** Thanks, Madam Speaker. In fact—and you're right. The actual heading in the advertisement is what I had said.

And the second advertorial is my experience at Aurora. I met—I went up to see what this was all about from their perspective. I was introduced to a lovely young lady—could be the girl next door. She was eight months pregnant and we had a lovely discussion. Turns out that this young lady—we'll call her Jennifer for the purposes of this—was three weeks out of—in rehab at the Aurora centre—three weeks. I would have never have thought that this was a crystal meth survivor, but there she was.

It struck me that there is hope with proper treatment, and Jennifer is an example of that, and I'm tabling a description of our visit.

Madam Speaker, on the Wednesday after the Sunday I found out that Jennifer had her baby—a lovely child, healthy. The lives saved for, you know, a relatively insignificant amount of money, was not only Jennifer's but that of her child. With hope there is a possibility, and everyone needs to have that chance.

Madam Speaker, the treatment was expensive to—from a personal point of view, but not as far as the system is concerned. I believe it's around

\$20,000 for the period of time that she received the treatment, but that's what—that's a fraction of what it would cost society in the long run, and lives are saved.

Perhaps private clinics like Aurora are part of the solution. Perhaps we can have vouchers available for families or tax credits so that these facilities can be used. That is not the only answer, but it could be part of the solution.

Madam Speaker, there are facilities in Winnipeg. The Addictions Foundation on Magnus is one of them where there's 176 rooms, newly renovated by the previous government. Only 18 are used for addiction. That's ridiculous. We have a crisis. We have the rooms. Let's just fund it. Instead, we get a \$2.7-million cut from addictions in the 2018 budget.

Madam Speaker, when we have poor public policy, the first people to suffer are those who need the help the most, and even the best intentions can lead to bad outcomes. And this is occurring in St. James at the moment, where the Bruce Oake Foundation, at the insistence of the member from Kirkfield Park, former Families minister, current Finance Minister, initiated a process where that land is going to be—at the Vimy Arena site—is going to be transferred to the Manitoba Housing renewal corporation. Manitoba Health has nothing to do with it. It's not part of their addiction plan. There is no plan from the province.

And the problem when there's no plan is you're not dealing with the whole spectrum of addiction from prevention to detox to rehab to long-term care. And that is a fact. And it's a male-only facility—male-only facility. The community is outraged. I've tabled petitions on this for—well, ever since the session began this time last year, and they're outraged, and not for the reasons that people—the people of St. James are good people. They want good results, but they don't appreciate being misled. They don't appreciate bad planning.

Madam Speaker, this facility, for example, says in their business plan that they're dealing with opioids and alcoholism. Then we hear later that it's also going to deal with crystal meth. Which is it? What is the plan? Why the deception? Why are people not having constructive solutions, maximizing the available resources, private or public?

**Madam Speaker:** Is there any further debate?

**Ms. Flor Marcelino (Logan):** I wish to thank the Leader of the Liberal Party for putting forth this opposition day motion condemning the provincial government for its inaction during the 'methamphetamine' crisis in Manitoba.

Madam Speaker, substance abuse and addiction to drugs is an illness that cuts across social status from the very rich and famous to those people who are lacking resources for decent living. The tragic consequences of addiction has hit very close to home—literally, my home address, when a year ago, 2017, a few houses away from ours, they found two people dead of overdose from this drug. According to the Chief Medical Examiner's office, there were 35 meth-related deaths in 2017. In eight of those cases, meth was a direct cause of death, compared to four deaths in the previous year, according to CBC's August report.

\* (16:40)

Not just very close to home, but this crisis is also very close to my constituency office. Many a time, we get phone calls in our office about constituents complaining about discarded needles in their back lane. One time we had to photograph these discarded needles and sent the photos to our sitting city councillor. It's sad that this kind of addiction is not being considered an illness, because if it were an illness, and epidemic at that, all forces of government should be brought to bear to counter this epidemic. But, sadly, we're not seeing it being done by this government.

Madam Speaker, Manitobans with addictions in their families are asking for help. Parents are crying; siblings are crying; friends are crying. These people deserve a government who takes a growing drug crisis seriously. A dramatic rise in crystal meth's use swiftly followed a fentanyl crisis that left too many Manitobans suffering.

