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Chair

Ms. Bonnie Brown

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•(1105)

[English]

The Chair (Ms. Bonnie Brown (Oakville, Lib.)): Good morning, ladies and gentlemen. It's my pleasure to welcome you to the 23rd meeting of the Standing Committee on Health, which is convened for the purpose of responding to an order of reference from the House of Commons from Wednesday, February 9, on Bill C-206, an act to amend the Food and Drugs Act with respect to warning labels regarding the consumption of alcohol.

I have to announce to the members that your agenda has been adjusted because as of this morning, despite confirmations, the Brewers Association of Canada, the Microbrewers Association of Quebec, and the Canadian Vintners Association have all withdrawn their commitment to be present today. In any case, we will hear from our first scheduled witness, who is Mr. Paul Szabo, the MP for Mississauga South. This is a private member's bill and he is the private member.

We have to applaud Mr. Szabo, because his bill has been before the House before and I think it died on the order paper. He is a very persistent chap, and he has managed this time to get it through second reading and into our hands.

Mr. Rob Merrifield (Yellowhead, CPC): Excuse me, but are there Health Canada officials here?

The Chair: No, we cancelled them. The original group was supposed to be Paul Szabo and the Health Canada officials for one hour. The brewers, the vintners, and the distillers had all complained that they weren't going to have enough time. We cancelled Health Canada for today in order to make sure these people had enough time to present their case and be questioned, and now they've withdrawn. So this could be a very short meeting, Mr. Merrifield.

Mr. Rob Merrifield: Yes, I just wanted to make sure.

The Chair: Mr. Savage.

Mr. Michael Savage (Dartmouth—Cole Harbour, Lib.): Madam Chair, is it the intention to reschedule those people who were planning to attend today?

The Chair: If we can find a meeting date. As you know from the calendar we gave out last Monday, the schedule is pretty full and this meeting was set aside. Mr. Szabo was going to restrict himself to about five or ten minutes, and then we were going to move right on to the brewers and the vintners. Seeing how they've now pulled out, they of course are looking for another date, but whether we can find one is a little bit of a question.

Mr. Michael Savage: The date we had added was when?

The Chair: We added a meeting on Wednesday, March 9, and we added some witnesses. Your latest calendar shows Dr. Robert Solomon, from the University of Western Ontario; Judge Turpel-Lafond, who is an expert in this from the legal perspective; and the Canadian Centre on Substance Abuse. We had already moved the distillers there because they had a legitimate excuse for not being here, in that they had a meeting with the Minister of Finance of Ontario today. We accommodated their request because they had a serious reason.

Mr. Michael Savage: I assume this is the letter about this meeting, indicating that one of the witnesses had a family emergency. I assume you'd try to accommodate that person.

The Chair: We will try.

Mr. Michael Savage: Thank you.

The Chair: Mr. Ménard.

[Translation]

Mr. Réal Ménard (Hochelaga, BQ): Madam Chair, I am sorry I am late.

I just want to make sure that the brewers and the micro-brewers will be heard. As far as we are concerned, we are not ready to start on clause-by-clause. There is no hurry. We must make sure that major witnesses appear before us.

This morning, we were advised that a witness had to deal with a personal health emergency. This kind of thing can happen to any of us. You had to deal yourself with health concerns at the beginning of the year and we are pleased to see you fully recovered. We have to find a way to meet these people even if it means sitting at another time. We can't think of going to clause-by-clause until these people have been heard. I think this view is shared by all members of the committee.

•(1110)

[English]

The Chair: I agree; however, some of these people have already told the clerk certain conditions upon which they will come and certain conditions under which they don't want to come. I'm just not making promises. We may decide to have an extended meeting one of these days and have a bigger round table, and we would in fact then hear from both sides, pro and con, at the same time. That may require you to adjust your schedule to accommodate perhaps a three-hour meeting.

Because I just found out this morning that they weren't coming, I really haven't had time to confer with the clerk and look at options. However, we will not move to clause-by-clause unless we schedule them again, they commit, and then they cancel. I mean, you can't cancel twice and still want to be heard.

Mr. Fletcher.

Mr. Steven Fletcher (Charleswood—St. James—Assiniboia, CPC): I agree with Mr. Ménard that we should hear them, but I would hope this strange alignment of all the associations cancelling for a variety of reasons is not a delaying tactic. I would be very, very upset if that is their strategy.

The Chair: I think you're wiser than your years, Mr. Fletcher.

Mr. Merrifield.

Mr. Rob Merrifield: Something you said strikes me as a little odd: they had given you certain criteria under which they would come or not come to testify.

The Chair: That was the distillers. They didn't want to come unless they could sit at the end of the table by themselves, and not at the same table with the brewers or the vintners.

Mr. Rob Merrifield: Really.

The Chair: Yes. We haven't had that trouble with the brewers before, but the reason they cancelled was apparently they found out the distillers weren't coming.

According to this letter, the brewers cancelled because of a family emergency. The vintners cancelled because the brewers weren't coming. And they all want to come with the distillers, but the distillers don't want to come with the other two.

Mr. Rob Merrifield: I would just suggest to you, as chair, that we not listen to criteria. If they want to testify, then they're coming to testify before this committee and not each other. If we have to, we'll put them on each side of the table perhaps, and have a long table, but —

The Chair: I made it clear to the representative of the distillers that when he comes, he doesn't get to set the criteria, we do.

Mr. Rob Merrifield: Exactly.

On the other point, I've seen Mr. Szabo speak in the House and I know he can use up quite a bit of time. I know he would respect the committee and not take advantage of this situation, but I wonder how much time we're actually going to give Mr. Szabo.

The Chair: To tell you the truth, I had originally booked Mr. Szabo to do a major presentation. With the problems I was having with the distillers, I changed that, cancelled Health Canada, and asked him to prepare for five minutes. That's what he has done, but I also promised him the right to come in at the end of this set of hearings for a kind of wrap-up, seeing how he's the sponsor.

Mr. Rob Merrifield: I would suggest we give him a little more than five minutes today.

The Chair: He just put up five fingers. That's what he's prepared to do. My guess is that this meeting won't need to be more than forty minutes.

Mr. Réal Ménard: Pardon me, Bonnie, but I cannot believe that. I'm ready to bet a beer that it's going to be longer than that.

Some hon. members: Oh, oh!

The Chair: Mr. Thibault.

Hon. Robert Thibault (West Nova, Lib.): Madam Chair, I know it's difficult for you and the clerk to organize all of this, and I thank you for all the work you've done in trying to accommodate all the people. But I have to express my disappointment with our witnesses today. If the brewing industry all hinges on the ability of one individual to be here today to present these opinions.... I find that very difficult to believe.

I think there are vice-presidents and presidents and executive directors and individual members of the Brewers Association who could have, if they had so wished, been here to make that presentation to us. I don't think we should bend over in too many ways.

The Chair: In actual fact, my understanding is that the president of the Brewers Association was available, but the brewer who was accompanying him was not. They would not let the president come to make their presentation without a brewer with him.

If I seem a little impatient, that's the kind of thing we've been running into. In any case, we're now ready...

Ms. Crowder, I'm sorry. You didn't have a turn.

Ms. Jean Crowder (Nanaimo—Cowichan, NDP): I'm a new member, of course, but my understanding is that these witnesses can also prepare a written brief. If they're unable to appear before the committee, they certainly have the option of sending in a written brief. That might be a way to accommodate them.

● (1115)

The Chair: Yes, that's true. They want to come, though, but they want to come on a date that's convenient for them, etc.

We'll move right now to Mr. Szabo, who knows the most about this bill, seeing as it's his bill. This will be a good introduction for us.

