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## Standing Committee on Health

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**Thursday, April 7, 2005**

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**Chair**

**Ms. Bonnie Brown**

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Thursday, April 7, 2005

•(1105)

[English]

**The Chair (Ms. Bonnie Brown (Oakville, Lib.)):** Good morning, ladies and gentlemen.

It's my pleasure to welcome you to the 30th meeting of the Standing Committee on Health, at which time we will continue to hear witnesses on Bill C-206. In the second half of the meeting we will move to a review of the bill.

On behalf of the members of the committee, whom I would ask to take their seats, I would like to welcome you, Mr. Tim Stockwell, director and professor at the Centre for Addictions Research of British Columbia.

Mr. Stockwell, the floor is yours.

Order, please.

**Dr. Tim Stockwell (Director and Professor, Centre for Addictions Research of BC, University of Victoria):** Thank you.

Good morning, everyone. It's a pleasure to have the opportunity to speak to you about the bill on warning labels.

I should say that it may surprise you, but I actually do drink alcohol, like many people, and I enjoy it, but I have spent my working life in the area of treatment, prevention, and research, mostly in relation to alcohol-related problems and also in relation to drugs.

The first part of my working life was in the U.K., where I worked in treatments and also clinical research. More recently I've been in Australia, as the director of the National Drug Research Institute there. I was involved in research that led to the introduction of standard drink labels in Australia on all alcohol containers.

I want to strongly recommend that you pass a bill to introduce warning labels on alcohol containers. I think this is a very small measure. It will make a very minor contribution, but as you're considering it, it does no harm, it will cost very little, and it may do some good. I think it should be introduced in the context of a broad range of strategies to combat the problems with alcohol that cover the areas of supply reduction, demand reduction, and also harm reduction. It could make a contribution to an overall strategy.

I'd also recommend, if you pass the bill, that the exact wording is left to regulation, because one of the problems with the U.S. warning labels is they were cast in stone in 1989. They had some initial impacts that faded.

It's important to rotate the messages and enable them to be current, interesting, and topical, for them to be noticed even, let alone have any impact.

I've presented a review of research to you that Health Canada commissioned me and my centre to provide. I've also provided some written comments. I have a few arguments I would like to present to you about why I recommend the bill.

One is that we compare the situation with tobacco. There are some 77 countries, at the last count, that have introduced warning labels for tobacco, but in relation to alcohol the number of countries have increased from about 9 in the mid-1990s to almost 20 now, and there are a number of others considering it. There are reasons to think that from a health and safety perspective, particularly from a health perspective, tobacco and alcohol are not that different in terms of the health effects. They're very different in the ways in which we use them and our attitudes towards them. If you look at the World Health Organization's data and their estimate for the year 2000 globally, at the impact of tobacco as opposed to alcohol on years of life lost and on quality of life, they're very similar—almost identical estimates of the contribution from tobacco and alcohol in terms of loss of life and disability. There's little to separate the two.

Furthermore, my centre has been involved in analyzing the recent Canadian addiction survey and in looking at patterns of drinking in British Columbia and the rest of Canada. Our very preliminary estimate is that the great majority of alcohol consumed in Canada is consumed in a way that is not consistent with your own low-risk drinking guidelines, which are actually very stringent by world standards, and this is consistent with data I've looked at in Australia and that others have also looked at in the United States: one Canadian standard drink, on average, a day for women, two for men, as being a low risk; up to three on one day for men in the situation where people aren't driving; or up to one and a half drinks in one day for women if they're not driving, pregnant, or using medication.

We've analyzed those data, and I would just like to say that around three-quarters of all the alcohol consumed in Canada, as reported in the survey, which is a great underestimate, is consumed on days where people exceed those low-risk consumption guidelines for one day—so on days when men drink more than three drinks, women drink more than one and a half drinks. Around a half of all the consumption is by people who are regularly consuming—the guidelines for long-term risk—so more than fourteen drinks a week for men and more than nine for women. Combining those two together, a risk of acute or chronic harm, it's in the region of 80% to 90% of all the alcohol consumed in Canada, as self-reported, which is an underestimate in the last survey. It's being consumed in a way that puts the drinker's health and safety at risk. Therefore it follows that we haven't got a product here that is so different from tobacco. Probably 10% to 15% of the alcohol being consumed may have some slight health benefits.

