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## Standing Committee on Health

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**Chair**

**Ms. Bonnie Brown**

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Thursday, March 24, 2005

• (1105)

[English]

**The Chair (Ms. Bonnie Brown (Oakville, Lib.)):** Good morning, ladies and gentlemen. It's my pleasure to welcome you to the 28th meeting of the Standing Committee on Health, in which we will continue to pursue the order of reference of Wednesday, February 9, on Bill C-206, An Act to amend the Food and Drugs Act, regarding warning labels on the consumption of alcohol.

It's my pleasure to welcome today our first witness, who is Professor Robert Solomon from the Faculty of Law at the University of Western Ontario.

Professor Solomon, the floor is yours.

**Mr. Robert Solomon (Professor, Faculty of Law, University of Western Ontario):** Thank you very much. First of all, I would like to thank the committee for the opportunity to appear before you on this important matter.

I've been a professor in the Faculty of Law at the University of Western Ontario in London since 1972. I have authored or co-authored over 150 published articles, studies, and government reports on legal issues in the drug and alcohol field during the last 35 years.

I've presented my findings at national and international conferences, and I have previously appeared before this committee and before other government committees and agencies over the years.

My research in recent years has focused on impaired driving, federal and provincial alcohol regulation, and alcohol-related liability, including the issue of alcohol manufacturers' duty to warn.

I've read the summaries of the presentations of Andrew Murie, the CEO of MADD Canada; Dr. Robert Mann, senior scientist at the Centre for Addiction and Mental Health; Dr. Aslanyan, the president of the Ontario Public Health Association; and Dr. Walker from the Canadian Paediatric Association.

I agree with their findings that the existing federal law fails to recognize alcohol as a drug and that it poses significant risks to public health and safety. I agree with them that the alcohol industry has failed to discharge its moral and social responsibility to inform the public of the harms caused by its products.

I agree with them that consumers have a right to know what constitutes responsible consumption and to know the potential consequences of misuse. And I agree with them that the stated arguments of the alcohol industry in opposition to this bill lack an air of reality.

Moreover, I agree with their conclusions that federal legislation is required to ensure that appropriate product information is placed on all beverage alcohol packaging and containers. I agree with their conclusion that specific warnings that are carefully framed and prominently displayed on alcohol containers can increase public awareness of the risks of consumption, can help put consumers in a position to make truly informed choices, and can contribute to public health and safety. And I agree with their conclusion that warning labels, when coupled with broader initiatives to inform the public of the health and safety consequences of consumption, will have a greater positive impact than warnings alone.

In the remainder of my presentation I will briefly discuss the alcohol industry's legal duty to inform consumers and the need for Parliament to enact Bill C-206. Like all other manufacturers, the alcohol industry has a legal duty to inform consumers of the risks in both the foreseeable uses and the foreseeable misuses of its products.

Warnings must be sufficiently specific and detailed to alert consumers to the probability and severity of the risks. Our courts have clearly and repeatedly indicated that vague, generalized statements, such as "Drink responsibly" or "Know when to draw the line", are not sufficient.

In determining whether a manufacturer has met its duty, the courts will examine not only the actual warning but also any counter-vailing messages or marketing activities that under mine that warning. These principles were most succinctly summarized by the Ontario Court of Appeal in the case called *Buchan v. Ortho Pharmaceutical*. They stated:

Once a duty to warn is recognized, it is manifest that the warning must be adequate. It should be communicated clearly and understandably in a manner calculated to inform the user of the nature of the risk and the extent of the danger; it should be in terms commensurate with the gravity of the potential hazard, and it should not be neutralized or negated by collateral efforts on the part of the manufacturer.

In my view, like the American tobacco industry, the Canadian alcohol industry will eventually be held legally accountable for its failure to adequately inform consumers. However, the successful resolution of such suits may well be a decade or more away.

Parliament has a constitutional authority to regulate advertising, packaging, and labelling of all drugs, and that includes alcohol. There's a pressing need to ensure that the public is adequately informed that alcohol poses substantial risks of accidental death, birth defects, addiction, and health problems.

In my view, this need for the public to be informed is greater now than ever before, because of a number of factors. These include the increased availability of alcohol; the lessening of restrictions on alcohol marketing, advertising, and promotion; the aggressive targeting of young drinkers, who constitute our most vulnerable consumers; and sharp rises in binge drinking among underage and young adults, binge drinking being defined as five or more drinks per occasion. The majority of 15- to 19-year-olds in Canada who drink are binge drinkers. Among males, the majority of current drinkers acknowledge consuming five or more drinks on 12 or more occasions per year.

There's been a tendency to ignore the fact that alcohol is the only intoxicating substance that we allow to be mass marketed and mass distributed in our society. Along with that privilege should come some responsibility.

While some progress has been made in informing the public about the risks of impaired driving, the public is largely unaware of the role of alcohol in other trauma deaths and injuries, such as those involving pedestrians, with 40% of dead pedestrians having been drinking, with most being intoxicated; bicyclists, with 20% of dead bicyclists having been drinking, the majority being intoxicated; snowmobilers, with 70% of dead snowmobilers having been drinking, the vast majority intoxicated; drownings, with approximately 40% of drowning deaths involving alcohol; fires, with approximately 40% of residential fire deaths involving alcohol, most victims being intoxicated; assaults and sexual assaults, with approximately 40% to 50% involving alcohol; and suicides, with approximately 20% involving alcohol. My information is that among young people, at least, alcohol plays an even greater role in suicides than among the rest of the population. Thus, for example, few people realize that in Canada alcohol-related falls put more people in the hospital for more days than alcohol-related car accidents. Alcohol is not a benign substance, and the risks are not limited to drinking and driving.

Bill C-206, particularly if coupled with broader initiatives, has an important role to play in identifying alcohol as a drug that poses significant health and safety risks; in putting the public in a position to make truly informed decisions about alcohol consumption; and in preventing the alcohol industry from continuing to down play, obscure, and gloss over the substantial risks posed by its products. Parliament has the power and the opportunity to set the public record straight on alcohol and thereby contribute to reducing the needless toll of alcohol-related deaths, injuries, illnesses, and costs in our society. Bill C-206 is a long overdue step in this direction.

Thank you again for your time. I would welcome your questions.

• (1110)

**The Chair:** Thank you, Professor Solomon.

Our next witness is Nancy Langdon, a supervisor in the Alcohol Policy Network.

Ms. Langdon, you have the floor.

**Ms. Nancy Langdon (Supervisor, Injury Prevention, Ottawa Public Health, Alcohol Policy Network):** Good morning. I will begin my presentation by reading the letter submitted by the Alcohol Policy Network, which is in your package. I will conclude by drawing on my experiences as a health promotion professional to make two additional points about the value of warning labels.

This letter was written on behalf of the Alcohol Policy Network in support of Bill C-206, an act to amend the Food and Drugs Act currently before the House of Commons Standing Committee on Health. The Alcohol Policy Network is a project of the Ontario Public Health Association, a member of the Ontario Health Promotion Resource System, and is funded through the Ministry of Health and Long-Term Care. This provincial network is comprised of individuals and organizations working to improve the health of Ontarians through facilitating the development of policies and research, building the capacity of health professionals in the prevention of alcohol-related problems, and providing educational resources. The goal of the network is to prevent problems associated with alcohol use while enhancing the health, safety, and well-being of individuals and communities across Ontario.

Echoed by credible organizations such as the Ontario Public Health Association, the Centre of Addiction and Mental Health, the Canadian Centre on Substance Abuse, and others, alcohol causes an incredible amount of mortality and morbidity throughout our communities. According to research conducted for the World Health Organization, alcohol-related harm accounts for 4% of the global burden of disease, compared with 4.1% by tobacco and 4.4% by high blood pressure. In addition, the estimated cost to Ontario of alcohol abuse is approximately \$4.6 billion per year in health care, law enforcement, and lost labour productivity, according to the Ontario Ministry of Health and Long-Term Care.

It's not commonly recognized that alcohol is a drug and when misused can lead to serious negative consequences, including a proven link to more than 60 illnesses and diseases, homicides, suicides, crashes, falls, drownings, mental illness, crime, violence, stress on relationships, and many other consequences. These findings show there is a necessity to educate the public about the dangerous and overlooked consequences of alcohol.

As recent international research describes, the most effective approach to preventing alcohol-related problems is a comprehensive set of strategies that include alcohol policies, enforcement of regulations, social marketing, skill building, and educational measures. Consumer health information and warning labels can play a role in providing such educational measures. Well-researched, simply worded, and targeted health messages on alcohol containers and in alcohol advertisements and promotions are a cost-effective way to raise awareness among people who are at risk of developing or already experiencing alcohol-related problems.

In addition, it is recommended by the Ontario Public Health Association that standard drink labels be included with warning labels and signage. Standard drink labels can assist consumers in gauging the amount of alcohol consumed and its potential effects. An effective method in accomplishing this is through promoting the low-risk drinking guidelines that have collaboratively been developed by the Centre for Addiction and Mental Health, the Ontario Public Health Association, and the Association of Local Public Health Agencies, based on research of international scientific literature.

The Alcohol Policy Network believes that consumers have a right to be informed of the risks associated with the products they purchase. In turn, the network believes the industry has a responsibility to provide consumers with clear, unbiased information regarding these risks.

To conclude, research literature indicates that the presence of warning labels alone will not be an incredibly effective measure in reducing alcohol-related harms. However, coupled with other health promotion initiatives, warning labels and signs will be an effective method in enabling individuals to make informed decisions regarding their alcohol behaviour, thus affecting their health. The inclusion of warning labels on alcoholic products not only presents an opportunity to promote and protect public health and safety, it allows a needed message to be sent to consumers. Alcohol is not an ordinary commodity.

Thank you for the opportunity to provide input on this important initiative.