Mr. Paul Szabo (Mississauga South, Lib.): Thank you, Madam Chair.

I'll just say at the outset that I have come prepared with a five-minute statement and some other materials. I was going to just leave it to the committee as to how much time they wanted to spend with me before they moved on to the next witnesses. I had understood that they were very much interested in having enough time to present their case, and I fully agree with Mr. Ménard and others that all stakeholders in this matter should be heard appropriately so the committee has the best information on which to make an informed decision. I am certainly in support of that.

Madam Chair and colleagues, it's my honour and pleasure to present to you for consideration Bill C-206, an act to amend the Food and Drugs Act to require health warning labels on the containers of alcoholic beverages. I first introduced this bill in June 1995, some ten years ago, and I can tell you that probably each and every day I've been a member of Parliament I've thought about the impacts of alcohol on the unborn and also on Canadians.

For your information, I've provided a bilingual package for all of you that includes a copy of the bill; my November 24 speech at second reading; extracts from a speech given by the Minister of Health on February 7, which is related to this bill; and a copy of a form letter that is being sent to members of Parliament by employees of the beverage alcohol industry against Bill C-206; as well as sample literature. There are also posters, promotional material I have developed over the years under the auspices of a program I started in 1997 called Drink Smart Canada. You will see Drink Smart Canada's message on the poster. I am very proud of it.

I think as we move forward, should we decide to proceed, I have something to contribute in terms of testimony and evidence to Health Canada with regard to the appropriate messaging with regard to drinking while pregnant as well as general purpose responsible use of alcohol messaging.

Madam Chair, I've also brought with me copies of the manuscript of a book I wrote in March 2000 called *Fetal Alcohol Syndrome—The Real Brain Drain*. It is not translated into French, I'm sorry, but I have some copies of the manuscript that are available if members would like to have one.

Finally, I brought samples of alcohol bottles, some of which have been exported from Canada to the United States, that include the health warning label that is required in the United States. I've also included some samples I think you'll find very interesting. One bottle has a clear stick-on plastic label that has football players on it along with the warning label, but the glass bottle itself has been shaped specifically to have the characteristics of a football, with the lacing right in the glass as well as the ribbing. This was a special promotional item. This is not inexpensive, but they don't do this if it doesn't work. I give it to you as an example.

You might want to examine some of these. I wouldn't drink any of them; they are all ten years old.

One of the big issues here is the effectiveness of labelling. I have a lot of material that will demonstrate to you that 68% of Americans don't even know there is a label on their alcoholic beverages. If you want to assess labelling effectiveness, what you really have to do is first of all determine whether the labelling is noticeable. I'd like to pass this one around. If you can find the health warning label on this bottle of Molson Golden, which I purchased in Detroit, I will give you a candy.

Could we have that one go around, and maybe the football one as well? That's always cute.

At the request of the committee, I'll make only a brief submission, but if necessary I can provide substantial material on virtually every aspect of this discussion and would be pleased to present it. But I understand that maybe it would be better to respond to the committee's needs rather than anticipate what your needs are.

Colleagues, alcohol is the most widely used and abused drug in North America. The active ingredient in alcohol beverages is ethyl alcohol, commonly known as ethanol. It works like ether, which puts you to sleep during a medical procedure. Acting like an anesthetic, it puts the brain to sleep.

• (1120)

It is also a central nervous system depressant, slowing down body functions such as heart rate and respiration. Small quantities of alcohol may induce a feeling of well-being and relaxation, but larger amounts of alcohol—and this is important—can cause not only intoxication, sedation, and unconsciousness but also brain damage, physical or mental illness, and even death.

I refer you to the brochure in your kit that highlights the problems. I won't go through it, but as you can see, virtually every normal activity of human life can be affected in terms of the impacts of consuming alcohol, whether snowmobiling or any number of things. There are falls: 50% of hospital emergencies are directly or indirectly related to alcohol. This is not insignificant, Madam Chair.

I also wanted you to examine the small version of this Drink Smart poster I have on fetal alcohol syndrome. I know I've spent a lot of time reminding members about some of the aspects, but when you look down there, you'll understand that people who are affected by fetal alcohol syndrome have a life of challenges, extreme misery, and tragedy.

You should also know that, based on federal and provincial assessments—and I asked the then justice minister this question during QP—they now estimate that 50% of the inmates in the prisons of Canada suffer from fetal alcohol syndrome or other alcohol-related birth defects; that's 50% of the people in our jails. If you're interested in young offenders, what happens, and how we can deal with that, you have to address the alcohol problem as well.

Now I'm quoting from the February 7 speech of the Minister of Health, which is in your kit; I believe it's the second paragraph in the extract you have. He declares that "One day the Chief Justice of British Columbia took me aside and said, 'I want you to know that at least 30% to 40%—if not 50%—of the people that appear in the criminal courts every day are FAS-affected'". I think it's very important that there is third-party testimonial from within the criminal justice system of Canada.

Our criminal justice system is based on rehabilitation, but as you all know, for people who have brain damage, rehabilitation is not applicable.

I think you can appreciate why I've been so motivated to promote new initiatives to address the wide-ranging and tragic impacts of alcohol misuse in Canada. Beverage alcohol is, however, a legal product, but it must be used with caution.

I should also note that beverage alcohol is the only consumer product that can harm you if misused but that does not warn you of that fact—the only consumer product. From a product liability standpoint, considering how many people are harmed by beverage alcohol, I find it is a concern that the industry has not itself voluntarily put appropriate warnings on its products. The recent Quebec and British Columbia court decisions to permit class action lawsuits against tobacco companies should be of concern to the alcohol industry. Tobacco products are now labelled, but the messaging in the early years of tobacco labelling did not differentiate between light, mild, and regular.

Turning to the bill, you will note that it only has one clause, which deliberately leaves the details of labelling requirement to prescription by Governor in Council. That means the precise wording, the form, and the size of the label, together with any other details—necessary transitional provisions, effective date, etc.—will all be provided in the regulations to the bill.

This was recommended to me by Health Canada officials years ago to provide us as much flexibility and latitude as possible to respond to industry concerns and regulations. I think it's important not to anticipate anything in the bill and not to try to impose it in a draconian fashion, saying this is what we're going to do, so yes or no? It should provide latitude and flexibility for you to understand what the current concerns are, to respond to those as much as possible, and to try to look for that win-win situation so everybody in Canada benefits from the initiative and no one is unduly penalized by the initiative that's being proposed by this bill.

Now, I know Health Canada officials have been dialoguing with various stakeholders. I very much hope that the industries will agree to work collaboratively with Health Canada to become part of an effective national alcohol strategy of which warning labels will be a part. Let me repeat: a national, comprehensive alcohol strategy of which labelling will be a part. Labelling in itself is not a panacea.

Let me move on. These labels are currently used in 20 countries, including the United States, and have been used since 1989. This year—actually, this month—France and South Africa have decided to adopt health warning labels similar to the model adopted by the U.S. As well, I have literature in which you will see there are also serious discussions at the legislative level in New Zealand, Australia, and the U.K. to mandate health warning labels.

• (1125)

Now, labels in themselves represent a consumer lighthouse sending signals of impending danger. Their prompt should remind us of all responsible use messages, which are appropriate given the identified risks.

It is my sincere hope that the committee will not only look favourably on Bill C-206, but will go further and recommend the development and promotion of a comprehensive health strategy to address the prevalent misuse of beverage alcohol and the growing but preventable tragedy of fetal alcohol syndrome. If we could prevent even a small percentage of alcohol-related birth defects, the savings in health, social program, educational, and criminal justice costs would be many times more the cost of an effective national prevention strategy. More importantly, we could eliminate so much

human misery and suffering, which I believe is the essence of a caring society.

