

C-300

Backgrounder Package for Parliamentarians & Media

CONTENTS:

- Copy of Bill C-300 as tabled at First Reading
- Questions & Answers regarding Suicide
- Suicide Statistics from the Canadian Mental Health Association
- October 4th CTV.ca story on Opposition Motion regarding Suicide Prevention
- October 21st Column by Kelly Egan from Ottawa Citizen on media coverage of suicides
- List of Seconders at Second Reading, October 28th 2011
- Liberal Strategist's comments on Harold Albrecht and C300 from the Hill-Times *Spin Doctors* feature, November 7th, 2011
- Petition supporting Suicide Prevention efforts in Parliament



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C-300

First Session, Forty-first Parliament,
60 Elizabeth II, 2011

HOUSE OF COMMONS OF CANADA

BILL C-300

An Act respecting a Federal Framework for Suicide Prevention

FIRST READING, SEPTEMBER 29, 2011

MR. ALBRECHT

C-300

Première session, quarante et unième législature,
60 Elizabeth II, 2011

CHAMBRE DES COMMUNES DU CANADA

PROJET DE LOI C-300

Loi concernant l'établissement d'un cadre fédéral de prévention du suicide

PREMIÈRE LECTURE LE 29 SEPTEMBRE 2011

M. ALBRECHT

SUMMARY

This enactment establishes a requirement for the Government of Canada to develop a federal framework for suicide prevention in consultation with relevant non-governmental organizations, the relevant entity in each province and territory, as well as with relevant federal departments.

SOMMAIRE

Le texte exige du gouvernement du Canada qu'il élabore un cadre fédéral de prévention du suicide en consultation avec les organisations non gouvernementales concernées, les entités compétentes des provinces et territoires et les ministères fédéraux visés.

HOUSE OF COMMONS OF CANADA

CHAMBRE DES COMMUNES DU CANADA

BILL C-300

PROJET DE LOI C-300

An Act respecting a Federal Framework for
Suicide Prevention

Loi concernant l'établissement d'un cadre
fédéral de prévention du suicide

Preamble

Whereas suicide is a complex problem involving biological, psychological, social and spiritual factors, and can be influenced by societal attitudes and conditions;

Whereas Canadians want to reduce suicide and its impact in Canada, and suicide prevention is everyone's responsibility;

Whereas suicide is preventable by knowledge, care and compassion;

Whereas concerted, collaborative action by committed communities, governments, organizations and individuals across Canada will help prevent deaths by suicide, and assist in educating and comforting those who have been affected by suicidal behaviour;

Whereas suicide is a significant public health issue in Canada and the grief and trauma associated with it produce long-term social costs and devastating effects on surviving individuals and communities;

Whereas the Parliament of Canada affirmed its respect for life by unanimously adopting Motion No. 388, in 2009, which called for meaningful deterrents and punishment for those who encourage vulnerable individuals to commit suicide;

And whereas a federal plan designed to disseminate information, promote the use of research, share best practices and affect public attitudes towards suicide and its prevention is in the interest of all Canadians;

Attendu :

que le suicide est un problème complexe comportant des facteurs biologiques, psychologiques, sociaux et spirituels, qui peut être influencé par les attitudes et les conditions sociales;

que la population canadienne souhaite réduire le nombre de suicides au Canada et leurs conséquences, et que la prévention du suicide est la responsabilité de chacun;

qu'il est possible de prévenir le suicide par les connaissances, les soins et la compassion;

que l'action concertée et collaborative des collectivités, des gouvernements, des organismes et des particuliers engagés dans tout le Canada aidera, d'une part, à prévenir les décès par suicide et, d'autre part, à informer et à soutenir les personnes touchées par les comportements suicidaires;

que le suicide constitue au Canada un important enjeu de santé publique et que la détresse et le traumatisme qu'il cause entraînent des coûts de longue durée pour la société et des effets dévastateurs sur les survivants et les collectivités;

que le Parlement du Canada a affirmé son respect pour la vie en adoptant à l'unanimité, en 2009, la motion n^o 388, qui demandait l'adoption de peines et de moyens de

Préambule

dissuasion importants à l'endroit des individus qui encouragent les personnes vulnérables à se suicider;

qu'il est dans l'intérêt de la population canadienne d'adopter un plan fédéral conçu pour diffuser de l'information, promouvoir le recours à la recherche, faire connaître les pratiques exemplaires et influencer l'attitude de la société envers le suicide et sa prévention,