• (1110)

It would be great if it were more; it would be great if we all drank within those guidelines, and maybe it would give us all health benefits, but unfortunately, the way it is at the moment, that is not the case.

It's often argued that the issues around alcohol are too complex, that you can't simplify them into a little two-second sound bite on an alcohol warning label. But I put to you that the tobacco packs have essays written on them about the apparently quite simple health effects of tobacco, in great, great detail. They rotate the messages, and they illustrate them with pictures. I've been involved in developing low-risk drinking guidelines in Australia, and I know it's possible to develop a series of punchy messages that can be rotated, that add up to a consistent and easily understood set of messages around alcohol and its effects.

I'd also point out the slight anomaly if you compare pharmaceutical products, which are required to warn about interactions with alcohol, yet alcohol products are not required to warn about interactions with pharmaceutical products. There are commonly taken pharmaceutical products such as antihistamines, antibiotics, analgesics, benzodiazepines, and the list goes on and on, that can all have potentially serious effects if used with alcohol.

We know from the U.S. experience that one of the unique properties of labelling, beyond any other educational medium that has been devised to get messages to drinkers, is that the people who remember them the most are the people who need to know them the most. They're the people who drink the most and are exposed to the labels the most, and they're most likely to recall the messages. If you want a very effective means of getting health information across to people who need that information, forgetting at the moment whether there's a massive effect on behaviour change, if you just want to prompt behaviour change, consideration of it, it is the most effective way of doing that.

I would also note that I've reviewed some of the research. I think it's important to note that nearly all the research that's being done, the significant, well-conducted research, is in the U.S. The label used there is rather dull and in small print. There are no requirements as to in what angle or position it should be placed on the bottle. There are a whole host of factors that influence levels of alcohol consumption

in the population—the price, the amount of advertising, changes in the marketplace, and the types of beverages available. All these things affect population consumption. The idea that a tiny label is going to have an immeasurable effect across the whole population is rather far-fetched.

In fact, it's quite surprising that the major surveys that were done of the U.S. population after the introduction of labelling in the U.S., and compared with Canada, showed some subtle changes. None of them amounted to significant reductions in drinking behaviour, but they were things like pregnant women being more likely to discuss the issue of drinking around pregnancy if they'd seen the labels. People were more likely to discuss drinking and driving if they'd seen the labels. There was even an indication that those who most recalled seeing the labels were most likely to say they had chosen to not drink and drive. Whether these are associations or causal relationships is very hard to determine out of a whole population level.

The research on tobacco is quite interesting in that it's being considered an issue of a consumer's right to know, rather than, such as with poison labels or warnings on tobacco, that we don't have to demonstrate before they're put on that they're going to harm the whole community. The only issues that are considered are, is the information accurate, and is there a consumer's right to know the information? It seems unique that with alcohol we have to demonstrate that labelling reduces the population's consumption before we will warn people about effects they often don't know about.

A lot of the population does not realize, for example, that one or two drinks a day can cause cancer, and that's quite surprising. You're more likely to prevent heart disease at that level of consumption, but people perhaps ought to know there's a 10% increased risk of cancer if you have two drinks a day. I think that's worth knowing.

I'll conclude by saying, why not pass this bill? It will do no harm. In all the research that has been done, no harm is created, it will cost very little, and your exporters of alcohol already have different labelling requirements for warning labels in different countries.

There's huge public support for warning labels. One of the effects we do know about, the biggest change, was that when the U.S. labels came in, there was an almost 10% increase in public support for labelling in Canada, which to me suggests they thought: "Why aren't we having it? They're having it over the border. Why don't we have it?"

• (1115)

So I'd recommend, if nothing else, that the public out there would support it. At the Centre for Addiction and Mental Health, their regular monitoring of public opinion has consistently shown the public support for this measure is higher. The fact that the evidence for changing behaviour isn't that strong is beside the point at this stage. But there's huge public support for doing this. It can do no harm. If you allow variation by regulation, it may actually contribute to a broad range of strategies that would contribute to reducing the serious problems with alcohol.

I'll close my comments.

**The Chair:** Thank you, Dr. Stockwell.

Our next witness is the sponsor of the bill, Mr. Paul Szabo, the MP for Mississauga South.

Oh, you want to have the questions first. Okay, we'll start with questioning Dr. Stockwell then.

Mr. Merrifield.