I would like to pick up on the point about negative consequences being overlooked in the letter. We mean that there's little mention of the negative effects of alcohol in mainstream media. As a health promoter, it is my job to educate the public about low-risk drinking guidelines. Yet between 2000 and 2003, I had on average \$3,000 a year to advertise the drinking guidelines in the Ottawa community.

• (1115)

I'm convinced that no one in this room saw any evidence of my hard work. I'm also convinced that everyone has seen an advertisement by the alcohol industry in the last week highlighting the social benefits of alcohol.

One need only compare the frequency of alcohol advertising to the frequency of public service announcements to realize the heavy burden placed on health promoters to inform the public of the negative consequences of alcohol. This burden must be meaningfully shared with the alcohol industry.

I would also like to make a point about the empirical evidence. Warning labels are not only directed at heavy or at-risk drinkers. As a future parent, I welcome warning labels on alcohol products. Will they deter my teenagers from stealing rye from my liquor cabinet? No. Will they enhance my credibility as a parent as I strive to educate my children to be responsible drinkers? Absolutely.

I have worked with Ontario communities to develop municipal alcohol policies to manage events in their recreational facilities. Most have developed signage warning participants that they will not be served alcohol if they appear intoxicated. This warning does not change the behaviour of participants. Those who choose to drink to

intoxication will likely continue to do so. However, this signage supports event organizers in their duty to withhold alcohol from intoxicated participants.

The use of warning labels or signage is a supportive measure within a comprehensive framework in the prevention of alcohol-related problems. Let's look at the empirical evidence again about the effectiveness of warning labels. If the researchers had asked parents of youth and young adults whether they found labels helpful, the result may have been more positive. Perhaps even bar staff could have been consulted about the supportive impact of warning labels in cutting off intoxicated patrons. Warning labels are a supportive measure within a comprehensive framework.

Thank you once again.

**The Chair:** Thank you very much, Ms. Langdon.

Our next witness is Frances Wdowczyk, the executive director of the Student Life Education Company.

Ms. Wdowczyk.

• (1120)

**Ms. Frances Wdowczyk (Executive Director, The Student Life Education Company):** Thank you, Madam Chair, and thank you very much for inviting the Student Life Education Company to come and comment on Bill C-206 today.

My name is Frances Wdowczyk and I'm the executive director of the Student Life Education Company, a national organization in the promotion of healthy decisions on the use or non-use of alcohol and on other health issues since 1986.

I'm here today to represent Canadian youth on Bill C-206. The Student Life Education Company does not believe warning labels on alcoholic beverages will have any impact on the attitudes, behaviour, and beliefs of Canadian youth regarding alcohol.

First, I'd like to provide you with a brief history of BACCHUS Canada, now known as the Student Life Education Company. Over the past 19 years we have been registered as a not-for-profit charitable organization in this country. The mission is to be the leader in the promotion of healthy decisions on the use or non-use of alcohol and other drugs and on health issues. We do this by increasing awareness; we challenge unhealthy beliefs and unhealthy attitudes, and we provide students and student advisers with resources, training, and educational materials. We say we save the lives of Canadian students.

The Student Life Education Company was formed in 1986 as a result of an alcohol-related death at Ryerson University in 1984. From the beginning, the Student Life Education Company has worked hard to meet the needs of Canadian youth. The philosophy is that high school students and post-secondary students play a uniquely effective role in encouraging their peers to reflect on, talk honestly about, and develop positive habits and attitudes regarding the use of alcohol.

We have three divisions in our not-for-profit. Every fall the Student Life Education Company, or BACCHUS Canada, hosts a conference where we empower student leaders by bringing in some of the top speakers, educators, and entertainers in North America. Our high school division is Student Life NOW! It assumes the responsibility for National Students Against Impaired Driving Day, an annual day of action the third Tuesday of October. The Student Life Education Company's third division, the Canadian Centre for Social Norms Research, is conducting research at post-secondary campuses across the country to better understand how students' experiences and perceptions around alcohol alter their attitudes, behaviour, and beliefs.

So for 19 years we have brought together student leaders, teachers, advisers, and administrators from across Canada to discuss alcohol awareness issues. We've tried to challenge and change unhealthy attitudes by creating and distributing the resources needed.

As we are the only national organization in Canada that focuses on youth in the area of alcohol education, I feel it's imperative that the voice of youth be heard today. We're proud to work with over 450 high schools across Canada, and on average we work with a hundred colleges and universities. We represent a valuable database of concerned youth, and I believe it's useful for the committee to hear our insights.

Our 19 years of experience have demonstrated that youth and the youth market do not respond to legislation or policies in the same way an adult market does. Developmentally, youth see themselves as untouchable; they're never going to die. By nature they're risk-takers. Every region in the country has a different set of issues, and in the same way, every youth is also different. Therefore, I'm not convinced warning labels are an effective measure to adequately address the complex attitudes, behaviour, and beliefs of young people concerning alcohol.

Furthermore, we know from speaking to youth that they do not respond well to negative messages from authority figures. What is effective, we feel from our 19 years of experience, is peer-to-peer prevention-based education, where students can openly and honestly discuss the pros and cons of enjoying alcohol or not as a legal substance and be empowered to make the positive choice that works for them.

The work we've done since 1986 has impacted on Canadian youth, and we've seen the number of drinking and driving incidents decrease. We don't take sole credit for that, of course; we work very closely with our counterparts, but we do feel youth have gotten that message through discussion, conversations, and peer-to-peer interaction.

• (1125)

In addition, Canadian campus administrators and advisers tell us that alcohol-related injury on campus across Canada has experienced a positive decline. Clearly dialogue and effective programming in connection with youth makes a difference.

Our program and educational resources demonstrate a breadth and depth of alcohol awareness that's really needed to talk to Canadian youth today. The topics include sex under the influence; women and alcohol; men and alcohol; stress and alcohol; underage drinking; the

role of alcohol at college and university; a pamphlet entitled, "Parents, don't wait to have this conversation... about alcohol on campus"; are you at risk of developing a problem; children of alcoholics; and gambling. Warning labels cannot adequately address the complex issues faced by our youth.

Since 1986, we feel we have a strong record for delivering successful programs, and we believe what's needed today and in the future is a stronger effort to reach youth at an earlier age, positive role models, and the development of resources to assist parents in communicating with their children and encouraging students to make healthy decisions regarding the use or the non-use of alcohol.

On another note, the Student Life Education Company feels it's important for the industry to be held accountable for ongoing public education in the responsible use of their product. In considering today's youth market, that is best done through organizations much like my own that represent a valuable database of Canadian youth. Recognizing that alcohol and other drug use is a reality in the lives of many youth today, we believe it's possible and necessary to educate Canadian youth for the potential risks involved and how to minimize those risks through conversation and dialogue.

I am concerned that if warning labels become mandated, the industry will feel that their obligation has been met and they will no longer feel compelled to support the awareness and educational programming they currently do. I have to ask, will warning labels replace or diminish funding that's currently provided by the industry? I am aware that this committee has heard this point ad nauseam, but I am compelled to mention that I have currently seen no evidence that suggests warning labels have any effect on the youth market.

Further to the work we do, we have recently entered into a full experiment in social norms research theory, using college and university students to demonstrate that attitudes, behaviours, and beliefs can be altered by creating a conversation that empowers students to fit into the positive norm on their campus. The social norms theory has been extremely successful in the United States. The Canadian Centre for Social Norms Research is currently in the second year of a four-year research project. From a social norms point of view, warning labels simply feed into the misperception that everybody is doing it—and everybody is not. This fuels a level of problematic behaviour when people are looking to fit in.

Finally, students just don't find themselves attached to the message. They don't feel the warning label pertains to them. They are not the ones who have the problem. They're just experimenting.

It is a mistake to believe that by simply placing a warning label on an alcoholic beverage the attitudes, behaviours, and beliefs of today's youth will be positively impacted. Young people are far more complicated than that, and young people are heavily influenced by their peers, their environment, and finally their desire to fit in.

I thank you very much for your time today.

**The Chair:** Thank you.

Our next witness, ladies and gentlemen, is Professor Louise Nadeau from the research group on the social aspects of health and prevention at the University of Montreal.

Ms. Nadeau.

[*Translation*]

**Prof. Louise Nadeau (Full Professor, Research Group on the Social Aspects of Health and Prevention (GRASP), University of Montréal):** Good morning, everyone. I'm very pleased to be here.

Before getting started, I'd like to make it clear who I am and what type of conflict of interest I might have. First, I'm a psychologist. I work in the Department of Psychology. In clinical settings, I've mainly worked with serious cases. For the Correctional Service of Canada, I've supervised a prison unit of inmates incarcerated as a result of their substance abuse. I've also been a court expert for serious substance abuse cases, but never for individuals who had killed people by driving while impaired.

My research projects focus essentially on change. We follow cohorts of patients over periods of up to 10 years in an attempt to understand what leads people to get out of substance abuse. We also have a fairly large research project on recidivists, the findings of which are extremely interesting.

Our last paper was accepted in three weeks by one of the major journals because we're starting to understand the role of cortisol in recidivists. We're very pleased to be able to better screen out those convicted for the first time who may be recidivists.

As regards the services I offer on a pro bono basis, I am vice-chair of the board of directors of the Canadian Institutes of Health Research. I've also been on the board of Éduc'alcool for 10 years. I'm with Éduc'alcool despite the fact that I'm a psychologist dealing with serious pathologies because I'm convinced that, in the area of public health, the type of message Éduc'alcool sends out can do more to help maintain healthy habits than messages that demonize alcohol. That's my position as a volunteer.