Now, therefore, Her Majesty, by and with the advice and consent of the Senate and House of Commons of Canada, enacts as follows:

Sa Majesté, sur l'avis et avec le consentement du Sénat et de la Chambre des communes du Canada, édicte :

SHORT TITLE

TITRE ABRÉGÉ

Short title

1. This Act may be cited as the *Federal Framework for Suicide Prevention Act*.

1. *Loi sur le cadre fédéral de prévention du suicide.*

Titre abrégé

FEDERAL FRAMEWORK FOR SUICIDE PREVENTION

CADRE FÉDÉRAL DE PRÉVENTION DU SUICIDE

Framework

2. The Government of Canada must establish a federal framework for suicide prevention that

2. Le gouvernement du Canada établit un cadre fédéral de prévention du suicide qui :

Cadre

(a) recognizes that suicide, in addition to being a mental health issue, is a public health issue and that, as such, it is a health and safety priority; and

a) d'une part, reconnaît que le suicide, en plus d'être un problème de santé mentale, est un enjeu de santé publique et, par conséquent, qu'il constitue une priorité en matière de santé et de sécurité;

(b) designates the appropriate entity within the Government of Canada to assume responsibility for

b) d'autre part, désigne l'entité compétente au sein du gouvernement du Canada chargée d'exercer les responsabilités suivantes :

(i) providing guidelines to improve public awareness and knowledge about suicide,

(i) fournir des lignes directrices visant à sensibiliser et à informer davantage le public au sujet du suicide,

(ii) disseminating information about suicide, including information concerning its prevention,

(ii) diffuser de l'information sur le suicide, notamment de l'information sur sa prévention,

(iii) making publically available existing statistics about suicide and related risk factors,

(iii) rendre publiques les statistiques existantes sur le suicide et les facteurs de risques connexes,

(iv) promoting collaboration and knowledge exchange across domains, sectors, regions and jurisdictions,

(iv) promouvoir la collaboration et l'échange de connaissances entre domaines, secteurs, régions et administrations,

(v) defining best practices for the prevention of suicide, and

(v) établir les pratiques exemplaires pour la prévention du suicide,

(vi) promoting the use of research and evidence-based practices for the prevention of suicide.

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(vi) promouvoir le recours à la recherche et aux pratiques fondées sur des preuves pour la prévention du suicide.

CONSULTATIONS

Consultations

3. Within 180 days after the day on which this section comes into force, the Government of Canada must enter into consultations with relevant non-governmental organizations, relevant entities within the governments of the provinces and territories and relevant federal departments, in order to share information and align the elements of the framework described in section 2 with existing efforts that relate to suicide prevention.

REPORT

Report

4. Within four years after the coming into force of this Act and every two years thereafter, the entity designated in accordance with paragraph 2(b) must report to Canadians on its progress and activities related to the federal framework for suicide prevention.

CONSULTATIONS

Consultations

3. Dans les cent quatre-vingts jours suivant l'entrée en vigueur du présent article, le gouvernement du Canada entame des consultations avec les organisations non gouvernementales concernées, les entités compétentes des gouvernements provinciaux et territoriaux et les ministères fédéraux visés afin de diffuser de l'information et d'harmoniser les éléments du cadre mentionnés à l'article 2 avec les efforts actuellement déployés pour la prévention du suicide.

RAPPORT

4. Dans les quatre ans suivant l'entrée en vigueur de la présente loi et par la suite tous les deux ans, l'entité désignée en application de l'alinéa 2b) fait rapport à la population canadienne sur ses réalisations et activités liées au cadre fédéral de prévention du suicide.

SUICIDE

Frequently Asked Questions & Answers Courtesy the Centre for Suicide Prevention

Is suicide illegal in Canada?

No, but attempted suicide was not removed from our Criminal Code until 1972. However, counselling suicide - sometimes referred to as aiding and abetting suicide, still remains a criminal act.

Why do people kill themselves?

Experts in the field suggest that a suicidal person is feeling so much pain that they can see no other option. They feel that they are a burden to others, and in desperation see death as a way to escape their overwhelming pain and anguish. The suicidal state of mind has been described as constricted, filled with a sense of self-hatred, rejection, and hopelessness.

How many people died by suicide in Canada last year?