**Mr. Rob Merrifield (Yellowhead, CPC):** I certainly agree with most of what you have to say with regard to the labelling. That's consistent with the testimony we've heard all through this piece of legislation, in that there are some perhaps positive effects to labelling, albeit somewhat small, and perhaps not at all, if it's not followed with a very comprehensive program. Is that similar to what you're saying? It's the comprehensive strategy that I'm most interested in, and hopefully labelling may be a part of it to some degree. Would that be fair to say that's where we should go as a country?

**Dr. Tim Stockwell:** I think there are two things. One is that the tiny effects that were measured in the U.S. were independent of other strategies. There didn't appear to be a massive public awareness campaign that accompanied the labelling. So the tiny benefits that were observed were in their own right.

I think there's massive potential for synergy with other national strategies if one was imaginative and creative and allowed regulation to determine the precise wording so it could be in sync with other strategies.

• (1120)

**Mr. Rob Merrifield:** Some of the testimony we've heard, just getting into the labelling because that's what the bill talks about, is whether you put it on the bottle, whether it should be on the case, whether it should be on the wall. When you talk about labelling, it can come in all sorts of different forms. Maybe advertisements on television and newspaper should also have printed warnings as well.

It sounds as if you've done quite a bit of research with regard to what other countries have done. Can you tell me which place has the most potential for change and the potential benefit?

**Dr. Tim Stockwell:** Again, it's the American research that's looked at this. There's evidence of a cumulative benefit. There was one study looking at women's awareness of the labels and of the risk of birth defects if they were drinking, and the more places in which they'd seen the warnings, on billboards, in magazines, and on alcohol containers, the more likely they were to report—I'm trying to think what the behavioural measure was; I think it was that they were prompted to talk about the issue and consider reducing their drinking, or something like that. But it was a cumulative effect.

The other point I'd make is what we do know about the alcohol containers, as I said before, and what is unique about that medium is that the people who drink the most are most likely to recall seeing them, which is kind of obvious, but it's useful to know.

**Mr. Rob Merrifield:** On the other side, what you've said is the actual cost is very minimal, but we've heard testimony that it's considerable. I try to weigh that as well, because it seems to me we're in a day and age where we can change the labelling very cheaply and quite easily. But some of the industry is suggesting that's not the case, that it is quite a cost-prohibitive thing and that it would take away from a comprehensive program that has already started and is in place and supported by industry.

What would you have to say to those comments?

**Dr. Tim Stockwell:** I'd be extremely skeptical about that. I've seen evidence from the distillers in Canada and from other places that they already are required to put warning labels on in about 10% of the products they export to other countries, and they have to vary those; they vary the labels all the time. It's usually a complaint that comes up in every country where this is being considered.

It happened in Australia, and as soon as it was introduced, we now have the industry promoting it and supporting standard drink labelling. It's another form of labelling, but the cost is the same. There have been absolutely no complaints about the cost in the last ten years, and they see it as supporting the national awareness campaign around low-risk drinking.

**Mr. Rob Merrifield:** Another concern we have about the legislation, which is a very short piece of legislation, is that a lot is left to regulation. I suppose some people would say maybe that's a good thing because the regulations can vary greatly and we can have lots of flexibility in regulations. Other people would say the bill doesn't go far enough. It doesn't define where we should go with the labelling. What would be your advice to the committee with regard to the regulations and how we should approach that?

**Dr. Tim Stockwell:** In terms of the processes, I'm sure you're more expert about which is the best process. I see some advantage in setting a precedent. It's not an ideal wording. I don't think it's ideal in some respects.

I compare the situation with tobacco. I gather that hundreds of thousands of dollars were spent on marketing and testing the best labels before they were put out. An awful lot of care and attention went into getting it just right and then evaluating the impact. So if a process was recommended exactly like that to make the optimal and relevant set of messages with the most impact, that would be terrific. But in the real world you have this proposal before you. It broadly refers to health effects in the existing labelling. I think there's room there for varying messages to convey different kinds of health effects.

**Mr. Rob Merrifield:** Fetal alcohol syndrome is certainly a concern that the bill has brought forward. Drinking and driving is another one. You brought forward as well alcohol and drugs and pharmaceutical warnings. All of these are of benefit. But when we design the labelling, should we target all three or should we develop different ones for different users?

• (1125)

**Dr. Tim Stockwell:** At the very least, I think you should be rotating the messages the way they do with tobacco packs, so that you wouldn't just have the same message all the time. Ideally, you would allow that to vary, so you might support a new campaign about drinking and driving or around fetal alcohol effects.