This concludes my remarks, Madam Chair. I would thank you for your consideration of Bill C-206.

The Chair: Thank you, Mr. Szabo.

We'll move to the questions and answers. I understand Mr. Merrifield will lead off for the Conservatives.

Mr. Rob Merrifield: Well, first of all, I want to thank you for your persistence. You get an A for endurance, if nothing else.

I do want to thank you, actually, for bringing this bill forward. It passed into first and second reading in the House, and you saw the kind of support it received there. Albeit some members may have said, "Let's get this into committee and let's allow the committee to take a comprehensive look at it", it did receive a significant amount of support.

I think the intent here is that we support that intent. I believe the House supports it. I believe most Canadians support it. And I believe most of this committee will.

The intent of the bill is to warn individuals of the risks of consuming alcohol, particularly expectant mothers. I'm wondering what you have found out in your decade of working on this with regard to a comprehensive program that is happening in the United States. We know they've had labelling on their bottles since 1989. I don't think anyone here in this room or in Canada is fooled into thinking that a label alone is going to solve the problem. You've said that as well.

Have they developed any kind of program in the United States, a comprehensive program, which you suggest is needed? That's one question.

The other is, have you contacted Health Canada? This is a question we'll ask them in more detail, but perhaps you know already how far along they are with regard to a comprehensive program here in Canada.

Mr. Paul Szabo: First of all, with regard to the U.S. situation, in 2001 the Bureau of Alcohol, Tobacco and Firearms, which has the responsibility for the regulations on labelling, was petitioned by 148 NGOs, including four members of Congress and the former Surgeon General, C. Everett Koop, to change the regulations because they had research evidence that found that two-thirds of the people in the United States of America were not even aware that there was a warning label on beverage alcohol—not even aware. So it's not a matter of whether they were effective; they can't be effective if you can't see them.

You might have noticed on the bottle that I circulated that the message is vertical rather than horizontal. It's on gold background with light blue lettering, and unless you were to have the light correctly, you wouldn't even find it.

The Bureau of Alcohol, Tobacco and Firearms sent this petition out to all of the stakeholders, to the industry, and asked for suggestions on how they might change it. Interestingly enough, almost all of the feedback they got from the industry was that the labelling was just fine. They've decided that at this time they will not move forward.

Since that time the cause has been taken up by many other groups. This year, the new Surgeon General has declared 2005 as the year of the healthy child. I'm told that it will be one of his earmark achievements during this year to ensure that the labelling on U.S. beverage alcohol more fully complies with the intent of the regulations. Unfortunately, the regulations were very loose and provided more latitude to the beverage alcohol industry than they wanted. So unfortunately, the data you have there are not good with regard to the U.S.

With regard to Health Canada, I have been working with Health Canada on this for years, most recently with the new Minister of Health. I know he's very knowledgeable personally from his work when he was Attorney General of B.C. I can also advise you that I've been having significant discussions with Health Canada with regard to the development of the broader campaign, as well as dealing with suggestions for amendments to the bill dealing with matters that have been brought to their attention, which I understand may be brought to the committee for its consideration.

● (1130)

Mr. Rob Merrifield: I understand what has happened in the United States. I believe you described it accurately: a label on a bottle is not necessarily going to do anything, particularly if they can't see the label. Nor is a label on a bottle, even if they could see it, on its own going to solve the problem. If the brewers were here, they would argue this case.

The point is that we won on drinking and driving to a degree because we raised awareness in society enough that it became unfashionable to do so, and it became peer pressure, which is a very powerful tool in society. We're doing the same with cigarettes. It's not the gums you see on the cigarette package that really does it; it's raising the awareness so that it becomes unfashionable, and then peer pressure does not allow it.

Here we are around this committee dealing with one clause in a bill to put a label on alcohol—which is fine; I don't oppose it at all. But I'm also not so naive to think that this is going to solve the problem. We have to do much more than just put a label on a bottle, as a committee. Yet we're mandated just to deal with this. Do we pass it or don't we?

I'm wondering if you have some suggestions as to what kind of comprehensive plan we might want to attach to this.

Mr. Paul Szabo: Well, thank you.

Again, I want to just reiterate that the health minister in his speech—the extract of which you have—said that health warning labels are not a panacea. They are not the silver bullet. They in themselves are not going to eliminate fetal alcohol syndrome. We must be realistic.

It is, as one gentleman described it, a consumer lighthouse, sending out pulses of impending danger. It's to remind you or prompt

you to think of all of the responsible-use messaging that you have got through the other programs.

On the drinking and driving, as you're well aware, every province is running programs. I'm thinking of static stickers, very similar to something like this, where they go on the back window of your car. They have advertising there. You will notice that none of that advertising, by the way...all of the effective advertising does not have a co-sponsor of the product itself.

Beer companies in the province of Ontario do not get together to put out health warnings. It is a hybrid message. It's to the benefit of both. It has to be that the government or Health Canada cautions that consumption of alcohol during pregnancy or while operating machinery or equipment is a problem. You could never get all of the messages that I think we all want to let Canadians know about on a label. It's impossible. That's why it is part of a comprehensive strategy.

Now, with regard to comprehensiveness, I put 8,000 English and 3,000 French posters out all across Canada. The Canadian Medical Association, the Canadian Nurses Association, and the firefighters were very instrumental in getting these posters out. They're honorary patrons of the Drink Smart campaign, as is the Canadian Association of Fire Chiefs. These posters actually appear in every Health Canada office all across Canada and were put up in 1998.

We have this literature on Drink Smart, or *en français, Boisson Sage*. I have put out over 100,000 pieces of this in my own riding—to schools, to doctors' offices. I have probably put out maybe 500,000 pieces of literature all across Canada. I've done all this on my member of Parliament budget. Rather than having one more employee, I have over the years used the additional moneys to have promotional material in support of my private member's initiative, and I've shared it across Canada.

I also have a toll-free number. You will notice it's on our posters. It's 1-888-463-1111. That's the Drink Smart hotline. It's in my constituency office. People call. They want copies of this. They say they saw my poster and ask what they can do.

Drink Smart has become a theme.

I would just suggest to you that those are some of the things I've done. I'm not an expert in marketing, but I know Health Canada has a lot of experience with regard to tobacco, for instance, with regard to labelling and the attendant marketing strategy that should be used to warn of the appropriate risks.

● (1135)

Mr. Rob Merrifield: Can you tell me what might be happening with respect to different provinces in regard to this issue, particularly with curriculum? Does it have the attention of the educators of the country? Has it been pushed by any of the provinces much more than it has by the federal government?

It will be an interesting session when we have Health Canada here and we get their description of exactly what they've been doing, because I think it's precious little.

Mr. Paul Szabo: I could tell you in the provinces there is a lot of good work going on. B.C. is by far the leader in terms of NGOs and collaborative work with the Government of B.C. with regard to fetal alcohol syndrome. They have been just fantastic to me. There are, I believe, 200 NGOs out there whose objective is to try to address the problems associated with alcohol consumption. It is not just during pregnancy; it should be in anticipation of pregnancy. That's why, I should point out, that the messaging I've been using since 1997 is that if pregnancy is possible, you should abstain from alcohol, not if you are pregnant, because as you know, sometimes women wouldn't know they were pregnant until two or three months into pregnancy. The riskiest time for the unborn child during a pregnancy is between days 15 and 22. That's when the primitive streak starts, the spinal cord is developed, and all of the starting points of your eyes, your ears, etc., are all fixed during that third or fourth week of pregnancy. Nothing's going to change that once it's done. The alcohol gets in there and attacks the system, and that's why we have physical deformities and mental deficiencies.