I also belong to the brewers' alcohol policy issue group; I'm paid \$500 for a one-day or half-day session. I'm also on the board of directors of the Alcoholic Beverage Medical Research Foundation, a foundation that gives \$1 million in research funding to young researchers, where project evaluation is done on a hands-off basis, and where there are the best researchers in Canada and the United States. I'm there to ensure that funding is given only to young researchers, funding of \$50,000 a year. They give \$1 million to ensure that Canadian researchers get their fair share of funding. And they're getting it. Those are my allegiances.

I'll be brief in my remarks. What are the data? Our other colleagues have given them to you. We've done two surveys of the

literature. The first, the findings of which I'll give you later, was done by Sylvie Beauchamp, who has a Ph.D. in education. That paper was revised by Andrée Demers, who has funding from the CIHR and is a senior researcher.

One of the studies revised by Sylvie Beauchamp was conducted by Tom Greenfield, director of the Alcohol Research Group, a right-of-centre group supported by the National Institution on Alcohol Abuse and Alcoholism, and its position is as follows. The authors conclude that warning labels are useful in informing people about the risks of alcohol use. This paper came out in 1993. The study focused on a large population living in areas where labels had previously been used. The field work was done in California, and Tom Greenfield concluded that it was a good idea.

We had an update done by Catherine Paradis. She is someone who's really in the centre, who has no very clear position, who has young children and who is extremely vigilant about all this. The study was paid for by Éduc'alcool. However, I believe the researcher was independent. Here are the findings of her survey of the literature.

• (1130)

In an article published in the *Journal of Studies on Alcohol*, the second best journal in our field, which rejects 90% of articles submitted to it—it takes two years to get published in that journal—reference is made to two findings, by Creyer and by MacKinnon.

• (1135)

[*English*]

There is evidence that warning labels are successful in raising awareness and increasing knowledge.

[*Translation*]

That's the first finding. Here's the second. This was based on articles. The other one was published in the *American Journal of Public Health*, which is also an extremely credible journal. The researchers made the following finding:

[*English*]

Despite the successful results in raising awareness, there is an absence of empirical evidence showing that warning labels have an impact on alcohol behaviours. None of these studies mentioned above have managed to show that warning labels reduce alcohol-related risk behaviours. MacKinnon et al found no beneficial change in terms of alcohol-related beliefs, consumption, or driving after drinking that was attributable to the labels. In its literature review of the effects of warning labels, Stockley in 2001 concluded that health warning labels are an ineffective strategy to minimize alcohol-related harm, particularly for at-risk groups.

[*Translation*]

Another study was extremely well done. It was published 10 years ago, but was the result of the work of a consortium of researchers. It states things that have already been heard here.

[English]

Edwards et al point out, in discussing alcohol education intervention in general, that in order to have any chance of effectiveness, they need to be intertwined with other strategies, especially those which more directly impact on drinkers' environment.

[Translation]

What does the survey of the literature tell us? It tells us two things. People are more aware of the dangers of alcohol, but that doesn't change behaviour. Furthermore, as Canadians, we're especially concerned about youths at risk, those who have five or more drinks every time they drink, who are on the roads, whose blood alcohol levels are high, who get involved in fights, fall downstairs, hurt their heads and suffer head trauma the effects of which they'll feel for the rest of their lives. They're not influenced by labels.

There's another fascinating study, which was conducted on people who say they've driven after having two drinks. Those people only remember advertisements about the effects of alcohol on fetuses. They don't make the connection with impaired driving. They don't remember. We know that a selection is made: we're interested in information that touches our emotions.

What can we conclude? If we want to increase the amount of information, we can do that, but will that change anything? I don't believe so.

Are there any negative effects or any drawbacks to that? The entire question of alcohol use during pregnancy is a complex one. Éduc'alcool's position, which is also my own, is that pregnant women, or women who want to get pregnant, shouldn't drink. The fact of the matter is that there are no data suggesting that alcohol in small doses has an effect on the fetus. When a woman has a glass of red wine with a steak on a Saturday evening, there are no known effects on the fetus. However, it is recommended that women abstain from drinking as a safety measure. The real tragedy is alcoholic women. The ones I worked with had drunk a case of beer a day throughout an entire trimester. The damage caused to the children was abominable. Labels do nothing at all for those people. That's where action is necessary.

Of course, the fetus is fragile, and women shouldn't drink, but the real issue for the Canadian public is at the other end. A label recommending that women shouldn't drink during pregnancy won't make young people adopt enlightened behaviour. This is a decision that couples have to make. When do women become pregnant? That's not difficult: when you go on vacation, you drink more and have more sex. People have to know they can't try to reproduce and drink alcohol at the same time. That's the first rule. The fetus is most vulnerable in the initial months. That's where we have to make people understand. I hope we'll do that one day.

The other issue is more complicated, and it's a moral position. I believe 90 percent of Canadians drink for pleasure. We had a dinner at the CIHR last night. We had a before-dinner drink together, and we were served wine. People stopped drinking after two glasses. Some of my colleagues had ordered steak. The best thing they could do to protect their arteries was to have a glass of red wine, which inhibits the production of bad cholesterol. It's a good idea to drink a

glass of wine when you eat cheese and meat, which contain animal fat. The Canadian Centre on Substance Abuse has stated that alcohol in small doses protects more lives than it causes deaths. So we have an interest in establishing a culture of moderation in Canada.

Last night, I looked around the table and saw that most of my colleagues had left a little wine in the glasses, while others had finished their glasses, but we didn't have a second round. We could have asked the waiter to serve us more. Most Canadians drink as we did last night. A glass of red wine enhances the flavour of our Canadian beef. And what can you say about salmon?

Is it in our interest to provide labels to remind people that alcohol is a drug? Is that the only effective method? I don't see it that way. You are elected representatives, you've been given a responsibility, and you have to make the decision. I don't think that's a good decision. In Quebec, we've adopted a position of choice for our teenagers, and there's Éduc'alcool. Statistics Canada has conducted a survey to determine the percentage of the members of the Canadian population who suffer from mental disorders. The percentage of alcohol-dependent persons, or alcoholics, was 2.2 percent in Quebec and 2.8 percent in the rest of Canada.

The surveys on the 35 campuses always reveal the same thing. Quebec students drink more often but get drunk less. That's comes out every time, and that's what's published. It's when people are drunk that they argue, fight and drive while impaired; it's not when they have a glass an hour.

Quebec's strategy has been around for a long time. Quebec has never imposed prohibition. That success can't be attributed to the past 10 years or to Éduc'alcool: that would be lying to you. The alcohol tax rate is very high in Quebec, higher than in Ontario. However, the set of measures that have been in effect for a long time now have clearly given Quebec an alcohol record—though not a tobacco record—that is the envy of most other provinces.

For a long time now, the National Assembly and government measures have clearly been focused on choice: Quebecers are treated as people capable of making decisions.

• (1140)

[English]

**The Chair:** Excuse me, Professor Nadeau. You're now four and a half minutes over your allotted time. Could you please conclude quickly?

[Translation]

**Prof. Louise Nadeau:** I'm closing. Those most penalized by a labelling measure won't be the big companies. It won't be Molson or Labatt. Those companies have all the resources to post labels. If that improves their corporate image, that won't trouble them. It's the little producers, those that make cider, operate small breweries and produce beer with more taste, that will be penalized the most. This will cost them a fortune. These are the industries we want to support, the small businesses with four or five employees, and they're the ones we're penalizing. We're not penalizing the others at all.

If I had to change anything, what would I do? What I find scandalous right now is advertising.



• (1145)

[English]

**The Chair:** I'm sorry, Professor Nadeau. You're now at fifteen and a half minutes. You were asked to keep your presentation to ten minutes. I have to stop you there. Thank you very much.

[Translation]

**Prof. Louise Nadeau:** Excuse me. Thank you very much for listening.

[English]

**The Chair:** We'll proceed to our next witness, Mr. Don Head, who is the senior deputy commissioner of the Correctional Service of Canada. He is accompanied by Mr. Larry Motiuk, the director general of the research branch.

I believe Mr. Head is going to make the presentation.

**Mr. Don Head (Senior Deputy Commissioner, Correctional Service Canada):** Yes, Madam Chair. Thank you very much, and thank you, committee members.

I'll keep my comments brief to allow an opportunity for whatever questions committee members may have. I have provided a copy of a summary of points regarding fetal alcohol spectrum disorder as it relates to the Correctional Service of Canada. I will take a few minutes just to highlight a couple of points.

The issue of substance abuse is a significant one for the Correctional Service of Canada, as it is for all correctional jurisdictions within the country. Based on our processes for doing assessments of offenders who come into the system, we know that approximately 80% of our offenders have some form of substance abuse problem when they come into the system. It can be drugs, alcohol, or a combination of drugs and alcohol. Most of the time it appears to be a combination of drugs and alcohol.

We also know that for most of the more serious offences that are committed by offenders, drugs and alcohol were used or consumed at the time of, or just prior to, the commission of the offence. So the whole issue of substance abuse is a concern for us.

This bill is focused on the issue of fetal alcohol spectrum disorder, and we are concerned about that as well. However, we are not in a position to be able to determine the level of prevalence of FASD cases within the federal correctional system. We believe there are some issues in this regard, but we don't know how extensive a problem it is among the offender population.

We are actually engaged in a research initiative with the University of Manitoba at one of our federal penitentiaries just outside of Winnipeg to conduct a study. This study will be a start towards giving us a better sense of the level of prevalence of individuals affected by FASD in the federal correctional system, but we will not have any preliminary data coming out of that study for about a year's time.

Having said that, we are aware that there are individuals within the system who present at any given time behaviours that would be consistent with that of individuals affected by FASD. These usually manifest themselves in terms of outward behaviours—aggression and not learning from some of the mistakes or approaches they've

taken, and repeating them even after there have been interventions by trained professionals or staff within the system.