At the time when Manitoba's most vulnerable need better access to health care and mental-health resources, this present government is slashing health-care funding and programs, making it even harder for users to access the treatments they need.

This government, as well, has refused to look at the research and build safe injection sites across Manitoba, despite growing evidence that they are effective in reducing overdoses, crime and addictions. According to a CBC news article early this year, 46 per cent of Winnipeggers say they want

a safe injection site for people to safely use drugs and access addiction services.

About 11 years ago, year 2007, I attended a gathering wherein there was a presentation made on the value of safe injection sites. The presenter was citing evidences from the first safe injection site in Vancouver. She showed graphs and photos of the situation obtaining in Vancouver at the safe injection site and also qualitative as well as quantitative references to—by people who have used this site. And, if I'm not mistaken, at least she referenced five people who could have died from overdose, or could have died from infection from using—used needles, but were saved and, as well, proceeded to overcome their addiction and became advocates in the community to tell people, young and old, to kick their drug addiction. There was a mother, I think she was the mother of one of those five people, who was so grateful for this injection site because it saved the life of her son.

So here in this side of the House we believe safe injection site is needed. Those people who have found, who were dealt a bad hand, those people who, by circumstances and situations, found themselves in this sad circumstances need a helping hand. If we could be compassionate, if we could be understanding, if we could be charitable enough to offer them opportunity for second chance, opportunity to rebuild their lives, it could be in—those opportunities could be in those safe injection sites.

Another sad situation we find ourselves in right now is this government cutting programs that could have provided some hope to people who are wanting to rebuild their lives. They have cut programs like Rent Assist, making it harder for the most vulnerable Manitobans to pay for basic necessities.

We know that poverty often drives addiction and crime, yet this government is making deep cuts to programs designed to help break the cycle at a time when Manitoba is experiencing a drug crisis. This government has cut funding to restorative justice programs and rehabilitation centres, like John Howard and Elizabeth Fry, this happening despite an increase in drug-related crimes.

It's so sad that this government has made these cuts which affect all Manitobans' access to services while at the same time securing a 20 per cent raise for the Premier (Mr. Pallister) and his ministers.

Manitobans with addictions and their families are asking for help; they deserve a government who takes a growing drug crisis seriously—

**Madam Speaker:** The member's time has expired.

**Mr. Wab Kinew (Leader of the Official Opposition):** When I hear about meth use in our community, when I hear about the meth crisis that's gripping our province and in our street, and in our streets right across Winnipeg and Manitoba, Madam Speaker, it's not something abstract; it's not something I read about in the paper. This is a situation that many people that I know from growing up are struggling with.

I remember about, you know, 10, 15 years ago I started to see people who I was friends with all of a sudden, you know, start to lose a bunch of weight, and like, we'd be joking around like, whoa, what sort of diet are they on. But it was actually the tip of the spear—the tip of the spear—the tip of the iceberg that in terms of methamphetamine addiction here in Manitoba.

\* (16:50)

And I remember at that time that I watched people who I cared deeply about fall into very self-destructive behaviours and start to have a lot of major problems in their lives. All sorts of problems with the criminal justice system, the party lifestyle going out of control, even problems with child welfare, and, unfortunately, I even saw situations where the children of some of these people who I cared about were impacted, physiologically, as a result of their parents' methamphetamine use.

Today, when I see that the situation is worsening from even at that point, I look at the sort of interventions that are being proposed by politicians, and I wonder, would they really do anything? Would they really shorten the distance between the basement where somebody is smoking or injecting meth and the entrance to a treatment centre? And I think that we really have to do a whole lot more, Madam Speaker. You know, the overarching goal of a government responding to a methamphetamine crisis should be to make the distance from the person using to them accessing the sort of treatment which will help them be able to cope and manage their addiction as short as possible.



Yet what we've seen from the government so far—it's clearly inadequate. They've launched the RAAM clinic and three hours a day, four or five times a week, it's simply not realistic, especially when you consider that most people who are using methamphetamine are going to be using it at any hour of the day. They're going to be using it throughout the evening, going to be using it on the weekend. We know that this scourge is going beyond just the families impacted.