You can see this from the picture. This is the brain of a six-week-old baby. The large one, the normal looking one, is a normal child. The other is a fetal alcohol syndrome child. You can see what alcohol can do.

B.C. and Alberta are quite good. Alberta, Saskatchewan, and Manitoba actually have been working very well together. They've been doing joint efforts in terms of public education. Canada has started, as a consequence of my last bill, the national advisory committee on fetal alcohol syndrome/fetal alcohol effects, and it had people come from all provinces and all... You know how government does it; it has to one of everything and gender balanced, etc. It lasted for about a year and a half, and I appeared before them. Its funding was cut off and it just disappeared.

I can tell you that there have been some false starts, but I can absolutely assure you that the Minister of Health of Canada today, Ujjal Dosanjh, is very knowledgeable and very committed to using this bill, if this committee agrees, as a springboard or as a launching pad for a comprehensive public educational and awareness campaign on alcohol misuse.

The Chair: Thank you, Mr. Merrifield.

Now, Mr. Ménard.

[*Translation*]

Mr. Réal Ménard: Thank you, Madam Chair.

I would like to commend you. The least one can say is that you are a persistent man, an elegant euphemism for a stubborn man. In politics, this is sometimes a good thing.

I am looking favourably at your bill. However, I believe that some conditions should be met. As you know, I am a member of Parliament from the province of Quebec—I should say representing the national government of Quebec—where a group called *Éduc'alcool* is involved. In fact, this group will appear before this committee. Perhaps you know this group or you may have had the opportunity to engage with its representatives. Actually, it is an umbrella group of various organizations including, among others, the *Société des alcools*, academics and people from the breweries.

In their opinion, a bill such as yours is not the best way to meet the goal that you're looking at, that is information and ultimately, moderation. They insist on the need to communicate this information by means other than labelling on beer bottles. What is your view of the premise that it would not be possible to make a viable comparison between tobacco and alcohol? Visually speaking, in the case of cigarette packs, consumers are exposed to this messaging in a more direct way than in the case of alcohol. As you know, often, alcohol is being served in a glass, which means that consumers don't see the bottle.

What do you answer to those who say that educational programs developed by Labatt or other brewers would be conducive to a better awareness? Our goal here is to inform people and to promote moderation.

As legislators, we have to answer the following question: is the means that you are proposing the best one? Having made these two points, I will add a question and then I will let you answer.

I was told that nine countries have mandatory warning labels. I heard you talk about 20 countries. Could you give us the list of those countries so that we may understand this inconsistency?

• (1140)

[*English*]

Mr. Paul Szabo: Yes. I certainly can provide the list. It is in the published literature of the United States, and, I believe, of Canada.

With regard to the question of whether or not labels are the right way to go, the premise of the question is that there is one thing you could do that could deal with this problem. I think that's an inappropriate assumption. I think they are quite correct that public education, a complementary campaign that provides the explanation to people that they need with regard to the risks, and if they have questions....

Let me give you the example of Coca-Cola. Coca-Cola is the most widely known brand name and symbol in all of the world, but they continue to spend money on advertising Coca-Cola. There's only one reason why they do that. They have found that if they pull back any appreciable amount in the amount of advertising and promotion they do, their market share drops. It's part of marketing. You must continue to have these pulses to remind people about what your message is.

With regard to the Quebec situation, I want to refer you to a research study prepared by Environics Research Group in January 2000. The number is PN4568. This is the final report prepared for Health Canada on awareness of the effects of alcohol use during pregnancy. They identify three main target groups, and the number one target group was Quebec women.

[*Translation*]

Mr. Réal Ménard: Of course, I understand where you come from. However, you and I are legislators and we must make sure that a legislation is the appropriate tool in order to meet the desired goal. My attention has been drawn to a study by Sylvie Beauchamp, Ph. D., from the Research Group on the Social Aspects of Health and Prevention of the Université de Montréal, an institution where I have studied myself in my younger days. According to this paper, this tool is not effective as far as pregnant women or frequent consumers are concerned.

That does not mean that one should not consider your bill positively. However, I would like to know more in view of the fact that there is always some cost involved in passing a legislation. Having said that, our vote should not strictly be based on financial criteria. Nevertheless, some go as far as saying that his approach is counter-productive and as far as the visual perception of the message is concerned, it is impossible to draw a comparison between tobacco and alcohol.

Are you aware of this study? In my view, you have not been very convincing in that regard. We are not dealing with a marketing strategy here: I know that every company is committed to advertising. However, that is not what we are talking about. We are discussing the best way to reach people who have inordinate consumption behaviours and also, because of the fetal alcohol syndrome, pregnant women.

Given the risk of FAS, you maintain that it is preferable to go with mandatory labelling instead of asking the alcohol industry to implement their own awareness programs.

• (1145)

[*English*]

The Chair: Thank you, Mr. Ménard.

Mr. Paul Szabo: First of all, I am not familiar with that particular study. I do have several others that probably have the same conclusion.

Again, I sense in your questions about how labels in themselves are not going to do...I don't think.

Let me pose to you a challenge. If you want to determine whether or not something is effective, what you have to do is hold all other factors in the world constant while you change that one thing. Then you let that situation stay static for a period of at least two years. This is how this is done. Then you study for five years to determine, first of all, whether or not there's awareness, and second, whether or not there's behaviour change.

It is not possible to hold the world constant while you change one thing. There is nobody who I have ever found who could ever prove that something worked or didn't work. That's why you have to be more on the intuitive side.

In this particular regard, I can tell you one thing for certain—one thing absolutely for certain—and that is that health warning labels on the containers of alcoholic beverages will not hurt anyone.

The Chair: Mr. Savage.

Mr. Michael Savage: Thank you, Madam Chair.

It's a pleasure to welcome my colleague to the health committee. We all have different people in each of our parties who act as mentors to new parliamentarians, and I can tell you that Mr. Szabo has been a great mentor to young parliamentarians—well, not young, but new parliamentarians, such as myself.

Mr. Paul Szabo: I'm an old white guy, right?

Mr. Michael Savage: He's gone to the extent of writing booklets for parliamentarians, with hints they don't tell you in orientation school, so he's been very helpful.

I have a background with the Heart and Stroke Foundation. I was a great proponent of warning labels for tobacco. I spent a lot of time working with the Heart and Stroke Foundation, the CMA, and other organizations, and I think those have worked. But I have a bit of an issue. There's a big difference between alcohol and tobacco. No one's ever smoked a cigarette that was good for them, or that was even neutral for them. I'll allow for the possible exception of medical marijuana in this case. Alcohol, on the other hand, in most cases is consumed responsibly by Canadians.

The question today is not whether we're for or against fetal alcohol syndrome. We need to do what we can to reduce its incidence to zero, if possible. One of my sisters adopted a daughter with fetal alcohol syndrome, and she has done a tremendous job with her, against great odds.

But that big difference causes me to wonder. It seems to me that we need to push a little bit more than intuition, because although we can say that warning labels won't hurt, there is a cost. There's a cost to industry. There's a cost to somebody to put those warning labels on.

I'm wondering what evidence you can give us from other jurisdictions, such as the U.S. and others, keeping in mind that your feeling is well expressed that the regulations are loose. But there are labels in other jurisdictions. Can you talk a little bit about what evidence you have that warning labels work to reduce fetal alcohol syndrome, or drinking and driving?

Mr. Paul Szabo: Thank you for the kind words. I appreciate it. I'm only here for as long as I'm sufficiently appreciated in my riding. If I can help another member be a better member of Parliament, that's a good achievement as well. So thank you for that.