We do spend a significant amount of time providing correctional interventions programs to our offenders. One component that is in all of our correctional programs is an education component. One of the things we have been focusing on very recently is the issue of the women offenders substance abuse programming. Within that, we have included a component that brings to the forefront the discussion about consuming alcohol while you're pregnant and the potential impacts and effects of consumption during that time.

There's no question that we strongly believe in all approaches or measures that increase the awareness or education of individuals about the social and economic costs and impacts of substance abuse. We are also very much in support of all measures that lead to developing and maintaining effective interventions that address the substance abuse problems individuals have.

When we talk about FASD, we are very much convinced that we are talking about a lifelong continuum of care. Any discussions regarding investments into interventions in that area need to look at going beyond an individual's time in a correctional setting and look at providing lifelong support during the time the individual spends back in the community.

• (1150)

We continue to work very closely with many stakeholders in relation to the issue of substance abuse. We are just starting to work very closely with stakeholders who have a specific interest in the area of FASD and individuals who have run into conflict with the law, but we're just at the very front end of discussions as they relate to developing and sustaining or maintaining viable interventions for those individuals.

We continue to look forward to moving forward in that area, and we continue to look forward to finding any way and any means to communicate the impact and the costs of the use or misuse of any form of intoxicating substance.

Madam Chair and committee members, I'll conclude right there. I look forward to any questions you may have for us.

**The Chair:** Thank you very much.

We'll now move to the question and answer section of our meeting. We'll begin with Mr. Merrifield.

**Mr. Rob Merrifield (Yellowhead, CPC):** Thank you very much for coming in and sharing your views on this issue.

As committee members, we've listened to lots of testimony, and we appreciate yours.

In looking at this piece of legislation, it's very small, but it's very direct. We have some options. We can do nothing and just leave it at status quo. I don't think we've had many coming forward and saying that. We could approve it, look at labelling, and many of you will say that's going to do somewhat of a job, but most are saying it's not comprehensive enough, it's not going to do the real job, or it can really push back on a comprehensive program.

That sort of leads us to what Ms. Langdon had shared with us with regard to a comprehensive strategy, including alcohol policies, enforcement of regulations, social marketing, skill development, and educational measures. I think that's really where we should be going, but the question is how to get there, who should pay, and the liability.

My first question is to Mr. Solomon with regard to liability, because you said something that I think is significant, that ten years down the road we're going to have some liability cases with regard to deaths caused because of alcohol consumption. Perhaps it would lie at the lap of the industry, but my question is more this. If we put labelling on, would that let them off the hook from a legal perspective?

**Mr. Robert Solomon:** Thank you for your question.

Unlike the United States, in Canada civil liability is independent of federal or provincial legislation. That exact issue was asked in *Buchan v. Ortho*. Ortho Pharmaceutical argued that it had complied with the Food and Drugs Act warning and packaging. When the plaintiff, who had a stroke while on their birth control pill, sued, their argument was that if they comply with this packaging legislation, they are immune to common law tort liability.

That is the case in the United States under a concept of federal pre-emption. *Buchan v. Ortho* stated that the fact that Ortho complied simply means they cannot be prosecuted under the Food and Drugs Act, and Ortho was held civilly liable.

That decision has been supported. There's an earlier Supreme Court of Canada decision, called *R. v. Saskatchewan Wheat Pool*, that reaffirms that.

Passing Bill C-206 will have no automatic impact on either creating or precluding common law liability.

**Mr. Rob Merrifield:** Then I have another question. We know \$5 billion per year comes into the federal coffers because of taxation of alcohol in Canada. So who should be paying, and is there a liability on the government side for not coming forward with as comprehensive a program to warn Canadians on this same matter? Is the government perhaps liable, or will it have some liability in the future because we haven't seen—

• (1155)

**Mr. Robert Solomon:** One of the frustrating aspects of tort law is that governments cannot be held liable for bad legislation or failure to legislate.

**Mr. Rob Merrifield:** Probably a lot of people around this table feel a little better, but I'm not sure how it makes Canadians feel.

**Mr. Robert Solomon:** I don't think enacting this legislation or not enacting this legislation.... My real concern is whether we will be here ten years from now confronting a group of fetal alcohol syndrome kids who say, "You knew alcohol had this effect and you chose to do nothing." That's what I worry about. It's not a question of liability; it's a question of having the power to label and package all drugs, and alcohol is a drug—and alcohol is a drug that is far from benign.

There's one point I heard a couple of my colleagues talk about. It is true that the research on the American labels provides limited

support; it's quite clear that it can raise awareness. But let's get it straight. The American warnings are small. They're buried in the artwork; they're very general. If someone says to me bad warnings obscured and buried aren't going to have much of an effect, they're right.

Let's look at the tobacco warnings. We have new research on warnings. Originally I was somewhat skeptical. My view on the effectiveness of labels has changed in light of the smashing success of tobacco warnings. I don't think alcohol warnings will ever have the effect of the tobacco warnings, because tobacco is a different drug and it's much more dramatic. But I think prominently displayed, carefully framed, specific warnings can have a significant effect. The American research on the bad, buried warnings doesn't provide us with much guidance.

**Mr. Rob Merrifield:** Yes, but you could make that same case: we have the power to label in this bill; we have the power to do much more than just label in this bill; so we could be as equally liable as with some of the other testimony around this table that says labelling isn't going to do anything except make you feel good.

In fact, that's been the case for a number of instances. Actually, I think we could share testimony around this table about individuals who still smoke, and yet the packages are so dramatic you can't miss them.

So you have the same argument, that perhaps we shouldn't be just going to a label. On the liability side, I see that argument cutting a stronger case that we should be pushing for a much more comprehensive approach to this. I don't see any argument in any of the testimony here at this table that we should be pushing for more than just labelling.

**Mr. Robert Solomon:** My own view is it's not either/or, and I would very much support broader initiatives as well. But if we keep on waiting for a perfect solution, we'll be here ten years from now still fighting.

Why does Canada have to be the last country in the world to take progressive steps to protect consumers from adverse consequences? Are we committed to being a world follower in this regard?

I share your view. I'd love to see more comprehensive policies, but I'd like to see us start with Bill C-206, coupled with other initiatives.

**Mr. Rob Merrifield:** We're leading in a few areas that we probably shouldn't be.

**Mr. Robert Solomon:** Yes, in alcohol-related traffic fatalities.

**Mr. Rob Merrifield:** Maybe I'll go to some of the other testimony, because I wanted to....

I was interested in the school program, and I believe you're right: peer-to-peer pressure is powerful. That's what's really worked in society with drinking and driving: 30 years ago it was almost fashionable to jump behind a wheel and drive home; now there would be four people tripping you at the door before you got into your vehicle. That's because the peer pressure has become powerful.

It's the same sort of concept in school. When you're talking with teens or with younger people, the power of curriculum and of the teacher in this process becomes much more influential as well. I'm wondering whether you've worked on the educational side of it, in curriculum.

• (1200)

**Ms. Frances Wdowczyk:** Thank you very much for the question.

Yes, we have started to do that province to province. Of course, the regulations and the legislation province to province are dramatic board to board, as well as the question of how to infuse curriculum into general conversation about alcohol as a legal drug, which is something society needs to grapple with. So that's something that's up and coming.

There are limited resources, and in some communities, regionally, it's very, very difficult to find the appropriate approach. You have to be very sensitive to the community and of course to the makeup of the region to be sure that the conversation is forthcoming and honest, yet sensitive to the standards of the community, so that you're not seen as saying something that would go against their values—even though the bottom line message is, “Don't drink and drive, don't underage drink, don't drink to excess, and here's how we can help you make some positive choices”.

The Catch-22 is that if you're underage and you're drinking, you have lifted the bottle from your parents' cabinet or perhaps got someone to go to the liquor store to do it. So in order to have an honest conversation, you have to make sure there's an ability not to judge and assess. So it's difficult to go into some communities and say, “Look, I know you're drinking underage, and I'm not here to say that's wrong, but I need you to know what the consequences are. Let's talk honestly about this so that nothing bad happens to you and you can make a choice that's unique to you, and not the choice of your sister, your parents, your brother, or whomever.”

**Mr. Rob Merrifield:** Dream big dreams and tell us, if you could, as a committee what is your most limiting factor. Is it financial resources? Is it political opposition? Is it opposition to school curriculum? Is it timing in schools?

From your experience, what would it take to actually accomplish what you're intending to do, because you're the one who said labelling's not the answer?

**Ms. Frances Wdowczyk:** In a charitable world, it's always going to be money. It's always going to be, “How can I have the government or the province or whomever...?” I sell our products to anybody who will take a minute to talk to me, whether Cadbury or The Co-operators. Be careful if you see me on the street, because I'm there for you, as the youth are our future. To me it's important to empower them now at a young age to make the decisions and to

learn how to make those decisions in and of themselves so they can continue to make those decisions and be good and healthy citizens.

At the end of the day, I can confront policy, I can confront curriculum, and I can meld an approach to still get a bottom line that works, but if you don't have the money to create the materials to do that.... Because we work in the grassroots, we create the materials and then send them to a community and say, “Make it yours, make it what works in your community, and here's how you do it”. And we do all their research.

So it's money.

**The Chair:** Thank you very much.

It's Mr. Ménard's turn.

[*Translation*]

**Mr. Réal Ménard (Hochelaga, BQ):** Thank you, Madam Chair.

I'd like to speak with Ms. Nadeau, of whom Rémi Quirion has spoken very highly.

I was a member of the Standing Committee on Health when it studied the regulatory labelling of tobacco products a few years ago. People very often draw the easy comparison of saying that, if we were in favour of the regulatory labelling of tobacco products, we should be in favour of the regulatory labelling of alcohol products. I don't share that view. I looked at the survey you submitted. We've had Mr. Sacy from Éduc'alcool here before the committee. I'd like you to talk more about behavioural determinants. What really makes it possible to change people's behaviour with regard to alcohol?

