

families, and communities from abuse of alcohol and drugs through a balanced approach to the problem.

I need not remind Members of the House of how correct the Prime Minister was when he made the statement in Vancouver that we had a drug epidemic. There were many who said at the time that the Prime Minister had exaggerated. Surely events since that have affirmed the veracity of his words. One has only to think of the recent and tragic death of young people and, in particular, Benji Hayward to know how serious the problem of drug abuse in our society really is. Benji was a 14-year-old North York boy who drowned in Lake Ontario in the early hours of May 14, reportedly after taking marijuana, LSD, and alcohol.

This Bill and the creation of the centre will provide a national focus for these efforts and reinforce emerging partnerships at the community, provincial, and national levels of the country. The concept of the centre precedes the national drug strategy although, clearly, it has been in the process of consultations over the past year that the idea has actually taken shape.

Let me elaborate very briefly on three of the processes as each has shaped the concept of the centre and this Bill which is now before us.

First, in the course of developing the national drug strategy it became clear that there exists a wealth of experience and expertise in the alcohol and drug abuse field, both within and outside of government, that could be used for the betterment of all Canadians. I called, therefore, on one of Canada's most respected addiction professionals, Mr. David Archibald, the founder of the Addiction Research Foundation and past president of the International Council on Alcohol and Addictions to examine this matter and to recommend how these disparate resources might better serve the country as a whole.

Second, in a related development my Department launched a national consultation on substance abuse in the workplace last February to gain some insight into appropriate policy and program direction in this area for the future. These consultations, which involved a representative and impressive cross-section of Canadians, confirmed the desirability of an independent, federally funded and regionally responsive national centre on substance abuse.

Third, I am indebted as well to the valuable contribution of the Standing Committee on National Health and Welfare in this area. That committee, in late 1986, undertook a study of alcohol and drug abuse in Canada and reported its findings in a report entitled "Booze, Pills and Dope: Reducing Substance Abuse in Canada". One of the major recommendations of that committee was for the creation of a national centre on substance abuse to promote and facilitate the development and exchange of information on alcohol and drug abuse and to engage in public education and prevention activities.

I know, Mr. Speaker, that you are not only a member of that committee but one of the chief architects of that report. I

am pleased that you are in the chair today to observe that from time to time committee reports do find fruition in legislation.

The legislation provides for the establishment of a separate corporation to operate at arm's length from the Government and to provide analysis and informed comment on alcohol and drug abuse matters, promote the development and exchange of information, encourage improved standards of service and professional training and education, undertake research, and co-operate with Governments and others in developing improved programs in such areas as alcohol and drug abuse prevention, public education and treatment, and rehabilitation.

The legislation provides that the management of the affairs of the centre be vested in a board of directors consisting of up to 15 members. These persons will be chosen from Government, the business community, labour, and the voluntary sector—effectively all walks of Canadian life. Their leadership qualities and sensitivity to regional, ethnic, cultural, social, and health issues associated with substance abuse will be critical to the success of the centre. The legislation provides that the work of the centre will be directed by a chief executive officer who will be appointed by the board. He or she will be assisted by a small staff of professionals, some of whom might be seconded from the provinces, the business community, and/or labour for a specified duration or assignment.

I am reminded of a businessman who approached me not many months ago and told me of the tragic occurrences in his family. Instead of hiding the information or trying to live with the reality behind closed doors, he told me that if we ever have a centre, drug strategy program or project we should count him in as a volunteer because of his experience, that he would like to help. He said that although he may not have a lot of professional experience or training, he had a lot of personal involvement. It is also that type of person that we are looking for to sit on the board of the centre.

Finally, the legislation provides for a degree of accountability by the centre to Parliament and the people of Canada. While the centre is neither an agent of Her Majesty nor is its staff members agents of the Public Service of Canada, the corporation will be financed at the outset exclusively by public funds. Accordingly, the corporation is to report annually to the public and the Minister of National Health and Welfare in turn shall table such report in Parliament. A more comprehensive evaluation of the centre will be taken in its fifth year.

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On the matter of funding, I would add that the Bill is structured to facilitate and accommodate the centre's receipt of financial support from sources other than the federal Government. The Government has committed up to \$2 million each year for this centre, to be paid out of moneys appropriated annually by Parliament. The committee also looked at the amount of funding. At that time, we had in mind a figure of approximately \$1.4 million per year. The committee thought that a little more should be considered, though the report