I can't give you proof or evidence, as I explained to Mr. Ménard. There's no way to prove it, but we do know that public education is always part of any solution to a social problem.

We can't deny the fact that there are people who, for whatever reason, abuse a product. That's why I raise the issue of product liability. This is a consumer product that can hurt you if misused. Every other consumer product that could hurt you if misused has a warning label—even my bottle of Tide at home.

The other jurisdictions are going to international symbols now. They're using the triangle with the exclamation mark in the middle, rather than a skull and crossbones, which is what some people like to joke about. It actually is a caution sign with the exclamation mark and a brief message.

People don't read the message, but when they see that sign it is the international symbol for "warning, caution, think about it".

With regard to cost, let me tell you that since 1989 labelling has been required in the United States. Every Canadian producer of beverage alcohol, whether they be distillers, vintners, or brewers, who export their product to the United States have been putting that health warning label as prescribed by the U.S. on the labels of the products they send to the United States.

In the case of Labatt's or Molson's products, of which we have samples here, you will find that on their products that they send down to the States, there's the health warning label. On the products they have here, they don't have it. So they have two different packaging routines, one for export to the United States and one for Canada.

That seems to be an expensive proposition to have two. What if they all had the same? In fact, I would argue that they would save money by having one label for both jurisdictions rather than two.

I could also tell you that every American producer who sends their product into Canada takes the warning label off that's required in the U.S. You will respect the law in the jurisdiction in which you're selling the product.

Cost is one thing. I'm aware of the argument with regard to microbreweries that it's going to cost a lot of money. I can tell you that certainly if there are some discussions or suggestions on how you get around that...

For instance, this is an example. Here's some Canadian Club I purchased in Detroit. It looks identical. This is the Canadian label. This is what you get if you buy it in Canada. On the back there's another label and the health warning message is right there. This is called twin label technology.

In fact, let me tell you what Molson's has done since 2002 in the United States. They introduced twin label technology, where on the back of a beer bottle—as you can see it's fairly empty on the back—they actually have the second label. Their whole strategy, their whole campaign, is, we want to induce women who see men drinking our product to get familiar with the person drinking the product and to promote a little social interaction. On this label, using twin label technology, they have messages like "I'm on the rebound", "I need a hug", "Let's get together", "Can I have your phone number?" This is the messaging that Molson's is putting on to promote its product, to say "Isn't this neat?" It's a social thing.

If you tell me that cost is an issue, I can tell you that cost is not an issue. When you want to get a marketing message out, it's worth spending whatever the heck it takes, because they know it works. If there was a noticeable and readable label, then I would say let's do a research study to find out whether people noticed it and whether they understood the message. Then we could determine over the longer term whether or not behaviour was changed.

I know one thing, though. You cannot legislate behaviour, but you can encourage it.

• (1150)

The Chair: Thank you very much, Mr. Savage.

We'll now move on to Ms. Crowder.

Ms. Jean Crowder: I want to thank you again for your persistence, and I support this initiative. I think it's a little disappointing that this is the second time this bill has come before the House. If we had some measure of the human cost over the last how many years, I think it would be surprising.

One of the things you talked about was the fact that in British Columbia the NGOs have been very active.

I wonder if there is any information on the effectiveness of some of the NGO activities in British Columbia, because, for example, in my own riding the FASD non-profit has worked closely with some of the pub owners. Some of the pub owners in my riding are voluntarily putting alcoholic beverages in bags that are labelled, and many of the washrooms, for example, have posters about drinking and pregnancy.

I wonder if you could comment about some of the activities in British Columbia.

• (1155)

Mr. Paul Szabo: Thank you very much. In fact, I travelled to British Columbia to meet with some of the NGOs a number of years ago. I went to Alaska because Alaska had a program where every bar and establishment that served beverage alcohol actually had to have signs.

I have them in my office in Mississauga.

B.C. is the leader, no question about it. They are getting a lot of support from the government. The NGOs are very active, very large. There are hundreds of them. The good news is that very slowly things are happening. Effective February 1, 2005, Sandy's law in Ontario came into effect. Now every establishment that sells beverage alcohol in their establishment must put warning messaging on the walls within the establishment.

That's a fetal alcohol syndrome background story, but I am absolutely convinced that the provinces, in collaboration with the federal government, will come up with a very effective and appropriate national integrated strategy to address alcohol. The last time I had this bill here every provincial minister of health sent me a letter of support for health warning labels, as well as the Canadian Nurses Association, the Canadian Medical Association, the police officers, the firefighters, the Addiction Research Foundation.

There is nobody out there who was opposed to this bill 10 years ago except for the beverage alcohol industry, and I think everybody understands why. Their objective as an industry—basically to make money—is inconsistent with the objectives of Health Canada to protect the health and well-being of its people. We understand that, and that's why it's very important to recognize that we have different pressures on us. But we have to look for a way. It should not be a draconian bill, and it should never be perceived by Canadians to be a draconian bill, where it's forcing activity. It's appropriate, and I think in working together with the industry we can come up with a strategy. Warning labels can be a part of it, and we can hopefully be able to measure in the very near future a reduction in the incidence of fetal alcohol syndrome and in other negative consequences of alcohol abuse.

The Chair: You have more time.

Ms. Jean Crowder: Great. I think one of the things that is sometimes not clear is the actual human cost of fetal alcohol syndrome. The FASD society in the Cowichan Valley has done a significant amount of work in the education system, for example, working with educators to help them deal with students who are struggling in the classroom. I think when we start talking about costs, we really need to talk about who is picking up the costs for people who are impacted by FASD. I think the human costs need to be recognized more clearly. It's a syndrome, as you well know, that only in the last few years has really had this kind of profile and recognition of the impact.

I assume the industry's major objection is around the cost for labelling. So if there are other things, maybe you could talk briefly about that. Maybe what we really need to do is pass some of these health care costs and societal costs on to the industry if they don't want to talk about labelling.

Mr. Paul Szabo: Yes. Certainly you have received information. I know I have the kit they sent out. Actually, somebody gave this to me. They didn't give me one; they didn't want me to see it. It's chock full of old information. I think much of this is the same stuff that was handed out to people back in 1996.

Basically, as you know, they're going to say they're not sure labelling is effective. Even some of the questions here... You see that people at first blush say, "Can labels do this?" Labels in themselves are not going to do anything other than hit somebody and give them a little bit of a jolt. But if it's linked to a strategy, it becomes a powerful ignition point every time you see the stop sign down there. You don't read the word "stop". If you see that colour, that shape, you know. If you see that triangle with the thing, you should know. We want people to know.

The other part is we think it's targeting and spending the money on at-risk people. If you really pursue that, deciding who is at risk... Environics says first are Quebec women; women who consume more alcohol than others, or more than average; and women who have lower levels of education. I'm not sure how you'd target those people in society. Think about it. What would you do to target those women without getting everybody?

Drink Smart Canada says:

If you are with a friend, family member or acquaintance who is drinking or becoming at risk of hurting themselves or others, you should intervene in an appropriate fashion to make sure that they do not become just another tragic statistic.

On my strategy, if I had the money to promote this across Canada, I would want everybody to know, so if you were in the company of somebody who had been drinking a little too much, you would make an appropriate intervention. Don't let them drive off when you know they're drunk.

A guy in the National Press Gallery told me, "Yes, you know you're right. I was walking out one day with one of my friends. We'd been drinking all night and I knew he'd had a little too much. He was driving out and the lights on his car weren't on. When I told him his lights weren't on, he said it didn't matter anyway because he couldn't see anything. Then he took off."