**Prof. Louise Nadeau:** One of the hardest things when you're interested in addiction is that the information isn't very useful. Let's get out of the area of tobacco and drugs and think about the challenge of obesity and overweight in Canada at the present time. Everyone who is 50 years old or more and overweight knows that it's because they consume too many calories, and I include myself in that.

• (1205)

**Mr. Réal Ménard:** You're not overweight.

**Prof. Louise Nadeau:** I'm at the limit because my index is 25, but that's not important.

Knowing that muffins contain trans fats doesn't prevent us from eating them. This has become a major problem. I've spent my life with people who were dependent. Now we know that, once we've provided complex information—because this isn't as simple as that—you then have to engage people in a process of change.

Mr. Head described some tragedies. I worked with those men in prison, and I can tell you that it's not because people don't know. When someone goes into a casino to spend 50 percent of his income, thus starving his children, he knows it's not right. The problems of compulsiveness and addiction aren't attributable to a lack of information.

Furthermore, my colleague, Professor Solomon, is right in saying that information is part of a complex strategy, and that's what all the documentation reveals. However, in the case before us, that is to say dependence on tobacco, alcohol and drugs, the problem isn't providing information, but rather managing to get people committed to a process of change. That's the case with tobacco. When they started saying that French kisses affected people, it worked. The signs previously hadn't worked. It worked when suddenly...

**Mr. Réal Ménard:** But people still didn't give up French kisses.

**Prof. Louise Nadeau:** No, that's it.

I wondered what I'd try to do if I were a member of Parliament. I'd try to do what was done with the advertisements on French kisses, that is to say reach the populations that are at risk emotionally—because that's what controls us—and intellectually.

Second, all the current advertising on alcohol is being done in a concealed manner. I confronted the brewers because I was scandalized by what was going on. I thought that the advertisements showing that women are more inclined to go to bed with men who drink made no sense. When I confronted my colleagues, they told me it was legal because there was no alcohol in the advertisements. If we worked on changing the advertising, which has 4,000 times as much impact as a label on a bottle of beer drunk in a bar in the dark...

**Mr. Réal Ménard:** And that's served in a glass.

**Prof. Louise Nadeau:** That's it. You can control advertising. There's no control over advertising on pathological gambling.

Lastly, I would remind my colleagues that you have a one in 2,000 chance of being arrested in Canada when you drive impaired. The effort has to be there.

**Mr. Réal Ménard:** Thank you very much.

[*English*]

**The Chair:** Thank you, Mr. Ménard.

Mr. Savage.

**Mr. Michael Savage (Dartmouth—Cole Harbour, Lib.):** Thank you, Madam Chair, and welcome to our panellists. Thank you for taking time to come to talk to us.

I want to just understand...I don't have the benefit of all your written presentations yet. Mr. Solomon and Ms. Langdon, you're opposed to this legislation—you are in favour of this legislation; pardon me. Ms. Wdowczyk, you're opposed to it?

**Ms. Frances Wdowczyk:** Yes, sir.

**Mr. Michael Savage:** You're opposed to it, Madam Nadeau?

**Prof. Louise Nadeau:** I wouldn't vote for it.

**Mr. Michael Savage:** Okay. And was there an opinion registered by our friends from Correctional Services?

**Mr. Don Head:** We agree with anything in terms of education, but it has to be coupled with interventions to address those who have been affected by substance abuse.

**Mr. Michael Savage:** I want to follow up. I don't have your presentation, Mr. Solomon, but you made a comment I wrote down as I went along, comparing the Canadian alcohol industry with

American tobacco manufacturers. Can you expand on that for me a bit?

**Mr. Robert Solomon:** The statement I made is that as someone who has studied civil liability, common law, and tort liability for 35 years, I believe we will eventually see successful suits against the alcohol industry in Canada for failing to warn of the risks inherent in their products. My guess is the first suits will likely be for risks that are not particularly well known, in circumstances in which the injured person is not the drinker. So my guess is the first successful suits will be for fetal alcohol syndrome. I see that coming. I see it perhaps ten to fifteen years away, because of the financial difficulties of suing large corporations.

The point I want to make is simply that there is a duty to warn, and eventually I expect they'll be held accountable, but I don't think we should wait ten to fifteen years. I think there's an opportunity now, with properly and carefully framed warning labels prominently displayed on a rotating basis. At a minimum, we will educate and inform the public, because even American warning labels increase awareness, and if they're properly framed, I think we can affect behaviour.

•(1210)

**Mr. Michael Savage:** I appreciate that.

I want to come back to what you think the label might look like, but when you were speaking, I had written down something to the effect that the industry continues to downplay and obscure the risks, similar to the American tobacco manufacturers. Did I get that wrong?

**Mr. Robert Solomon:** No. I didn't state that, but it's true. The American tobacco industry for years and years portrayed their product—

**Mr. Michael Savage:** Is there not a tremendous big difference between the American tobacco manufacturers who denied even that lung cancer was caused by tobacco and the fact that, at least in Canada, our alcohol industry has not only identified those risks, but has advertised those risks and taken part in programs like Motherisk and others to address those risks? It seems pretty incendiary to me to compare the alcohol industry in Canada to the tobacco industry in the United States, which nobody would defend.

**Mr. Robert Solomon:** I would suggest to you that the levels in terms of the alcohol industry and the tobacco industry are different. Tobacco is a different product. It is highly addictive and it is deadly. Therefore, denial of the harms of second hand smoke, cancer, heart disease, etc., is unconscionable. The alcohol industry in Canada contributes to public education. I have worked with a number of organizations in that field and eventually concluded that the public education was gloss and corporate lip service, as opposed to any real effort to inform the public.

I'm made aware of the recent introduction of beer products containing 38% more alcohol that are not going to be priced at 38% more in terms of cost. If you want to see the alcohol industry not in its finest hour, go to beer.com or go to Molson's website. They seem to be able to—

**Mr. Michael Savage:** I don't mean to interrupt, but I only have five minutes, and we have a very difficult chair.

**The Chair:** You only have 30 seconds.

**Mr. Michael Savage:** I have 30 seconds.

I have not worked for a beer company in my life. I don't think I own any beer stocks. But I must say that I think the brewers, the vintners, and the people who have been involved in selling alcohol products in Canada have been a lot more responsible than anything I've seen in the tobacco industry in the United States.

Do I have time to ask a question or am I done?

**The Chair:** You have 10 seconds.

**Mr. Michael Savage:** The answer is going to take a lot longer.

Let me go to a different question.

Let me go to Ms. Langdon, who mentioned in the report, I believe, that research shows, coupled with other health promotion initiatives, warning labels and signs would be effective. I'd like to see that. If you could send it to the committee, I'd be interested in having a look.

**Ms. Nancy Langdon:** Certainly.

**Mr. Michael Savage:** Thank you very much.

**The Chair:** Thank you very much.

Mr. Carrie.

**Mr. Colin Carrie (Oshawa, CPC):** Thank you very much, Madam Chair.

Over the last few weeks I have found myself dealing with the challenge of what works and what doesn't work.

Ms. Wdowczyk, you mentioned that youth do not respond to negative messages and they do respond to peers. How do you know that?

**Ms. Frances Wdowczyk:** We have surveyed and assessed many of our tools to see whether or not we are spending our money wisely in order to do that. That was the first thing.

On many of our projects, we know that with peer theatre, peer helpers, and peer outreach at a booth, students are more likely to stop to talk to their peers and have a conversation with them about what they do or what they don't do, rather than with certain authority figures.

Parents still rank very high as a place where students will take information and choose to believe it as true. It is the same with physicians. Those are two other areas where they will take the information and say they know it to be true.

We've also looked at response rates to various ad hoc surveys within some student councils that we've done and some high school work that we've done. We're starting to see that they'll choose to believe what they talk about in a circle with their friends over perhaps what they'll learn in the classroom or from the government, the police, and people who have the ability to restrict their behaviour.

They also think it's all meant to keep them down versus empowering them or encouraging them to think through their problems or projects. It is a very rebellious approach. In adolescent development, it's probably not a secret to anyone around the table that as soon as the authority figure starts to step in, all of a sudden, backs go up. We don't say that they don't hear it, but they may choose to challenge it or react differently on that front versus having

an open and honest dialogue with their peers, which they're more likely to have.

I'm not saying it's 100% foolproof, 100% of the time, but it allows for a dialogue that allows people to choose and mature and grow.

• (1215)

**Mr. Colin Carrie:** You mentioned something about industry being accountable that did concern me. You said that right now, as we know, industry does support certain programs, and you felt that perhaps if labels were put on they might decrease funding to other programs.

**Ms. Frances Wdowczyk:** Thank you, yes. I have to be honest. I have a very real concern. In the brief you'll receive you'll see that the alcohol industry has funded the post-secondary arm of my organization and the research arm—but not the high school movement—on and off for almost 20 years for various programs.

I have a real concern. I can't get a lot of money from Health Canada. The insurance industry has been generous to a certain point. But in many of my programs I actually go into universities and colleges and say, hey, you, drinking and having unprotected sex is a real recipe for disaster, and because I have some funding I can give you these posters for free, so it doesn't cost you anything, and the message is now out there full force. I have a fear that I won't have any compelling evidence to say, come on, you guys, you need to do this; you're good corporate citizens. I'm a big cheerleader that way with them. And if they say, well, Fran, you know what? We have warning labels out there and that's making a difference. That scares me. I'm not sure it will be true, but that's my gut reaction around it. What can I say then that will compel them to see that the answer here is prevention, prevention on a really basic level? Let's start talking to kids. Let's get into the grade schools. Let's talk honestly about this. That's what I think.

**Mr. Colin Carrie:** So as one of the recommendations, for sure, you would say that the government has to be more involved, give funding, and take a more proactive approach?