Going further, it would be great if certain groups were targeted so that we would know what brands young people choose and what brands women choose rather than men. There are possibilities for very effective targeting. But you have a rather blunt instrument before you. I would have thought specifying regulation that would seek to maximize the benefits of the labelling to the whole population and to different subgroups would be very beneficial.

**Mr. Rob Merrifield:** That has been my view on this right from day one. It's not that I'm against labelling; it's that I don't believe it goes far enough. I think we have to have a comprehensive strategy. That strategy would encompass some of the things you've just suggested, such as the rotation of labelling, where we're going to put it, and targeting school-aged children for a certain program, first nations and the problem we have there, and so on.

You're not the first witness to come before the committee—in fact, I think you're quite consistent with most of the others—and suggest that this comprehensive approach is really where the committee should be focusing. I know the argument is, “Why don't you start with this?” That becomes an issue of where you're going to spend your resources to get the best benefit for the goal you're trying to achieve. I think as committee members we all have to wrestle with

that as we bring a close to this piece of legislation and we discern what we should do with it.

I'll end my comments there.

**Dr. Tim Stockwell:** If I could have just one final comeback, Canada has debated this issue several times and, unlike other countries, has always turned away from it. I think you could look at every strategy and say there's no point in doing this one until we've done all the others. The reality is it's very hard to get effective strategies to happen at all in this area. When you have the opportunity, through all the hard work that has been done so far, to promote one small contribution, I'd strongly recommend you do that. It would be ideal if it was accompanied by a comprehensive set of other strategies, but I think it has merit on its own. I wouldn't dismiss it on those grounds.

**The Chair:** Thank you, Mr. Merrifield.

Mr. Ménard.

[*Translation*]

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

In your brief, which was tabled in both official languages—French and English—you present one conclusion which comes pretty close to what most witnesses have told us, and I quote:

Reviews and primary studies concerning the impacts of the U.S. alcohol warning label experience, whether written by independent researchers or those employed by the alcohol industry, agree fairly closely that impacts on drinking behaviour are either non-existent or minimal.

That is exactly the conclusion the Quebec organization known as Éduc'alcool came to.

Given that conclusion, do you not think it will be difficult for the Committee to pass this bill in its current form? When you pass a bill, you obviously want to ensure that it will be reasonably effective. But with this bill, there is, unfortunately, no guarantee that this will be the case.

•(1130)

[English]

**Dr. Tim Stockwell:** Thank you for that question. The best research done in the United States is by the Alcohol Research Group, commissioned by the National Institute on Alcohol Abuse and Alcoholism to conduct annual population surveys representative of the whole U.S.A. They were conducted one year before labelling was introduced in 1989, and then at yearly intervals. I think it was up to five years after the introduction.

It is clear there was a huge change in awareness of the messages, obviously; you would expect that, particularly among heavier drinkers. There was evidence people who had seen the labels were more likely to discuss the issues they raised around birth defects, around drinking and driving. There was evidence of increased public support for the labels during that period of time.

I see no reason that you wouldn't get those happening as well. What I would say is if you look at the reviews of the whole area, the health researchers who have reviewed the evidence have all said there could be better labels, and we could have even more effects. The reviews sponsored by groups—

**Mr. Réal Ménard:** Just a moment, I want to make sure I understand well.

**Dr. Tim Stockwell:** Yes.

**Mr. Réal Ménard:** Would you like to use your...?

[Translation]

You say the research shows that this does not really change people's behaviour, but it does ensure that they are informed. Would you not agree that despite the value of this method in terms of keeping people informed, there are in fact other ways of reaching consumers? It's pretty difficult to be convinced that a small label, which the consumer often doesn't even see... For example, as you know, when you go to a bar, you're not served from the bottle, but given a glass. So, it's difficult to really believe that the best way of providing information to consumers is by making labels mandatory.

[English]

**Dr. Tim Stockwell:** Of course—every time people drink, they won't have a label in front of them; and of course, labelling containers about health effects should not be the only medium used. Furthermore, in relation to the impacts on behavioural change examined in the population research, I think it is actually fanciful to think labels on their own would compete with the more powerful effects of price, advertising, social norms, and a range of other operating factors.

When you look at the tobacco research—more focused on people who have decided to quit or not—and particularly at the recent Canadian warnings on tobacco packs, there's been great awareness, and people have reported it has prompted them to quit smoking, so there is potential for these labels to have benefit. I think the research in the U.S. has been excellent.