What should have happened? He should have stopped the car and taken responsibility for his brother. We all have to do that. We are going to be with people who we know are pregnant. If they're in the bar say, "Hey, maybe you shouldn't be drinking. How about just some Perrier, or whatever?" We all should be part of the solution. I think that's where I would go.

Targeting...I just don't know how you would ever measure it. It's very difficult.

However, I know the time has gone. Thank you for the encouragement. It's very helpful.

• (1200)

The Chair: Thank you, Ms. Crowder.

We'll go now to Mr. Thibault.

Hon. Robert Thibault: Thank you. I don't have very many questions. There are just a couple of points I'd like to make. All the relevant questions I can think of have been asked. You've answered them very well and very fully.

First, I want to reiterate how disappointed I am that we didn't have the industry here. I understand, and I certainly hope everything is well with the gentleman's family. One of his family members had some difficulty today. I hope everything goes well.

I think if we had been offering a cheque today to subsidize the production of alcohol, they would have found a way to be here. Somebody could have spoken on behalf of all industries. The vintners, the distillers, and the brewers would have sat on one another's laps if that were necessary, I believe.

I've had this discussion with you on a number of occasions. You've shown a willingness to work with them. There is an opening, and I think it's at the committee. We know the goal you want to reach, and we all share it. Nobody wants to close down jobs, cripple an industry, or ruin anybody's neighbourhood or economy. So we're certainly willing to do anything we can to meet the goals you bring forward that are shared by all parliamentarians.

I also want to thank you for the work you've been doing in communicating and discussing with the Department of Health. I understand as you've been going along on this and as you go forward... I think that makes it a lot easier for everybody, and I congratulate you on that.

I have one quick question for you. As I read your bill, it creates three areas of health concerns that will have to be on the label. You'll put them in a font that's readable—not like what I have seen on some bottles—and do that bilingually, as a requirement of the Official Languages Act. Are we getting a little heavy there on the requirements? Is there room to play?

Mr. Paul Szabo: I am not an expert on national strategies, on alcohol, on marketing—although I've taken a couple of university marketing courses—or on the latest psychological advice with regard to trying to shape behaviour.

I had no intention of producing the precise label. I left it as much latitude as possible. I put the matters in the bill because those are the matters that virtually all the other countries that are now doing this have included in their labelling. The labelling that is in, for instance, South Africa and France will incorporate the same three elements.

What the label says is up to Health Canada to negotiate with the industry. If the bill needs to be changed to say “to include such matters as”, or to provide that one element or the other could be on a message... As long as we had one element on it, just like with tobacco... We can't put them all on, but we've allowed them to run different messages. Here are five or six that you can run. Those are all good things. I think that shows the collaborative spirit that, after we went through court cases, the government was able to work out with the industry on a very important issue. I think it's been very successful. I congratulate them.

Yes, I do want to confirm that I have, as a consequence of our discussion, accepted the invitation from Molson's to meet with them to discuss it. I haven't heard from them yet to find out when. I am certainly open. I have not met any of the current people who are supposed to be there. They haven't talked to me yet. As I've indicated to you on a number of occasions, I would be happy to meet with them at any time, any place, because this is important to me.

I don't want a false start. I don't want a bad bill. I'm going to fight as hard as I can to get this bill. I just think it's time.

•(1205)

Hon. Robert Thibault: Thank you very much.

Mr. Paul Szabo: Finally, we have discussed the possibility of some amendments. As you know, I've already indicated to the officials that I am very open to those amendments in the form that was presented to me.

Hon. Robert Thibault: Thank you very much. Once again, congratulations on the fine work.

The Chair: Thank you, Mr. Thibault.

Go ahead, please, Mr. Fletcher.

Mr. Steven Fletcher: Thank you, Madam Chair.

I have four questions. I'd really be happy if I could get them all in.

The Chair: You can lay them out, perhaps, and within the timeframe, Mr. Szabo can answer. We've been here now for 70 minutes.

Mr. Steven Fletcher: Okay, sure.

My first question is, when I saw the bill and you brought out drinking and driving and FAS as particular consequences of alcohol... There are many other negative things that happen. What struck me about these two was the fact that they tend to affect a third party. They don't necessarily affect the person who's consuming the alcohol; they affect either the baby or the person who gets killed by a drunk driver. It's like the second-hand smoke argument. I wonder if that was a conscious decision on your part or if it just sort of happened. That's question number one.

Second, is all alcohol equal in negativity? We hear that wine has some positive health effects. I haven't heard that argument made for beer or any other liquor.

Mr. Thibault is nodding, “Yes, absolutely”.

Hon. Robert Thibault: Beer supports hockey. Hockey is activity. Activity is healthy.

Mr. Rob Merrifield: But look at what it does to your heart.

Mr. Steven Fletcher: The third question is, we're talking about language—and Mr. Thibault raised this. You get into bilingualism. Actually, we also have a large part of our society who don't necessarily speak English or French. I'm wondering if there's not a symbol, maybe, that we could use, like the skull and crossbones that was referred to earlier, that could say that this product will cause FAS, or impair, or do some sort of harm to you. That way, we don't have to worry about the language issue. People tend to like looking at pictures more than reading, anyway, especially when they're drinking.

Last, when you mentioned that FAS is... The most critical time is the first month in pregnancy. Most women I know tend not to know they're pregnant two or three months on. I wonder how we can address that issue as well.

So those are my four questions, Mr. Szabo.

•(1210)

Mr. Paul Szabo: Those are excellent questions.

On drinking and driving and the three items that I've dealt with, I patterned my choices after the labelling initiatives that already exist in other countries. I have to assume—and I have assumed—that all of these 23 countries that are either doing it now or have planned to do it have done an awful lot of work. Based on their latest information, drinking and driving, health impacts, and this particular risk to women during pregnancy continue to be the top priorities in their campaigns, so I raise them. I'm sure Health Canada has all of the information about prevalence.

With regard to drinks all being equal, as you know, a glass of wine, a cocktail, or a beer all contain the same amount of ethyl alcohol. But with regard to wine and saying there are health benefits, I'm aware of those studies, and in fact the studies have shown this. I find it supportive of my bill, though, because most of the wine industry, particularly...I think in France they've already proved it. They're already looking in other jurisdictions. They want the authority to put their health benefit messaging on the bottles. If that's where the wine industry is going, I find it hard for them to argue that labelling doesn't work.

With regard to bilingualism and the symbols, we are in a progressive society, and I very much agree, Mr. Fletcher, that we need to rely on symbols. These days even to walk across an intersection you don't see the word “walk” any more; you see a picture of a stick man walking.

Let's do whatever it takes. That's why my bill doesn't specify exactly what you have to do. I've tried to, on the advice of Health Canada—and who knows when the bill will ever get through? It's taken ten years since the last time. Still, the issue is the same. It's a public service warning. It's a caution with regard to a consumer product. It has a message that may change from time to time, and if there's any way we can effectively communicate it, that's the way we should go.

I don't believe we should follow the United States model, and I can provide the committee with information showing what was recommended by the petitioners who discredited the U.S. label that's there now. In fact, theirs now has the triangle with the exclamation mark, and instead of "Surgeon General", it says "Government Warning" with the messaging. They have done the work. After 12 years of having the labelling, this is their best information: put a symbol on it but still have some messaging to complement it.

Finally, how do we address the issue of FAS for people who don't know about it already? The messaging should not be to cut back or abstain if you are pregnant; it may be too late by the time you find out you're pregnant. The messaging should therefore be that if you are in your birthing years, if you're sexually active, if you're not using protection, you should eliminate the risk of FAS, because 50% of the pregnancies are unplanned.