Sorry, but we can't tell you that! Due to delays in Canada's reporting systems for mortality data, it is highly unlikely that national suicide data for a previous year will be available the next year. Expect a two to three year time lag. For example, this compilation was updated in February 2011 and the most current national data from Statistics Canada is from 2007. The new stats will appear on the Statistics Canada in 'The Daily', listed on their web site: www.statcan.gc.ca

What is suicide?

Suicide is defined as intentional, self-inflicted death.

How do our Canadian suicide rates compare with other countries?

Our average rate of suicide in Canada (2003-2007)¹ is 11.32 per 100,000. A little known fact is that Canada's suicide rate has been consistently higher than the United States, which in the in the same period had a suicide rate of 11.4² per 100,000.

¹Statistics Canada

²National Institute of Mental Health.

Is it true that most suicides leave notes?

No, in fact a surprising number of people who complete suicide do not leave suicide notes. According to Canadian researcher Dr. A. Leenaars, who has extensively studied suicide notes, the percentage of those who leave notes varies from 12 to 37 per cent.

What does 'survivor of suicide' mean?

Survivors are family members and friends of a loved one who died by suicide. Using an estimate of six people who are intimately affected by a suicide, the American Association of Suicidology (AAS) estimates that the number of suicide survivors in the U.S. is 4.6 million, and the number grows by more than 180,000 survivors each year.

Do children kill themselves?

Confirmed cases of suicide in children (10 and under) are rare and under reported. Some accidental deaths of children are thought to be suicidal. These deaths may have causes such as running across a busy street, drinking poison, playing with a gun, etc. Coroners tend not to label a child's self-inflicted death as suicide unless there is irrefutable evidence. Health care professionals can be reluctant to acknowledge suicide in children because it is painful and because they do not believe children have the resources to complete the act or the understanding that death is permanent. (Extracted from "Tattered Teddies: An Interactive Handbook about the Awareness and Prevention of Suicide in Children)

How many people died by suicide in Canada and the United States each year?

In 2007, 34,598¹ suicides were reported in the United States, and 3,611² suicides were reported in Canada. (The United States has a higher number due to its much higher population.)

¹ American Association of Suicidology

² Statistics Canada

How do male and female suicide rates compare?

In Canada and the United States, the ratio of male to female suicide is approximately 3:1. In 2007, 884 Canadian women and 2,727 men completed suicide in Canada. Male suicide rates have been at least three times higher than for females since the 1950s, with the difference increasing to four times higher by the late 1990s.

Is it true that suicide rates are higher at Christmas?

Although it is a commonly held belief that depression and suicide rates are higher at Christmas, research does not support this notion. In fact, some studies have shown a suppressing or protective factor for Christmas and other national holidays.

How many adolescents die by suicide in Canada?

Death statistics are commonly reported in five year increments. In 2007, there were 131 deaths by suicide in Canada by youth aged 15 to 19 years (185 males, 54 females). For those aged 20-24 years, there were 290 suicides (228 males, 62 females).

How many suicide attempts were there last year?

We do not have national data for suicide attempt hospitalizations, but we have data for Alberta. For every death by suicide among Albertans in 1997, there were nearly seven hospitalizations due to suicide attempts, and over seventeen emergency room visits for injuries sustained from self-inflicted injury. Each year in Alberta, suicide attempts are among the leading causes of injury-related inpatient hospitalizations. It is also important to note that many suicide attempts go untreated and unrecorded. For an in-depth look at suicide in Alberta, ask for: 'A Summary of the Alberta Suicide Data Report: Suicide & Self-Inflicted Injury among Albertans' (ACICR)

Have Canadian suicide rates always been higher than the United States?

No. The suicide rates for Canada and the United States show that up to 1971, the reported rates for both sexes were lower in Canada than the United States. Since 1977 the suicide rates in Canada have been greater than the U.S. For a look back at Canada's suicide statistics (1950-1922), see Update of the Report of the Task Force on Suicide in Canada.

How does Canada's suicide rate compare to other causes of death?

According to Statistics Canada, in 2007, Canada's suicide rate was 11.1 per 100,000 while the death rate for motor vehicle crashes was 6.6 per 100,000 in 2009. Canada's homicide rate was 1.81 per 100,000 in 2009

How many people died by suicide in the world each year?

The World Health Organization projects that one million people will die from suicide this year - a global mortality rate of 16 per 100,000, or one death every 40 seconds. For a world map of suicide rates, and data for more than 100 countries, visit the World Health Organization website.