And it's also changing the non-meth users' experience of being in the city of Winnipeg. Canvassing in my neighbourhood this summer, time and time again, Madam Speaker, I heard about people—garages being broken into, heard about people's bikes being stolen. I heard about—from two young parents, probably around 30 some-odd years of age, coming home. Somebody's set up in their back lane, as they're trying to park their car, with their kids in the back seat, using meth, right behind their house, right? And that's the face of the epidemic here in Winnipeg.

So, clearly, we know that more needs to be done. Safe injection site, we've gone—we've heard the back-and-forth about it was in the report, it was out of the report. But the bottom line is everyone agrees that safe injection sites work, you know? Or almost everyone in the Chamber agrees that safe injection sites work. But the point is not that they're going to be a cure-all, a panacea, a silver bullet. The point is that they are an entry point into treatment for people who need it. And, because it's a harm-reduction-based approach that doesn't judge the people who are coming through the doors, it is the first step that somebody can begin to take towards ameliorating their lifestyle. And that's why it should be part of the toolkit. Doesn't need to be the only tool that's used, but we know that it works.

Again, you don't have to like it. But we know that it works. And so a safe injection site should be here in Winnipeg. Is it the be-all, the end-all? No, it's not, Madam Speaker. At the end of the day, what experts say, now, the true cause of addiction is early childhood trauma. Or some form of trauma in life. So, essentially, you have people who have experienced pain in life who cannot find a healthy way to deal with that sort of emotional or spiritual damage that has been wrought on their spirit or on their psyche.

And, in the absence of having a healthy way to deal with those situations, through treatment, through spiritual solace, through counselling, what have you, then they will turn to chemicals. Then they will turn to alcohol, drugs, gambling, whatever it is. And that's the root cause.

Again, in order to build a compassionate society, we should be trying to create as many opportunities as possible for people to be able to deal with that trauma in a healthy way. But, in the absence of us being able to save such an intervention for all people, then we have to meet people where we are at. And that is the genesis of harm-reduction based approaches: needle exchanges, methadone replacement for those who are using opioids, but, importantly, also safe injection sites. So it's not the be-all, it's not the end-all, but it is an important tool in the toolkit.

Some day, I hope that we can rise in this House and we could say that we have a wonderful pharmacare system, medicare system, health care system, also spiritual care system that can provide meaning to people in their lives, that could give people an answer to the big questions in life. And I hope to be part of a government some day that can help to implement those things, to provide meaning and to be able to help people lead a full and complete life, so that they understand that they don't need to be smoking a point of meth in a back alley somewhere. That actually life is for the living, that it's about climbing mountains, it's about swimming in oceans, it's about going out there and being everything that you believe that you can be.

But, until we have an opportunity to form government and put those sorts of programs into place, then we need to look at these more piecemeal solutions. We need to use harm reduction. We need to look at the evidence and we need to act now. Not a week from now—much as I respect my colleague from River Heights saying give us a director next week—no, not next week, now.

We need to act now. It needs to be grounded in evidence. It needs to be informed by harm reduction. It needs to be compassionate and, God willing, may it be a way to help these folks find meaning and bring some healing into their lives.

**Madam Speaker:** Just for clarity of the House, according to rule 30(15), the House shall not adjourn

until all members wishing to speak on the motion have done so.

And I do note that there are still some members wishing to speak, and so debate will continue until all members wishing to speak have done so.

**Mr. Mohinder Saran (The Maples):** Thank you, Madam Speaker, for giving me this time; normally I don't get time. And that is simple cause for stress on you, and maybe you might go some kind of drug as well, but I'm pretty strong in that way so I'm sure I can stand against such adverse situations.

And we must look from the other point of view. It's not just a safer drug administration place. We also have to see people who are in poverty, people who don't have jobs and people who are unemployed; they are depressed. When they are depressed, they need some kind of assistance, they go on drugs. And to stop such situations we must have to create employment for those people, and also, if not, at least some kind of socialization.

I would suggest it should be—there should be the community centres where those people can report and some incentive for them to learn new skills, to learn how to make money, how to feel kind of useful, and that's important.

Also, I see some new immigrants coming from other countries. Unfortunately, federal government has imposed that you cannot go—cannot use medical services and only you can enter—come—have emergency kind of insurance, and their health is at risk, and those people come under supervision—those people also under stress, too.