The Chair: Excuse me, Mr. Fletcher.

Mr. Steven Fletcher: I'm just wondering what the symbol would be for that.

The Chair: He explained that. It would be a triangle with an exclamation mark.

Ms. Dhalla.

Ms. Ruby Dhalla (Brampton—Springdale, Lib.): It's a good thing Rob spoke first.

I just want to take the opportunity once again, like all of my other colleagues, to welcome you, Paul. I know you've been a great inspiration for me as well, as a new member of Parliament. The persistence you've shown for this particular cause is tremendous, and I think it's through that persistence that we're all sitting here today.

Like many of the other colleagues have said, I don't think any one of us is against the particular cause you are promoting. It's a message that needs to get out nationally. No matter what's done, I don't think it will ever be enough.

My only question revolves around some of the other issues that have been mentioned. In regard to the cost-effectiveness, I know it has been stated by you and some of the other colleagues that in the States, two-thirds of the population doesn't even recognize the fact that there are labels on the particular bottles. So we really need to examine, when we are utilizing an x amount of dollars, what is going to be the most effective strategy for those dollars. Is it going to be in prevention and promotion programs?

For me, coming from a health care background, I think having an integrated strategy, which is a national strategy of prevention and promotion, is the best route to go. But is that necessarily dealing with warning labels, if that's only going to affect 1% of the population?

The other issue that needs to be examined is in regard to small brewers. We've talked about Molson and Labatt, which have tremendous amounts of dollars in their bank accounts. When we look at small breweries—and a number of us as members of Parliament have those breweries in our constituencies, and we have people who are employed by those small breweries—is spending the \$5 million or the \$2 million on labelling going to be effective? Is that going to put them out of business and then we're going to end up with two or three major competitors at a national level?

I would like to know what the cost is—if you have perhaps done any research in this regard—the labelling cost associated with it.

Secondly, we know that a number of breweries, both small and large, have spent over \$100 million in the past 20 years, I gather, in a variety of programs dealing with the risks of alcohol. Is the money, then, if they have to do mandatory labelling, going to take away from those particular programs?

That's it.

• (1215)

Mr. Paul Szabo: Excellent.

As to the U.S. labelling not working, our timing now is quite good, because now we have the experience of a failed initiative, quite frankly. Their regulations were so loose, but at the time—and you may find it a good bit of trivia—this particular initiative in the U.S. was actually started up by Senator Al Gore. They had a very big battle. It was a very major battle with the beverage alcohol industry, and I think the regulations were a compromise. Unfortunately, the regulations were watered down so much that they allowed the beverage alcohol industry to put the labels on but in a way in which they wouldn't be noticed. So everybody was happy; we have our labels, but they don't work.

We can learn from that experience, and we've certainly learned. Health Canada, I know, has been examining what other jurisdictions are doing. I think we need a made-in-Canada solution.

With regard to the small brewers, absolutely.... I have a small microbrewery in my riding, and I'm not sure what they might propose, but I do know that in the Northwest Territories—now the Yukon and Nunavut—they've had warning labels on beverage alcohol since 1991. That's what they look like; they are an adhesive label in lime green with the same message. The people there put them on by hand. They go into the liquor stores and they slap them on every bottle.

If you have to do it, you can do it, in a small type of situation. If you're a microbrewery, you still have to put a label on. It doesn't mean that their label now can't include the warning label on their existing label. So it's not new equipment. They could still comply. This might be something that, for instance, Health Canada may want to determine, that if you have a producer below—

Mr. Réal Ménard: That's not true.

Mr. Paul Szabo: Maybe you can ask me later.

For the small brewers, for people who produce less than a certain volume, there may be an alternative or an effective substitute.

Again, I'm not interested in putting people out of business. I don't think anybody here is. We have to listen.

I think the question on cost is better put to them. All I know is that they appear to spend an awful lot of money, and they change their labels probably about three or four times a year anyway.

Just to give you an idea of the effectiveness of the dollars that are spent, they have a program where they go into the schools and ask the students to come up with little posters or whatever. They bring all their nice fancy colours and stuff like that, and they give cash prizes to kids. You can tell that the kids love the program because they have cash prizes.

The other programs they're using quite successfully, as far as they're concerned, are those in which they have high-profile entertainers and sports figures promoting their messaging. Quite frankly, the signal to the kids is, geez, Paul Molitor and Labatt Blue must be good.

So it's hybrid stuff. The messaging that's going out right now is not pure. If you look at the list, an awful lot of what they do now is supporting existing programs, like the Canadian Centre on Substance Abuse, which was losing its funding and was going out of business. They don't mind being part of something that's not going to work, but they have never come forward with initiatives.

Have they ever proved to you that the \$100 million they've spent over the last 20 years has had any effect? You must ask them: show us the evidence that the money you've spent on targeting and all the stuff that you said we should be doing has already had an effect; you've already done it, so it must work, right? If they can't do that, then I wouldn't be surprised.

But I would say now is the time to stop arguing about what we don't know. What we do know is that public messaging is a good thing. We know this can't hurt. We know it, in itself, can't be a panacea. But we do know that if we put together an integrated strategy and this committee takes the lead in promoting the development of a national alcohol strategy, with, hopefully, warning labels as part of that comprehensive program, that will be a good thing that we can all be proud of.

• (1220)

The Chair: Thank you, Ms. Dhalla.

We'll now go on to Madame Demers.

[*Translation*]

Ms. Nicole Demers (Laval, BQ): Thank you, Madam Chair.

Let me tell you, Mr. Szabo, at the outset, that I am in favour of your bill. Over the last few weeks, I have researched the subject in order to be better informed and have a better understanding of the issue. You mentioned earlier that in the Northwest Territories and the Yukon, warning labels on alcohol bottles have been mandatory since 1992.

I have looked for data indicating whether there had been any changes in the prevalence of FAS. I have found nothing on the

subject and this has raised some concern. Moreover, I haven't found any evidence that the targeted groups had been reached or not.

As you know, in Quebec, we tend to do things differently. I wonder if in the rest of Canada brewers, winemakers—in short, the whole alcohol industry—are required to contribute financially to education and information programs targeted to alcohol consumers. If not, don't you think that such an obligation would make your call for action more effective? In this regard, I find your program Boisson Sage Canada - Drink Smart Canada absolutely fantastic. It is a very attractive catch phrase. I like it a lot.

As my colleague was saying earlier: Don't you think that an information and awareness campaign such as this one would have more impact on the drinking population than a label on a bottle? When I order beer or wine in a bar, I don't see the label on the bottle. This is a concern because the people specifically targeted are the people who are the least likely to see the labels.

Don't you think something could be done in this regard?

Mr. Paul Szabo: Thank you, Ms. Demers.

[*English*]

In the bars, where—you're quite right—people would be served their drink primarily in a glass, they might not even see the bottle. The bars are provincial jurisdiction, so I can't say we have to do something there, but the provinces have. As I have indicated, in Ontario they've just passed a law that was effective February 1, 2005, called Sandy's law. It's now mandatory that all places that serve beverage alcohol have the signs on the walls in that establishment. That's how we deal with those who don't see the labelling.

With regard to whether we have a responsibility or a mandate to get into this, labelling on beverage alcohol is a responsibility of the producers, not the government. We have a responsibility—Health Canada, the Government of Canada, and I guess the parliamentarians of Canada—for the health and well-being of Canada's people overall, in collaboration with the provinces, which deliver programs.

There is no question in my mind that we can only do so much. We have to work together. An integrated campaign with the provinces would be extremely important. I know from the feedback and from the communications I've received from each and every province and territory that this is a project they would absolutely, 100%, fully support and participate in.