[Home](#) » [About Mental Health](#) » [Suicide](#) » [Suicide Statistics](#)

Suicide Statistics

Around the World

According to the World Health Organization (WHO), someone around the globe commits suicide every 40 seconds. In the year 2000, 815,000 people lost their lives to suicide — more than double the number of people who die as a direct result of armed conflict every year (306,600). For people between the ages of 15 and 44, suicide is the fourth leading cause of death and the sixth leading cause of disability and infirmity worldwide.¹

Canada and Ontario

The suicide rate for Canadians, as measured by the WHO, is 15 per 100,000 people. Yet, according to numerous studies, rates are even higher among specific groups. For example, the suicide rate for Inuit peoples living in Northern Canada is between 60 and 75 per 100,000 people, significantly higher than the general population.² Other populations at an increased risk of suicide include youth, the elderly, inmates in correctional facilities, people with a mental illness, and those who have previously attempted suicide.³ According to Statistics Canada, between 1997 and 1999, there was a 10 percent increase in suicides across Canada, from 3,681 to 4,074. In Ontario alone, suicides rose from 930 in 1997 to 1,032 in 2001.

Gender

Men commit suicide at a rate four times higher than that of women. According to a report by the Canadian Institute for Health Information (CIHI), more men in Ontario committed suicide in the past 10 years than died in car crashes.⁴ Approximately 591 men committed suicide in Ontario between 1990 and 2000, while 558 men died in car crashes. Women, however, make 3 to 4 times more suicide attempts than men do,⁵ and women are hospitalized in general hospitals for attempted suicide at 1.5 times the rate of men.⁶ Studies indicate that there is a significant correlation between a history of sexual abuse and the lifetime number of suicide attempts, and this correlation is twice as strong for women as for men.

Age

In Canada, suicide accounts for 24 percent of all deaths among 15-24 year olds and 16 percent among 16-44 year olds. Suicide is the second leading cause of death for Canadians between the ages of 10 and 24.⁸ Seventy-three percent of hospital admissions for attempted suicide are for people between the ages of 15 and 44.

Suicide and Mental Illness

People with mood disorders are at a particularly high risk of suicide.⁹ Studies indicate that more than 90 percent of suicide victims have a diagnosable psychiatric illness,¹⁰ and suicide is the most common cause of death for people with schizophrenia.¹¹ Both major depression and bipolar disorder account for 15 to 25 percent of all deaths by suicide in patients with severe mood disorders.¹² According to Toronto Metro Police *Mental Health Act* data, the number of documented suicide attempts rose 14 percent from 1996 to 2001. Statistics Canada reports that suicide is the eleventh leading cause of death in Canada.¹³

Seasons

Despite a commonly held myth that the Christmas season has the highest suicide rate of all the seasons, studies have proven that across North America, suicide rates are actually lower at that time of year.¹⁴ Studies suggest that while the holidays can bring up some very difficult emotions, they also tend to evoke feelings of familial bonds and these feelings may act as a buffer against suicide.¹⁵

It is important to note, however, that while suicide rates do not increase over the holiday season, depression rates do. Numerous studies, as well as anecdotal evidence from the Mood Disorders Association of Ontario and the Toronto Distress Centre, confirm that both the number and severity of calls by depressed persons increases every year through November and December, returning to normal volume towards the end of January.

Late July and August have the highest suicide rate out of all the months of the year. Some studies suggest that the increase is due to the seasonal change and that this period is one that often brings about changes in personal situations as well. It is suggested that all these elements of change – whether there are dramatic changes happening in someone's life, or whether someone feels defeated because their situation seems to never change – can lead people to suicide. A number of studies indicate that an especially high-risk time for vulnerable teens is when they go back to school. Whatever the reason, the rates are so high among aboriginal youth at this time of year that the Centre for Addiction and Mental Health says autumn is referred to as the 'suicide season.'¹⁶

Related Resources

[Suicide Information and Education Centre \(SIEC\)](#)