**Ms. Frances Wdowczyk:** Absolutely.

**Mr. Colin Carrie:** Madame Nadeau, what have you found is working? You've spoken out against the label idea. What do you think we should focus on, if not the labels?

**Prof. Louise Nadeau:** It's interesting. Last week I was at a conference and my colleagues from the group on prevention led by Richard Tremblay and Frank Vitaro reported on this prevention program.

You know that the prevention program from a data point of view doesn't lead to lots of change. We get to change the behaviours of kids between 5 to 13 years old. They start at 13 years old, and then it's much harder to maintain behaviour change. You've had your kids at 10 years old be scandalized when you were smoking, and then they started smoking themselves at 13. This is what we've seen in this country. What seems to work now is to develop more personal competencies when kids are between 5 and 10 years old. This seems to be one of the avenues.

For the rest, I would say, let's look at what reduced drunken driving. This is a good example of how social change came about. There was a reduction in DUI offences throughout western countries between 1980 and 1995, and many, many actions were taken. Here at the House of Commons you voted for much more stringent legislation in 1982 or 1984. There were lots of prevention programs that took place, like Opération Nez Rouge. Some of the brewing industry did some things, and the media also moved into stating that drunken driving was unacceptable. There were positive things and there were punitive things. People change with the carrot and the stick. People change with both. So do we, by the way.

It's through that constellation of actions that we did move forward, and I cannot tell you what was the most positive because we don't know what was the most constructive. Do you know why? Because people are heterogeneous and sometimes people respond more with punitive strategies and other times because they make choices. Sometimes you stop eating because you're afraid of gaining weight and sometimes you decide this is not good for my health; I'm going to have an apple and not a muffin. People are complex like that. I wish I could give you a simple causal link. I cannot.

**The Chair:** Thank you, Professor Nadeau.

Ms. Dhalla.

**Ms. Ruby Dhalla (Brampton—Springdale, Lib.):** I want to first of all take the opportunity to thank all of our witnesses for taking the time to come and provide us with their personal experiences and views with regard to the legislation that's before us. I think over the past few weeks that our committee has been meeting we've had a chance and the opportunity to hear a variety of different views on this particular issue.

My question to begin is for Mr. Solomon. I believe you appeared at the committee some years back, and originally, from my research, you were not in favour of having warning labels. We see you today and you have come forward in support. Could you please expand on that, and why the reason for the shift in your personal opinion?

• (1220)

**Mr. Robert Solomon:** Thank you.

Well, the position I take is I didn't change my mind; I opposed the introduction of American-style warnings framed in general language as an isolated initiative. The legislation that is before us gives Health Canada an opportunity to frame the warnings. Given the success of Health Canada in the tobacco field, I'm fairly confident these will be more prominent, more carefully framed, and more precise.

There's also new research on both alcohol and tobacco warnings that provides reliable guidelines. We now have a lot better idea of what works in terms of getting people's attention, so I think the background research has changed. In 1996 when I appeared, I was optimistic that broader initiatives were possible, and I'd hoped that we could make some progress. I've now reached the conclusion, unfortunately, that I don't see any hope for the kind of collaborative initiatives that I thought were possible in 1996. I had done some work in 1994 with the alcohol industry. I was a member of the Alcohol Policy Issues Network. Indeed, I was the person who contacted the brewers and suggested to them that, rather than beating each other up in the industry, we communicate.

After participating for several years I eventually decided to resign from the alcohol policy issues panel because it became clear to me that no progress was possible.

This bill provides broader scope, the empirical research has changed, and I am not optimistic that, if Parliament fails to act, anyone else will.

**Ms. Ruby Dhalla:** Thank you very much.

Also, from your particular area of expertise and opinion, one of the concerns we've heard from a number of the brewers...the actual manufacturers themselves have a concern with regard to the cost portion of implementation of such legislation. Obviously, there is a concern that it's going to affect the small breweries much more than the larger ones, the Labatt and the Molson companies. Who do you think should bear the burden of responsibility for that? Should it be government? Should it be the industry? Should it be some of the programs that are in existence? Or should it be something that's cost-shared?

**Mr. Robert Solomon:** Again, I've heard that argument before about the costs of these labels. I think that lacks an air of credibility. You look at the advertising and marketing budgets of these individuals and their ability to spend huge amounts of money. I just don't see that as being a credible argument. If there is a concern about small breweries, then the government is free to have differential taxes on alcohol, in terms of the volume, if they choose to do so.

It's also interesting that every other industry is required to warn consumers of the consequences of the use of its products, and we don't see those industries knocking at the door of Parliament saying Parliament should pay us to honestly inform consumers of the risk. I just don't think that's a cost that should be borne by taxpayers. Every other manufacturer has to bear that cost. We don't subsidize pharmaceutical companies for putting warnings on all their products. I don't see that argument.

I was thinking of starting a charitable foundation to help Molson's and Labatt's raise some money publicly so they could pay for this one-twenty-fifth-of-a-cent label on their products.

**Ms. Ruby Dhalla:** Thank you.

**The Chair:** Thank you, Ms. Dhalla.

Madam Demers.

[*Translation*]

**Ms. Nicole Demers (Laval, BQ):** Thank you, Madam Chair. I must admit I'm increasingly confused about the usefulness of labelling. First, I was in favour of it, but all the testimony we've heard thus far... Mr. Solomon, earlier you referred to the fact that, in the United States, labels were an integral part of the brewer or drink label. There's been a very clear policy on labelling in the Yukon since 1992. And yet none of the witnesses we heard from was able to prove to us that there had been a positive impact on the population of the Yukon. We even received a letter from our colleague that greatly saddened me. It referred to a woman who has to take care of a child who suffers from fetal alcohol syndrome. That child is 10 years old and was thus born after labelling became mandatory. The letter states that the woman later had other children and that those children also suffer from fetal alcohol syndrome. That tells me that, regardless of where they're placed or how they're written, labels don't have any effect on the people most concerned.

I consider myself an intelligent woman, and I still smoke. Every day, I see the same damned picture on my cigarette pack telling me I shouldn't smoke, but I still smoke. We need more than that. I'm as concerned as you are by fetal alcohol syndrome, by young people who drive while drunk, by young people who engage in binge drinking, but we have to make sure that the decisions we make are the right ones.

Ms. Nadeau, what you said is very wise. First we have to reach people through what touches them most, then through their intelligence. I'm thinking less and less that we can do that through labelling.

Can you tell me whether you've done any studies on the results of labelling in the Yukon, Ms. Solomon? Do you have anything concrete to tell me on that?

•(1225)

[*English*]

**Mr. Robert Solomon:** I haven't personally done any original research on warning labels. I have read the research literature.

If you're saying that warning labels are not the most effective way of changing behaviour, you're absolutely right. There are a lot more effective ways. For example, we could raise the drinking age for alcohol. We know that would have a much greater impact, as it has in the United States. We could increase the price of alcohol. It would have a much greater effect.

So I don't see this as an issue of alcohol warning labels, or something else. It won't have the most direct impact, but will it have a positive impact? Will it get to all alcoholic women who have fetal alcohol syndrome? No. Will it have some influence on some women who are sexually active and not taking birth control? Yes.

It's the same thing with smoking. The smoking research indicates that one-third of smokers who quit said the warning labels were a major factor, but they're not going to change everyone's behaviour. You're right.

From my perspective, warning labels are part of a strategy. They will do some good, in and of themselves. Coupled with broader

measures, they will do greater good. There are clearly other things I would like to see done that will have a positive impact as well.

[*Translation*]

**Ms. Nicole Demers:** Thank you, Mr. Solomon.

Ms. Nadeau, you told us about Quebec's highly enviable situation. And yet other witnesses have told us that Quebecers are more affected by the problem of fetal alcohol syndrome. I don't know which is the most credible study, since you seem to think that we're less affected.

Can you explain that to me?

**Prof. Louise Nadeau:** We're both right. The data tell us that Quebec women seem to be less informed about the teratogenic effects of alcohol, about the harmful effects of alcohol on the fetus during pregnancy.

Furthermore, all the population data on Quebec, whether it be data on dependence rates or consumption, tell us that Quebecers, men and women, get drunk less often on average than the inhabitants of the rest of Canada.

We conducted a study that doesn't necessarily provide similar consumption data, but a number of repeated studies confirm this.

•(1230)

**Mr. Réal Ménard:** Ms. Demers, excuse me, but you've already used five minutes and 38 seconds. Perhaps we could have an informal discussion with you. I don't want to be accused of being unfair.

I now give the floor to Mr. Szabo, the bill's sponsor.

[*English*]

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

In 1992 the health committee studied warning labels. They said they studied warning labels on alcohol products in the United States, and in all cases the warnings were generally inconspicuous and difficult to read. They said it was essential that the warning labels adopted for Canadian products not emulate U.S. examples.

In 2002, 124 NGOs, health advocacy groups, etc., petitioned the Bureau of Alcohol, Tobacco and Firearms to amend the regulations so the labels in the U.S. would be readable and noticeable. The beverage alcohol industry ganged up and threw in the majority of submissions to the Bureau of Alcohol, Tobacco and Firearms that said—and I've circulated samples of the letters to the committee—that the labels were effective and working. It's kind of interesting.

I think everybody knows that the U.S. labels are very poor and the regulations are extremely bad. So if the U.S. labels are so bad that they're not readable and noticeable, isn't it futile to study whether they're effective? Is it not an exercise in futility? Since the U.S. labels are the ones that have been in existence the longest and the only ones that have been around long enough to be studied, how could there possibly be any credible research on warning labels that are readable and noticeable?

Who wants to answer?

Okay, let me ask another question then.

**Prof. Louise Nadeau:** When you're trying to do an exercise based on evidence, you take the information that's there. I think the American studies—there were some done in New Zealand and Australia also—do reveal that they increase the awareness.