[Translation]

**Mr. Réal Ménard:** Yes, but the situation is different.

I was a member of the committee that reviewed the tobacco regulations. The situation there was quite different—first of all,

because of the very strong visual aspect, but also because the Department of Health had tabled impact studies on this and because the idea was to rotate the messages. I believe 16 different messages were used in the course of a year; as well, the visual presentation of those messages varied.

So, you really can't compare alcohol warning labels with what was put in place by Parliament for tobacco. We're talking about two completely different scenarios, not to mention the fact that the harm caused by the two products cannot be compared. A reasonable epicurian who has a small glass of red wine at a romantic meal washed down with wine will not be assumed to be a future alcoholic. On the other hand, smoking, even at moderate levels, has a deleterious effect on health. They are completely separate issues. We should be very careful about comparing the two.

[English]

**Dr. Tim Stockwell:** As I said before, I think people see the health effects of tobacco and alcohol as being far different than they really are. As I mentioned before, there is no safe level of alcohol consumption in relation to cancer. Within low-risk drinking guidelines.... Certainly in Australia, we estimated that 1,500 people die a year directly...mostly from cancers caused from drinking. It happens to be the case that the current estimates are that the health benefits at that level of drinking reduce your chances of heart disease more than they increase your risk of cancer.

Overall, the problems from alcohol are not alcoholism, which is a very small part of it. They are injuries and birth defects; there are about 37 different ways in which alcohol consumption above low-risk guidelines, or even within them, can kill you. This is a unique product. Quite frankly, to back away from having any warning or message about those effects I think is negligent.

•(1135)

**The Chair:** Thank you, Mr. Ménard.

Mr. Thibault.

**Hon. Robert Thibault (West Nova, Lib.):** Merci, madame la présidente.

Thank you, Mr. Stockwell, for appearing at the committee.

This process is very informative for all of us. I think all of us, when we first saw this bill, which was done after a lot of hard work done by Mr. Szabo, were quite prepared to support it, particularly if you saw the great support for it in the vote in the House. But one important part of the parliamentary process is this committee and hearing the testimony of experts and our opportunity to question you.

I do thank you for participating in that.

There are a lot of questions in my mind after the evidence that's been presented here. There's no doubt as to the danger of fetal alcohol spectrum disorder, of operating machinery, of drinking and driving, and it goes further than that, I think, when you look at the behaviour of individuals and the impact it has on the family. All of these are in terms of abuse or improper use.

I think you have to distinguish it from tobacco. Tobacco is a product that, if used as directed, will kill you. The second-hand smoke is an effect and has an immediate.... There is no safe amount of second-hand smoke and no safe amount of primary smoke.

So there is a little bit of a difference. If we look back, and in my understanding of the history of tobacco, there were experiments with labelling alone that had no measurable effect. Then, as part of a comprehensive strategy, including labelling, it was very effective. In my home province we've seen a great reduction. We were above the national average and now I believe we're near the national average. We see reductions in the use of tobacco. Part of it is cultural and part of it is due to information or education that makes people realize the risks.

I believe, based on what we heard from witnesses, that the comprehensive approach is necessary. Labelling may be part of this; it may not be part of this in its current form. My first reaction would be that there certainly would be a place for it within a comprehensive strategy.

But it's difficult for me to say that will be the case, which is what I'm being asked to do now as a parliamentarian, to say that it will be part of what you will find in a process that finds the answers. That's what I'm being asked to do, and it's difficult with the information I have. Based on the evidence I've received, it's telling me there is no demonstrated change in behaviour from labelling alcohol. As you have indicated, there is no demonstrated negative effect on behaviour from labelling.

I'll give you an opportunity to respond to all of these points.

There is also the question of the cost. I won't comment on the cost to industry, but from a government point of view, there is a cost. There is a cost in gathering the necessary evidence to put the regulations through to implement the bill and show there is effectiveness, either as a warning or as education, depending on the way it would proceed. There is a cost in monitoring the system after inspection, which presumably would be the Canadian Food Inspection Agency.

If there is an effect, those costs are minuscule. If there is no effect, no change of behaviour, and no improvement to society, then those costs could be considerable.