And we must—have to look at those situations. Not only those people are under stress, also those people who are their supporters, who brought them over here; they're also under stress because they're paying tax, but their loved ones are not taken care of. They cannot go to the hospital or go to the doctor for normal diseases, for normal sickness; only they can go in emergency because that's the only insurance they have.

So I suggested at one time, government must have to have some kind of insurance. Charge them fees, but at least they should be able to use the services. I suggested to the previous government premier that, I suggested to the Health Minister, but after that there was the election and nothing has happened.

Again, I suggested to the Health Minister maybe they should do something in those terms. Acknowledge this—meth and other drugs are being used. It's not only Manitoba's problem. It's not only Canada's problem. It's an international problem.

And some places in the other countries, politicians are using these drugs to collect money to raise the funds so they can run in the next election. And that's why I also want to point out when we say, why parties are being paid some kind of assistance for the parties. It's important because otherwise only rich people can run in the election and poor people won't be able to run the election. If somehow they win, they will become corrupt because they have to get some kind of money to run in the next election. But that's beyond the point.

\* (17:00)

I want to come back to how politicians in the Third World country, I know where they come from, how they are big-business people in drugs and how they have the army to sell that drug at different places and how the people are dying.

So this is a very serious situation over here. It's—there should be administration where people who are on drugs, they can get a safe place, they can get a safer injection place. But, on the other hand, those people should be able to feel like they are worth something, they are part of this society. Sometime when they are left out and they are not part of the society; that's where they go on drugs.

So, Madam Speaker, I think everybody's anxious to go on voting, so I won't take that much time. I just got this opportunity, which normally I don't get. It's [*inaudible*] discrimination; it's a double standard, but somehow in this democratic process, we do discrimination in this House. I think somehow the people on both sides, they should think about that.

Thank you, Madam Speaker.

**Madam Speaker:** Are there any other speakers on this debate?

Is the House ready for the question?

**An Honourable Member:** Question.

**Madam Speaker:** The question before the House is the opposition day motion in the name of the honourable Leader of the Second Opposition (Mr. Lamont).

Do members wish to have the motion read?

The motion reads that the Legislative Assembly of Manitoba condemn the provincial government for its inaction during the methamphetamine crisis in Manitoba.

Is it the pleasure of the House to adopt the motion? Agreed?

**Some Honourable Members:** Agreed.

**Some Honourable Members:** No.

#### Voice Vote

**Madam Speaker:** All those in favour of the motion, please say yea.

**Some Honourable Members:** Yea.

**Madam Speaker:** All those opposed, please say nay.

**Some Honourable Members:** Nay.

**Madam Speaker:** In my opinion, the Nays have it.

#### Recorded Vote

**Hon. Jon Gerrard (Second Opposition House Leader):** A recorded vote.

**Madam Speaker:** A recorded vote having been called, call in the members.

The question before the House is the opposition day motion.

\* (17:10)

#### Division

*A RECORDED VOTE was taken, the result being as follows:*

#### Yeas

*Allum, Fletcher, Gerrard, Kinew, Klassen, Lamont, Lamoureux, Lathlin, Lindsey, Maloway, Marcelino (Logan), Marcelino (Tyndall Park), Saran, Smith (Point Douglas), Swan, Wiebe.*

#### Nays

*Bindle, Clarke, Cox, Cullen, Curry, Eichler, Fielding, Friesen, Goertzen, Graydon, Guillemard, Helwer, Isleifson, Johnson, Johnston, Lagassé, Lagimodiere, Martin, Mayer, Michaleski, Micklefield, Morley-Lecomte, Nesbitt, Pallister, Pedersen, Pivniuk, Reyes, Schuler, Smith (Southdale), Smook, Squires, Stefanson, Teitsma, Wharton, Wowchuk, Yakimoski.*

**Deputy Clerk (Mr. Rick Yarish):** Yeas 16, Nays 36.

**Madam Speaker:** I declare the motion lost.

\* \* \*

**Madam Speaker:** The hour being past 5 p.m., this House is adjourned and stands adjourned until 1:30 p.m. tomorrow.



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