**Mr. Paul Szabo:** They're not totally useless, but they're not as effective as they could be, right?

**Prof. Louise Nadeau:** Right. So in that sense the literature has revealed what the brewers are saying, i.e., that they are effective in increasing awareness, and that is true.

**Mr. Paul Szabo:** The industry is saying they are effective—

**Prof. Louise Nadeau:** That's what you just said. I'm quoting you.

**Mr. Paul Szabo:** That's what the U.S. alcohol industry said. The Canadian alcohol industry is saying they don't work.

**Prof. Louise Nadeau:** I don't know what they're saying, but I certainly know from the review of the literature I quoted to you that there are two things. Whether they change behaviour is the whole issue.

**Mr. Paul Szabo:** May I ask another question? I guess this is the last one I have because of the time.

The beverage alcohol industry spends \$660 million on advertising and promoting their products. The brewers industry have contributed only \$2 million a year on responsible-use messaging. The brewers are half the industry, so there's been \$330 million spent on advertising by the brewers industry to promote their product and only \$2 million spent on responsible-use messaging per year and partnerships like BACCHUS Canada Inc.

They have threatened yet again, just like they did in 1996 and 1992, to withdraw their funding if we put in labels. Does anybody really think that the \$2 million the Brewers Association put in on behalf of the entire Canadian brewers industry has any negligible effect on what we're trying to do, and should be taken into consideration at all?

•(1235)

**Ms. Frances Wdowczyk:** Yes.

I don't know what percentage they give.

**Mr. Paul Szabo:** Keep in mind they said there were limited funds. They spend \$330 million on promoting their product and \$2 million on responsible use in helping you out, and they said there were limited funds. Do you think maybe they're not being honest with you?

**Ms. Frances Wdowczyk:** I don't question who's honest with me and who's not when I go out searching for funds; otherwise I would

have a lot of questions for a lot of governments in this country who say they don't have the funds to look at their youth programming around alcohol either. That's a bit unreasonable for me to say, but your question originally was whether it makes a negligible impact—I apologize, I can't remember how you worded it. But in my world, the money they contribute does make a difference. It reaches out to a million post-secondary students and 250,000 high school students. You asked me if it makes a difference, and it does, because those 77,000 pieces of material a year go out, so the money makes the difference.

[Translation]

**The Vice-Chair (Mr. Réal Ménard):** Mr. Solomon.

[English]

**Mr. Robert Solomon:** Well, I would be quite happy if some of the money the brewery industry spends on what it calls “responsible messaging” disappeared, because the money is tied to taking public positions in opposition to public health and safety.

And I would disagree with Frances. I used to work with BACCHUS. I would disagree with Frances that the changes on campus are due to social norming. The changes on campus resulted from a series of high-visibility deaths and injuries, a number of civil suits, the introduction of a campus alcohol policy under the Council of Ontario Universities—why do I know? Because I drafted the proposals—going around to each province, each university, speaking out. It's the work of MADD, the work of public health groups. So, yes, I'm in favour of education, but it's not simply a result of the efforts of the organization.

[Translation]

**The Vice-Chair (Mr. Réal Ménard):** Thank you very much, Mr. Solomon.

Mr. Goodyear.

[English]

**Mr. Gary Goodyear (Cambridge, CPC):** Thank you, Mr. Chair.

My concern is that we don't do anything for the sake of appearing to do something. I think what we need to keep in mind here is that the role of the health committee is to protect Canadians. And I have to admit that I'm not convinced that the target audience we're looking at here—the youth or the women we're concerned about with respect to fetal alcohol syndrome—are actually that concerned about reading a label or there will be an effect.



And I take great notice of your comment, Mr. Solomon, that we shouldn't find ourselves 10 or 15 years from now at the wrong end of a lawsuit because we knew and could have done something about it and didn't. My concern is that we find ourselves 10 or 15 years from now at the end of a lawsuit that says, "You knew, and what you did was something that didn't work, and you knew it wouldn't work."

I'd like to poll the end of the room. Does anyone really believe, if we consider the target group we're after—female, relatively young, fetal alcohol syndrome target audience—that they're going to read a label, and if they do, regardless of how big it is, it would actually stop them from drinking, versus a properly funded educational program that's basic and face to face? How many think labels are the way to go?

I have one, for the record.

Now, my concern is that if we vote this piece of legislation in, there will be a false sense of security and no further legislation will come down the pipeline. Could I have a vote? If there was legislation before us that required somebody to fund a program that we know will work—perhaps in grade 6, whatever it is—how many people at the end of the room think that would be the way to go?

Two, for the record.

Thank you. That's all.

[*Translation*]

**The Vice-Chair (Mr. Réal Ménard):** Do you want to hear the comments of Mr. Solomon and Ms. Nadeau?

[*English*]

**Ms. Nancy Langdon:** Please, the questions are very constraining.

**Mr. Gary Goodyear:** Actually, if I could, Ms. Langdon, I did have a question for you because of this labelling thing. I'm curious. How do you think we would label that half litre of wine my wife and I order, or the homemade wine that my friends serve me when I go to their houses.

**Ms. Nancy Langdon:** I work with a public health unit here in Ottawa and you're asking me to comment on drinking guidelines or on predetermined standards. So the question is a bit difficult for me to conceptualize. I have not done that before. If you can help, you're asking how I would describe a standard drink using a half litre?

• (1240)

**Mr. Gary Goodyear:** No. This labelling that you feel will be effective, do you feel I have to have that on my half bottle of wine at the restaurant, which clearly won't be labelled? It comes in a carafe. Or what about the homemade wine my friends serve me? Is that not dangerous? And what about the fact that one glass of red wine isn't unhealthy? I just feel we're making more efficient what needs not to be done in the first place, and I'm concerned that the perception is one of safety when it's not.

**Mr. Robert Solomon:** My own view is that we all have faith in public education. When you look at the empirical research on education initiatives in our schools, the track record is very, very disappointing.

You suggest that what we need is public education in the schools. The evidence indicates that those programs generally have not

worked. So if you say to me, good warnings versus a public education program, I'm going to vote for good warnings.

We have this warm, fuzzy view that public education or education initiatives in the schools work. The research on their effectiveness is even more disappointing than the research on the American warning labels, so I wouldn't have that faith you have, sir, in those initiatives. I think there are a lot of variables and changing attitudes towards alcohol. I don't think it's been social norming and posters.

**Mr. Gary Goodyear:** All right. Thank you.

[*Translation*]

**The Vice-Chair (Mr. Réal Ménard):** Does anyone want to add any comments? There are 10 seconds left.

Ms. Nadeau.

[*English*]

**Prof. Louise Nadeau:** Dr. Solomon is quite right. We are starting, at least in Quebec, around Canada, and around the world, to test what would be effective in terms of prevention programs, and that's where we're moving.

[*Translation*]

**The Vice-Chair (Mr. Réal Ménard):** Thank you.

Ms. Brown.

[*English*]

It's my pleasure to recognize you.

**Ms. Bonnie Brown:** Thank you, Mr. Chairman, seeing that I'm so good to you all the time.

I just want some very quick answers to these questions.

Madame Nadeau, you work on the boards of Éduc'alcool and the Alcoholic Beverage Medical Research Foundation. I understand both those groups have pretty heavy industry involvements, either in terms of funds or members from the industry who sit on the board.

Do you receive a stipend for sitting on the board of Éduc'alcool?

**Prof. Louise Nadeau:** No, I don't. That's volunteer.

**Ms. Bonnie Brown:** Okay. Do you receive a stipend for sitting on the board of the Alcoholic Beverage Medical Research Foundation?

**Prof. Louise Nadeau:** Yes, I do.

**Ms. Bonnie Brown:** Thank you very much.

I'd like to move on to Ms. Wdowczyk.

I very much respect the work you're doing—

**Ms. Frances Wdowczyk:** Thank you.

**Ms. Bonnie Brown:** —and I like the way you describe it.

Did anybody in the beverage alcohol industry suggest to you—anybody—that perhaps if this labelling thing went through your funding might be cut?

**Ms. Frances Wdowczyk:** No.

**Ms. Bonnie Brown:** Where did you get that idea? You put it into your presentation.

**Ms. Frances Wdowczyk:** I do. It's a fear, as I say, and it was a fear of ours the first time the legislation came forward too. I think I'm just hanging on to it from then.

**Ms. Bonnie Brown:** Okay. We have a feeling that the beverage alcohol industry is spreading that fear. That's why I wondered if anybody spoke to you directly.

**Ms. Frances Wdowczyk:** Thank you for clarifying that.

**Ms. Bonnie Brown:** Are you the sole employee of this organization?

**Ms. Frances Wdowczyk:** No. There are four people in the organization.

• (1245)

**Ms. Bonnie Brown:** Do you prepare the budget?

**Ms. Frances Wdowczyk:** Yes, I do.

**Ms. Bonnie Brown:** Okay. So you would know from your list of sponsors and funders over the years what percentage of the budget on which your organization operates comes from these people—Brewers of Canada, Labatt Canada, Molson Canada, and Spirits Canada.

What percentage would it be?

**Ms. Frances Wdowczyk:** For this particular year, Spirits Canada has given four percent of the budget; it's very small this year. Labatt and Molson have given nothing independently this year. They are former partners. And the Brewers of Canada fund the Canadian Centre for Social Norms Research at arm's length but through a grant that is 100% of that division. That's 33% of the budget.

**Ms. Bonnie Brown:** Okay, so the brewers are 33%. And your work is essentially to get out into the universities and schools and spread a message against overuse of alcohol. Is that right?

How do you square what you do with the idea that certain brewing companies have sponsored \$5-a-night college pub nights where students are encouraged to come and drink as much as they want?