Also, as some have told us, it might preclude the way the comprehensive strategy would go forward in the future. I would like to see a comprehensive strategy come forward, including stakeholder groups, the provinces, groups like Mothers Against Drunk Driving, people interested in the fetal alcohol spectrum disorder, the industry, food services, and so on.

As you mentioned in your speech, alcohol can be used safely. On the information side, I think the educators should be part of that. You should have a comprehensive strategy that takes care of all that.

Those are the elements that have come from testimony on the reasons why you wouldn't go with a stand-alone action like this one. I invite you to comment.

● (1140)

**The Chair:** Professor Stockwell.

**Dr. Tim Stockwell:** I have a few reactions.

One is that in the situation with tobacco, I guess there was an evolution, wasn't there? As soon as people learned the risks of lung cancer, it was a consumer's right to know issue. People wanted that information, much as they now want information on alcohol containers, even though there's a high awareness of some of the messages. I guarantee that for all the 37 different ways that alcohol can kill you, people are probably only aware of two or three, as I think you already mentioned in your address.

I think if you can leave any manoeuvrability at all through regulation to interpret the advice on adverse health effects in the current labelling, I'd recommend you do that. There's an opportunity for evolution and improvements. If you set the precedent, I'd say it's far more wasteful to consider this issue every three, four or five years, reject it, and not go forward, than to start making it part of a range of strategies. There are some already in place.

The day when you have a full comprehensive strategy in place around alcohol is never going to come. If we wait for the perfect moment, you'll never do anything.

**Hon. Robert Thibault:** In your—

**The Chair:** I'm sorry, Mr. Thibault, your time is up.



**Hon. Robert Thibault:** Thank you.

**The Chair:** I'm going to ask for the committee's indulgence. You can see the time is slipping away and we still have business for the second hour. I'm going to suggest, if I can get your approval, that we ask Mr. Szabo to make his presentation and then pick up the questioning with those who would be next.

Oh, I'm sorry. We could hear from Ms. Crowder.

**Ms. Jean Crowder (Nanaimo—Cowichan, NDP):** I would appreciate that.

**The Chair:** We haven't heard from the NDP. But after Ms. Crowder, I'd like to hear from Mr. Szabo, and then we'll pick up the questioning with the second questioners. Is that okay?

Ms. Crowder, go ahead.

**Ms. Jean Crowder:** Thank you, Madam Chair.

**The Chair:** I'm sorry. I forgot about you. You're so quiet.

**Ms. Jean Crowder:** Well, we are at the end of the table.

I just have a couple of comments and then I have a specific question for you. It's interesting to me that we have consistently heard from a variety of people about the effectiveness of labels. I heard you say industry spends significant amounts of money in getting the labels just right in order to appeal to a particular market and make sure their product is something people want to use.

I was interested to note in previous testimony that some of the experience with the labels in the States was that the regulations for labels in the U.S. are so inadequate because the alcohol industry has deliberately presented the message vertically rather than horizontally, has used non-contrasting colours so as to make them almost invisible, and has used typefaces that are virtually unreadable. Therefore, it's not surprising that their impact hasn't perhaps been as great as people had hoped for.

That's one comment, and I have a couple of other things.

I was interested in some of your rationale around supporting labelling, which I actually support. The consumer right to know around the tobacco industry is used, and it would seem to me there is a very strong argument for the consumer right to know as to what a possible risk might be. It wouldn't apply across the board to everybody, but it's certainly one of the few products I'm aware of that has potential to do harm, but we don't label. That's a surprise to me.

Finally, I think everybody agrees there's a need for a comprehensive strategy; I don't think there's any question in anybody's mind. My experience over a number of years outside of government was that comprehensive strategies take a substantial amount of time to develop if we are engaged in meaningful consultation. As you rightly pointed out, this bill has now been before the House two or three times; this is the third time, I think. We've heard clearly that there is strong public support for this, and to me it's a surprise....

We've had people in my riding who have worked closely with various organizations around fetal alcohol syndrome and spectrum disorder, have talked about the work, and have done a lot of work around raising public awareness. Many people from these organizations and other organizations strongly support this bill.

There's my diatribe, and here's my question. You've talked about how 20 countries have now had experience with labelling. Are there a couple of key points in those countries' experience that would help inform the committee about the successes or potential pitfalls?