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2. Ibid.
3. Weir, E., & Wallington, T. (2001). Suicide: The hidden epidemic. *CMAJ* (2001; 165[5]).
4. Canadian Institute for Health Information (December 2002). Ontario Trauma Registry 2002 Report Injury Deaths in Ontario. [Online]. Available: www.cihi.ca.
5. Centre for Addiction and Mental Health (September 2002). Understanding depression statistics.
6. Health Canada (October 2002). A report on mental illness in Canada. Ottawa, Canada. Available: www.phac-aspc.gc.ca.
7. Women's Health Planning Project Final Report (January 2000). Women's mental health: Gender differences among adult mental health team clients. [Online]. Available: www.vcn.bc.ca.
8. Canadian Psychiatric Association (2002). Mental Illness Awareness Week fact sheet.
9. Ibid.
10. Mann, J.J. (2002). A current perspective of suicide and attempted suicide [review]. *Ann Intern Med*, 136.
11. Harkavy-Friedman, J.M., & Nelson, E. (1997). Management of suicidal patients with schizophrenia. *Psychiatr Clin North Am* 20(3).
12. Goodwin, F.K., & Jamison, K.R. (1990). *Manic-Depressive Illness*. New York, NY: Oxford University Press.
13. IMS HEALTH, Canada (March 2001). Annual review of prescribing and diagnoses trends. [Online]. Available: www.imshealthcanada.com.
14. Suicide Information & Education Centre (November 2002). SIEC ALERT #16: Are suicide rates higher at Christmas? [Online]. Available: www.suicideinfo.ca.
15. Ibid.
16. Centre for Addiction and Mental Health (November-December 2001). Aboriginal suicide epidemic feared. *Journal of Addiction and Mental Health*.

Last updated: March 2006



Liberals plan day of action on suicide prevention

CTVNews.ca Staff

Updated: Tue. Oct. 4 2011 9:28 AM ET

The federal Liberals plan to hold a day of action on suicide prevention Tuesday, to try to raise awareness about the need for a National Suicide Prevention Strategy.

Liberal leader Bob Rae plans to introduce an opposition motion this week calling on the federal government to fund the prevention strategy. The move has the backing of such groups as the Canadian Mental Health Association and the Canadian Psychiatric Association.

Last week, Conservative MP Harold Albrecht tabled legislation in the House of Commons that would require the federal government to establish a federal framework for suicide prevention. The framework would:

- promote research on suicide
- promote knowledge exchange among different jurisdictions
- define best practices to prevent suicide.

"Each year, well over 3,000 Canadians commit suicide," Albrecht said at the time of the bill's tabling. "That is not a tragedy -- that is well over 3,000 tragedies each year. Many of these tragedies are preventable."

Dr. Nizar Ladha, president of the Canadian Psychiatric Association, says he supports the day of action, noting that Canada is one of the few developed nations without a national strategy for the prevention of suicide.

"It is astonishing that more hasn't been done to stop this serious yet often preventable public health problem," Ladha said in a new release.

Peter Coleridge, the CEO of the Canadian Mental Health Association, said his group urges the federal government to take action on a national prevention strategy.

"A National Suicide Prevention Strategy is needed to deal with the biological, psychological and social complexities of suicide in Canada," Coleridge said in the release.

Tim Wall, the executive director of CASP, Canadian Association for Suicide Prevention, says his group has been calling for a national suicide prevention strategy for well over a decade.

Wall says it now appears that the silence surrounding suicide is starting to lift.

"Parliamentarians from every party are speaking publically about suicide prevention and calling upon the national government to take action and recognize international guidelines that call for national suicide prevention strategies and coordinating bodies."

Dammy Damstrom Albach, the president of CASP hopes that before the next World Suicide Prevention Day on Sept. 10, 2012, Canada will be able to announce to the rest of the world that it has both a national strategy and coordinating body.

Mixed messages about suicide in the media

BY KELLY EGAN, OTTAWA CITIZEN OCTOBER 21, 2011

The Canadian Psychiatric Association has a set of guidelines on how the media should report on the subject of suicide.

This week, the media violated most of them.

It may mean nothing - what would a shrink know about putting out a newspaper? - or it may be that, in our rush to publish or broadcast, we overlook things, particularly the longer range impact, the so-called messaging.

Briefly, the association believes the wrong kind of reporting can be dangerous, actually contributing to copycat suicides among those under the age of 24.

It cites scientific literature, including a study that found the suicide rate in Detroit decreased while a lengthy newspaper strike was on; then rose again when publication resumed. In Austria, sensationalized reporting of suicides on the subway line caused what researchers termed a "contagion" effect, leading to an alarming number of copy-cats.