**Ms. Frances Wdowczyk:** Yes, we fight them on it. They give me a grant, but they don't tell me how to do business just because they give a grant to one project. Our history will disclose that over 19 years we have gone to bat against them several times. In fact at one time we refused funding from them because we could not agree on how the project would be delivered. Our integrity comes first because we represent what students need, not what the brewers need.

But we believe they have a responsibility because they produce the product. They should be paying to make sure we can teach people how to drink it responsibly.

**Ms. Bonnie Brown:** But with 33% of the budget, I can understand your concern that if they pulled their funding to pay for labels, one-third of your staff would probably be gone because

your major cost is likely to be salaries. You would be concerned because it might be you who could be out of a job.

**Ms. Frances Wdowczyk:** Yes, ma'am.

**Ms. Bonnie Brown:** Thank you very much. I just wanted to clarify that.

**Ms. Frances Wdowczyk:** Thank you.

**Ms. Bonnie Brown:** I'm surprised at the people from Corrections Canada, although I understand a bureaucrat's reticence to take a position on a bill that's before the committee. However, seeing the damage to individual lives and knowing that most crimes are committed—as you mentioned, Mr. Head—when people are under the influence of a mood-enhancing substance, whether illicit drugs or alcohol, I'm surprised you're not jumping on an opportunity to make any move forward in the sense of educating the public about these dangers.

**Mr. Don Head:** When the question was asked by the member down the table, my response was yes on education, but I expressed the need for interventions as well. I don't believe there's one answer to this issue.

**Ms. Bonnie Brown:** Now here's the problem. Most of us here understand that we need a broad strategy. Do you realize that at the time of the fight against tobacco, the first step we managed to get through was warning labels? It was after that step had been taken that the government came on board and began to develop a larger strategy.

Some of us see this bill as step one. It may be minor. We can't really prove the effectiveness yet, etc., but it's the building block upon which the broader strategy would be built. We can't vote for a bill if you say, it's a good bill if you include all these other programs. This bill doesn't provide for those programs. The only things we can have with this bill are described by the words that are in the bill.

So standing alone, but knowing the history of tobacco and warning labels, would you suggest that it might be wise to vote for this bill in the hope that it might be the first building block of a broader strategy?

**Mr. Don Head:** Again, my response would be similar. A first step is a first step, but based on our knowledge and experience in dealing with individuals who have severe substance abuse problems, that's not going to be the end-all to address the issue.

**Ms. Bonnie Brown:** I'm telling you we recognize that.

**Mr. Don Head:** What I'm saying is a first step—

**Ms. Bonnie Brown:** But we can choose only to vote yes or no on the words in this bill. I think the member at the other end of the table thought you were saying don't vote for it.

**Mr. Don Head:** No, that wasn't the comment at all. Any first step is a good first step.

**Ms. Bonnie Brown:** Thank you very much. I wanted to get that on the record.

Thank you, Mr. Chairman.

**The Vice-Chair (Mr. Réal Ménard):** You spent six minutes, but thank you very much for a very eloquent question.

**Ms. Bonnie Brown:** It's my first turn this year.

**The Vice-Chair (Mr. Réal Ménard):** Alors, Monsieur Carrie.

**Mr. Colin Carrie:** Thank you very much, Mr. Chair.

I was wondering, does anybody know if Health Canada has done anything in the past or put any programs forth to help with alcohol?

**Mr. Robert Solomon:** It is my understanding that Health Canada has been involved in some work on fetal alcohol syndrome, as has the Canadian Centre on Substance Abuse. I think they have a library of resources on fetal alcohol syndrome.

**Mr. Colin Carrie:** Has their work been effective in changing behaviour? Does anybody know the statistics?

**Prof. Louise Nadeau:** The program that's been subsidized in Kanesatake around FAS is really a wonderful community program. I would suspect that in that community it certainly has had a level of awareness. How it has changed behaviours, I do not know.

Health Canada and the Canadian government have had several national drug and alcohol strategies, and there's one going on right now that's a comprehensive strategy in which issues related to DUI and the effects of alcohol during pregnancy are included.

It is incorrect to say that Canada has been irresponsible toward alcohol. There have been prevention programs as long as I've been around with Health Canada, seeing what they were doing. That means since the seventies.

**Mr. Colin Carrie:** Okay. I have another question.

Mr. Solomon, you mentioned warning labels, that they have to be significant and adequate. Mr. Szabo kindly brought in some different bottles and some recommendations, but in your opinion, what exactly does that mean? Have you had any experience with other countries, like New Zealand, that have put labels on that were a little bit better than the American ones? What would you say is an adequate or significant type of label?

• (1250)

**Mr. Robert Solomon:** I haven't done a complete review of the components of successful labelling, but from my understanding it is the size, the colour, the specificity of the message, where they're placed on the product—rotating messages are more effective than the same message. I think there is a body of research, which I'm sure Health Canada, as a result of its tobacco warnings, has followed in terms of what makes warnings get noticed, what makes warnings be considered and contribute to changing behaviours.

**Mr. Colin Carrie:** All right. Thank you very much.

[Translation]

**The Vice-Chair (Mr. Réal Ménard):** Does Ms. Nadeau have any additional information on the countries that have adopted this kind of strategy?

**Prof. Louise Nadeau:** No, I don't.

**The Vice-Chair (Mr. Réal Ménard):** Ms. Dhalla.

[English]

**Ms. Ruby Dhalla:** Thank you, Mr. Chair.

I just wanted to quickly ask, just to go around the table, if the witnesses could perhaps tell the members of this committee how their particular research or organization is funded.

**Mr. Robert Solomon:** I'm appearing as an independent witness, as a professor of law at the University of Western Ontario. No one is paying me to be here—although all contributions will be generously welcomed; I'll donate them to MADD.

**Ms. Nancy Langdon:** I work with a public health unit that is half funded by the Ministry of Health of Ontario and this municipality. I'm a non-paid member of the Alcohol Policy Network.

**Ms. Frances Wdowczyk:** You'll be receiving a brief that has an extensive list of our partners over the last 19 years. Quickly, they include the Brewers of Canada, the Ontario Trillium Foundation, The Co-operators insurance group, Pepsi Cola Canada, Ford Motor Company, Health Canada, Labatt, the Attorney General of Ontario, Molson, Shell Canada, Cantel, Diageo, the Alberta Liquor Control Board.... It's an endless list.

I was not paid to attend today either.

**Prof. Louise Nadeau:** I have not been paid. I appear here as a professor in the department of psychology. I started by clarifying my ties. Educ'alcool is not linked to the alcohol industry; it is a tax they impose on all beverages.

Second, the reason I agreed to sit on the brewers' alcohol policy issue group is that my study of the temperance movement in Canada has led me to believe that prohibition leads to failure and that it is not through demonizing alcohol that we will be able to attain better health for Canadians. The reason I sit on the board of the Alcoholic Beverage Medical Research Foundation is to make sure young Canadians get their fair share in that foundation. On the peer review panel of that foundation there sit people who are among the best scientists in my field, and the incentive to go is not so much the cash but the privilege of being able to sit with the best scientists in my field.

**Ms. Ruby Dhalla:** And you're 100% opposed to the bill.

**Prof. Louise Nadeau:** I don't think that. I'm delighted right now that I don't have to vote on that bill because I cannot deny that it would increase awareness. On the other hand, it wouldn't change behaviour. That is the dilemma. I wouldn't be here if it was a black and white situation, and it's not a simple decision to make. We all want to make this world a better world, but at the same time, we do not want to make what is not the best use of the power you have.

**Ms. Ruby Dhalla:** Thank you very much.

[Translation]

**The Vice-Chair (Mr. Réal Ménard):** Ms. Szabo, do you have anything to add?

[English]

**Mr. Paul Szabo:** Ms. Nadeau, I'm concerned about the microbrewers and small producers and the cost. I wonder if you would comment on whether or not it would be possible for us not to send a mixed message by maybe granting an exemption for the smallest producers.

And the second one is, if you might, to just give us an idea... Quebec has a special arrangement whereby Éduc'alcool, for instance, gets almost a commission from the sale of alcohol. But say the beverage alcohol industry has to spend money putting on labels. Is my understanding correct that the amount of money they would have to pay or Éduc'alcool would get would be reduced by the amount the companies spent on their own responsible-use messaging?

• (1255)

**Prof. Louise Nadeau:** Mr. Szabo, that could be a racket, and if it was a racket, I would have spoken about it. No, I haven't heard anything. It's independent legislation by which—

**Mr. Paul Szabo:** No, I understand that.

**Prof. Louise Nadeau:** I haven't heard anything like that.

My concern is that there's a taste culture that's developing around alcohol. It's the microbreweries and the people making cider who are developing that, and should this bill go through, these will be the people who will be most penalized. Of course, I believe that in our economy it's the kind of thing we should protect.

I have little concern, I must say, for Labatt and Molson, and I have lots of concern about the kinds of perverse advertisement they have. If I had the power of a PM, that's where I would put my efforts.

**Mr. Paul Szabo:** Thank you.

[Translation]

**The Vice-Chair (Mr. Réal Ménard):** The research officer has asked me whether Ms. Nadeau can send a monograph of research she has done, as well as the document Ms. Beauchamp cited. That could be useful to us in drafting our report. I don't believe the Éduc'alcool representative tabled it when he appeared before our committee.

[English]

**Ms. Bonnie Brown:** I have a point of order, Mr. Chair. I believe there's an announcement about the deadline for the submission of amendments to this bill. Would you just tell them?

[Translation]

**The Vice-Chair (Mr. Réal Ménard):** Madam Clerk could...

**The Clerk of the Committee (Mr. Carmen Depape):** The deadline for introducing amendments is April 5 at 5:00 p.m.

[English]

The deadline for the submission of amendments is Tuesday, April 5, at 5 p.m.

[Translation]

**The Vice-Chair (Mr. Réal Ménard):** Do you agree?

[English]

Are there no more points of order?

Have a happy Easter, gang.







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