I think the time is very good in terms of being able to reach

• (1225)

[*Translation*]

a consensus comprising the territories, the provinces and the federal government.

In my opinion, this bill is a good idea.

Ms. Nicole Demers: Mr. Szabo, you have not answered my question. Are Canadian brewers required to contribute on a regular basis to the funding of education and information campaigns, as they are required to do so in Quebec? In Quebec, they must do so and they comply. They get involved in this area because such are the rules of the game.

Is it the same thing in the rest of Canada?

[English]

Mr. Paul Szabo: It is not a federal jurisdiction to require that. The federal government, under the Food and Drugs Act, has a responsibility with regard to the alcohol itself. This is something that within the provinces is not mandated. By virtue of the fact that we're only talking about \$100 million over the last 20 years, clearly it's not very much.

The Vice-Chair (Mr. Rob Merrifield): Okay. Thank you. Your time has gone.

Mr. Lunney.

Mr. James Lunney (Nanaimo—Alberni, CPC): Thank you very much, Mr. Chair.

Mr. Szabo, I'd just like to add my commendation to those of my colleagues. I'm quite impressed with the work you've done on this file, with the posters and the pamphlets, and over such a period of time. I had no idea your involvement had that depth. I certainly commend you for it.

Along with my colleagues', most of my questions have already been answered. I have a brief one I want to pose for you. I'd just like to make my own comment, though, that we certainly hope, based on the experience of others, that with any labelling we recommend, we try to frame it so that it will have some hope of being effective; that it will not be a stand-alone, but will be in conjunction with a more concerted effort to address the problem. We'll certainly be interested in discussing with Health Canada officials how we propose to advance that issue.

That having been said, you made reference in your discussion with Mr. Ménard to an Environics poll when you were talking about the effects of FAS. You didn't have a chance to really inform us of the outcomes of that poll. Was there some data you wanted to pass on to us? I was waiting for the next line and it didn't come through.

Mr. Paul Szabo: I think I've been spooked by the comments that were made by members earlier about my propensity to talk a lot.

This was done for Health Canada. It is available.

The Chair: Let me assure you, that propensity is shared by every single person around the table.

Some hon. members: Oh, oh!

Mr. Paul Szabo: I have found this to be very informative.

But one of the things they have found in terms of communicating with all of the target groups was that the information should be available in the doctor's office for every targeted group, because women do go there regularly. Doctors know when women are in their birthing years... They have programs now for actually interrogating women when they go to their doctor about what their alcohol habits are, etc. So there is something happening there.

They also went through here and mentioned health clinics, hospitals, advertising—including government-sponsored advertising, NGO-sponsored advertising, industry-sponsored ads—health warning labels, television and other media programs, and articles, especially in magazines, as initiatives to increase awareness on the topic in Quebec society. The incidence of FAS in Quebec is a little higher than the national average.

Forgetting about one province, most startling is that the possibility of a person who has had an FAS child having a second one is about ten times higher if their habits don't change from when they had the first one. That certainly, for me, would be a major target audience: "If you've had an FAS child, we have to talk."

Mr. James Lunney: Just as a follow up, the only comment I'd make on that is that a lot of the women having babies are young women, and, of course, those first pregnancies—the teenagers—are really vulnerable. It seems to me that the message needs to be driven through schools as well, through whatever services young women are accessing.

As we get a little older, we get better informed, but it's the young ones who are particularly vulnerable, it seems to me.

Mr. Paul Szabo: If I may, just to confirm, I printed this off from Health Canada's website, so it's available to all Canadians.

Thank you, Madam Chair.

● (1230)

The Chair: Mr. Carrie has left, but I believe Mr. Ménard wanted to say something at the end of this meeting.

[Translation]

Mr. Réal Ménard: I have two brief questions.

I would like you to confirm something. In Quebec, two models are likely to clash. The first is a model in which various organizations are asked to get involved in education programs and the second is the one that you are proposing. It was mentioned that Éduc'alcool already requires from the industry that it funds prevention initiatives. I believe you have met Éduc'alcool representatives. In any case, I would like to organize a meeting between you, Éduc'alcool representatives and my colleague Ms. Demers. We would be happy to do that.

Do you know if Éduc'alcool has an equivalent in English Canada? Éduc'alcool is funded privately, not publicly. Perhaps our researchers could check whether a program similar to Éduc'alcool does exist elsewhere in Canada. I would like to have this information before the vote following our clause-by-clause study.

On another topic, would you be open to amendments? Even though I intend to vote in favour of the bill, it is quite likely that the Bloc Québécois will suggest an amendment with a view to grant microbrewers a period of grace. One cannot argue that because there are already labels on beer bottles that there would be no additional cost for microbreweries. In terms of their financial situation, they are not in the same league as Molson or Labatt. As sponsor of the bill, would you be open to an amendment that would grant a grace or a transition period—let say five years—to microbreweries before the legislation applies to them?

[English]

Mr. Paul Szabo: I presented this bill to the committee. The bill in fact belongs to Parliament now, not to me. I couldn't withdraw it without the unanimous consent of the House, so it's moving forward.

As I indicated to you earlier, I put this bill in a very straightforward fashion, without a lot of firm foundation as to exactly how it's going to happen, for the precise reason you raise. I think the committee should hear the specific concerns of the industry at large, the microbreweries in particular, to determine what is possible, because we're not interested in hurting businesses we want to help.

With regard to Éduc'alcool, I actually have literature from them. I'm familiar with them, because when you do a web search on fetal alcohol syndrome or alcohol impacts, they are one of the major players, the major player in Quebec, and they have very important messaging there.

We are able to draw on their messages; we know the messages. We have some people out there who are absolute experts in the latest appropriate messaging to use, and not only on how to prevent the problem but also on how to address those who have the problem already. It has to be a holistic approach, so that we're not just dealing with it but we're going to stop the problem 100%. It will still occur. How do we learn from our messages?

I can tell you the saddest, saddest situation that I have ever come across is a couple who adopted an FAS child. They didn't know it had FAS—and what it meant to their lives...

[Translation]

Mr. Réal Ménard: That is not the question. Don't start going on and on about the impact of FAS. We all agree on that. We want to support your bill. However, you cannot be detached from reality to the point of not caring about its implementation and its consequences.

Madam Chair, could our researchers check whether there is an equivalent to Éduc'alcool?

I invite you to think things through because all the actors in the industry are not on a level playing field. When we talk about microbreweries or about Molson and Labatt, we are not talking about the same reality.

I hope that we will be able to make a decision about this bill and to provide information. It is also necessary that we get answers to a number of questions to which you have no answer this morning. But that's not a serious problem. The debate is not about fetal alcohol syndrome but about the implementation of the bill and the best way to reach our goals.

You have done excellent work and you believe in this cause. It's good. Nevertheless, as legislators, there are questions to which we must provide answers. And to do so, we need this information.

Thank you, Madam Chair.

[English]

The Chair: Thank you, Mr. Ménard.

[Translation]

Mr. Paul Szabo: I agree.

[English]

The Chair: Mr. Szabo, each person has already thanked you for your work. But on behalf of the committee, I'm seeing your work not as a panacea, as you suggest yourself, but rather as the launching pad perhaps for the national strategy that I think most of us agree should be developed. If you get this one bill through, it might be the catalyst to move forward. We might be the group that pushes that agenda forward.

Certainly, your spending ten years of your life working on this is something to be respected and honoured. I think all members of the committee have recognized that.

Thank you very much.

● (1235)

Mr. Paul Szabo: Thank you, honourable colleagues.

The Chair: This meeting is adjourned.

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