Arguably the most widely covered suicides in the city during the past three years have been those of Carleton student Nadia Kajouji, Ottawa Senators-connected teen Daron Richardson and Jamie Hubley. Did media coverage makes things worse?

You wonder. The guidelines suggest the media avoid several things, among them: details of the method, the word "suicide" in the headline, photos of the deceased, admiration of the deceased, "exciting" coverage and romanticized reasons for the suicide.

A column and headline in the Toronto Star on Wednesday had me thinking about all this.

The front-page headline: "Heather Mallick on beautiful Ottawa boy Jamie Hubley, bullied to death by peers," was followed by an inside headline "Bullies broke him, this beautiful boy," while the piece began: "What a shockingly beautiful boy Jamie Hubley was."

You know, does the tragedy matter less if he wasn't good-looking or "beautiful"? Do the plain not suffer?

More importantly, the column depicts Jamie as a cute, brave schoolboy, a hero waging this lonely war against big, bad bullies, the ugly monster of homophobia, until he absolutely couldn't take it anymore.

The problem with this depiction, done in powerful, but overwrought language, is that it takes us far beyond the supporting facts.

First of all, suicide is in no way heroic. Nor should we write about suicide victims as though the act covers them in glory. Jamie did not die, as the author writes, of "human cruelty." He died because, despite best efforts from a lot of people, including trained professionals, he couldn't cope.

Secondly, we know that, in his father's words, bullying was a factor in the boy's demise. This is a long way from saying it caused it.

Jamie had a history of serious, persistent depression. Surely this is the biggest elephant in the room? A lot of kids are bullied; a lot of kids are gay; a lot of kids are gay and bullied, yet do no harm to themselves. So there is more to it than one cause, one effect.

This is the inherent problem with reporting complicated problems in newspaper stories. We only work with what we have.

Readers, meanwhile, are attracted to moral dilemmas in news stories because they are intellectually engaging. Part of understanding the story, inevitably, is a game of blameworthiness: It's the school's fault, it's the doctor's fault, it's the bullies' fault, it's the adults' fault, it's society's fault; all of which are probably true and false.

(Indeed, the association guidelines frown upon "simplistic reasons for the suicide.")

I offer one more thing to think about in an already complicated story.

The three suicides, arguably, to have received the most media coverage since 2008 were all young people, all good-looking, all warring with demons that, as readers, we never fully understood.

There are reasons why the news found them. In Kajouji's case, there was a public search for a missing person, then a dastardly link to an online predator. In the Richardson case, it was a well-known family, a broad hockey connection and the shocking age of 14.

In Jamie's case, it was a prominent father, the online confessions, plus the added layers of bullying and homophobia. In other words, in each case, there was a public interest: What could authorities - educational, medical, parental - have done differently?

Is it possible there are links between these three? Who can know?

We do know that, every year in the Ottawa area, about 100 to 120 people commit suicide, or about two a week. About most of them we will not hear a peep in the news.

Some of them are beautiful-looking, no doubt; some are not. But, of their heroism, we should not pretend to know.

To contact Kelly Egan, please call 613-726-5896, or email kegan@ottawacitizen.com.

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Private Members' Business

ITEMS IN THE ORDER OF PRECEDENCE

No. 1

C-300 — September 29, 2011 — Mr. Albrecht (Kitchener—Conestoga) — Second reading and reference to the Standing Committee on Health of Bill C-300, An Act respecting a Federal Framework for Suicide Prevention.

Pursuant to Standing Order 86(3), jointly seconded by:

Mr. Woodworth (Kitchener Centre) — October 4, 2011

Mr. Shipley (Lambton—Kent—Middlesex) — October 17, 2011

Mrs. Smith (Kildonan—St. Paul), Mr. Breitzkreuz (Yorkton—Melville), Mrs. Davidson (Sarnia—Lambton) and Mr. Braid (Kitchener—Waterloo) — October 18, 2011

Mr. Payne (Medicine Hat), Mr. Miller (Bruce—Grey—Owen Sound), Mr. Chisu (Pickering—Scarborough East) and Ms. Brown (Newmarket—Aurora) — October 19, 2011

Mr. Stoffer (Sackville—Eastern Shore), Mr. Sorenson (Crowfoot) and Mr. Comartin (Windsor—Tecumseh) — October 20, 2011

Ms. Leslie (Halifax) — October 21, 2011

Mr. Mayes (Okanagan—Shuswap) and Mr. Warkentin (Peace River) — October 24, 2011

Mr. Rae (Toronto Centre) — October 26, 2011

Mrs. Ambler (Mississauga South), Mr. Toet (Elmwood—Transcona) and Mr. Carmichael (Don Valley West) — October 27, 2011

No. 2

C-313 — October 3, 2011 — Mrs. Davidson (Sarnia—Lambton) — Second reading and reference to the Standing Committee on Health of Bill C-313, An Act to amend the Food and Drugs Act (non-corrective cosmetic contact lenses).

Pursuant to Standing Order 86(3), jointly seconded by:

Mrs. Smith (Kildonan—St. Paul) — October 18, 2011

No. 3

C-290 — September 28, 2011 — Mr. Comartin (Windsor—Tecumseh) — Second reading and reference to the Standing Committee on Justice and Human Rights of Bill C-290, An Act to amend the Criminal Code (sports betting).

Affaires émanant des députés

AFFAIRES DANS L'ORDRE DE PRIORITÉ

N° 1

C-300 — 29 septembre 2011 — M. Albrecht (Kitchener—Conestoga) — Deuxième lecture et renvoi au Comité permanent de la santé du projet de loi C-300, Loi concernant l'établissement d'un cadre fédéral de prévention du suicide.

Conformément à l'article 86(3) du Règlement, appuyé conjointement par :

M. Woodworth (Kitchener-Centre) — 4 octobre 2011

M. Shipley (Lambton—Kent—Middlesex) — 17 octobre 2011

M^{me} Smith (Kildonan—St. Paul), M. Breitzkreuz (Yorkton—Melville), M^{me} Davidson (Sarnia—Lambton) et M. Braid (Kitchener—Waterloo) — 18 octobre 2011

M. Payne (Medicine Hat), M. Miller (Bruce—Grey—Owen Sound), M. Chisu (Pickering—Scarborough-Est) et M^{me} Brown (Newmarket—Aurora) — 19 octobre 2011

M. Stoffer (Sackville—Eastern Shore), M. Sorenson (Crowfoot) et M. Comartin (Windsor—Tecumseh) — 20 octobre 2011

M^{me} Leslie (Halifax) — 21 octobre 2011

M. Mayes (Okanagan—Shuswap) et M. Warkentin (Peace River) — 24 octobre 2011

M. Rae (Toronto-Centre) — 26 octobre 2011

M^{me} Ambler (Mississauga-Sud), M. Toet (Elmwood—Transcona) et M. Carmichael (Don Valley-Ouest) — 27 octobre 2011

N° 2

C-313 — 3 octobre 2011 — M^{me} Davidson (Sarnia—Lambton) — Deuxième lecture et renvoi au Comité permanent de la santé du projet de loi C-313, Loi modifiant la Loi sur les aliments et drogues (lentilles cornéennes à but esthétique qui ne corrigent pas la vue).

Conformément à l'article 86(3) du Règlement, appuyé conjointement par :

M^{me} Smith (Kildonan—St. Paul) — 18 octobre 2011

N° 3

C-290 — 28 septembre 2011 — M. Comartin (Windsor—Tecumseh) — Deuxième lecture et renvoi au Comité permanent de la justice et des droits de la personne du projet de loi C-290, Loi modifiant le Code criminel (paris sportifs).

SPIN DOCTORS

“Aside from House leaders and caucus chairs—who do you think is the most influential MP in a House of Commons party other than your own? Why?”

By [LAURA RYCKEWAERT](#) | Nov. 07, 2011

Sarah Bain
Liberal strategist

“This week’s question is filled with restrictions. If only I wasn’t so limited, I could have gone on and on about the work being done by Liberal caucus members to oppose the government’s blatant disregarding for Canadians, on such files as the gun registry, the AG nomination, copyright, and the Canadian Wheat Board.

“There is however, one Ontario Conservative MP, Harold Albrecht, who has worked to bring all parties together in support of his private member’s bill on suicide prevention—Bill C-300, an Act Respecting a Federal Framework for Suicide Prevention.

“The intent of the bill is to create a federal framework to help coordinate efforts on suicide prevention across the country by improving knowledge about suicide, by increasing awareness about suicide, and by establishing and sharing best practices on suicide prevention.

“Like the Liberal motion on a National Suicide Prevention Strategy, Harold Albrecht’s bill has helped create non-partisan dialogue and all-party momentum towards addressing and preventing suicides. “