• (1145)

**Dr. Tim Stockwell:** There are two traditions of research. Nearly all the published research is around the U.S. warning labels, which, as you point out, are quite inadequate. The other research is around standard drink labels in Australia. I did the research that led to their introduction, and to be frank, I didn't expect that on their own they would have changed the level of drinking in Australia. Well, there happens to have been a reduction in alcohol consumption and related deaths there over the last ten years, but I wouldn't put that down to the labels.

What we did know that led to their introduction was that the information they put across was corrected. In Australia—it would be the same here—people couldn't follow the low-risk drinking guidelines because they couldn't work out how many standard drinks were in a bottle. It was just a simple thing, and if you wanted to keep within guidelines and keep below the drinking and driving limit, you couldn't do it unless you had standard drink labels. That's another variation on this.

But the consumer's right to know was the main argument to get across. There was 95% or 96% public support for their introduction.

And yes, it was debated, and there were strenuous objections from alcohol industry representatives, who now actually support it wholeheartedly. The GATT treaty was invoked; it was suggested that standard drink labels would be a barrier to international trade. All MPs were advised that it was a complete myth that there was such a thing as a standard drink, yet here was evidence this was going to get around that problem so people would be clear on what a standard drink was.

Aside from that, it was well supported and there's now no fuss about it at all.

**Ms. Jean Crowder:** One of the things people talk about that has come up on a number of occasions is that you don't always drink out of the bottle. Do you have any sense of how many people drink at home versus in bars and clubs? Obviously, the people who drink at home open the bottle at home, whether it's a bottle of wine, a bottle of beer, or whatever.

**Dr. Tim Stockwell:** That argument was trotted out against standard drink labels, and the response to that is, well, of course people don't always see the label when they're drinking. Nearly every drinker, however, will see the label at some time. The more often they drink, the more likely they are to do that. In spite of the fact that they don't have the label in front of them every single time they sip their drink, they will nonetheless be exposed to that message at some point or another.

**Ms. Jean Crowder:** In fact, there's some argument that intermittent reinforcement is actually better than constant.

**Dr. Tim Stockwell:** Yes, there's saturation.

**Ms. Jean Crowder:** So there you go.

But you don't have any sense of the "at home" versus the "out"?

**Dr. Tim Stockwell:** It varies. I think it's slightly different here in Canada, but a substantial amount of consumption is at home, and I think it's increasing. With passive smoking regulations, drinking and driving enforcements, and a whole range of factors, people have been more likely to consume alcohol at home—more than 50%.

**Ms. Jean Crowder:** Thank you.

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

We'll now hear from our second witness, Mr. Szabo, and then we'll proceed with the questioning.

Mr. Szabo.

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

First of all, I want to thank the committee. I've had a lot more hearing days than most members with private members' bills get. It tells me that there is interest, that it's seen as an important issue, and that it has advanced the issues we've been talking about. I am absolutely convinced that all members want to address effectively the tragedy of the misuses of alcohol. That goes without question.

I'm going to divert from what I was planning to say, because I think I have to answer some questions.

The point was made that the bill is very short and doesn't have the regs and all of that. The tobacco regulations are 25 pages long, with the size of the type and all of the specs and details and stuff. Private members' bills cannot include spending of money within the bill without having a royal recommendation. I couldn't put it in, okay? So please don't criticize me for not doing it. I couldn't do it; otherwise you wouldn't see this bill here today. We do need to get this straight.

But this bill does refer, as you noted, to the details and the specs and all of the things you need, such as the transition period. It gives all the latitude and flexibility to the minister. It's referred to under "Governor in Council", i.e., the regulations, Health Canada, the minister. This is all a private member's bill can do. If a bill on

labelling is ever going to pass with the criteria that some have set, it will be have to be a government bill. That's your choice.

Do I have to speak at all about fetal alcohol syndrome? It's 5,000 kids a year and 15 million.... I'm going to assume that everybody is in agreement, which will save us some time.

I was really interested in a *Globe and Mail* article on February 7, where Jan Westcott from the distillers said they had just finished long consultations with Ottawa on ingredient and allergen labelling on the bottles. We didn't hear that from Health Canada. If they're already talking about putting ingredients and allergen information on bottles, why are we dealing with health warning labels in isolation from the other things they're already talking about doing? All of a sudden, the cost issue becomes, "Maybe we should piggyback on what they want to do already", or "what they're going to be mandated to do". So I think this cost thing has a lot more to do with it.

With regard to the beverage alcohol industry, I just want to repeat to you that it did \$14.5 billion in business in 2002. This is from a report that I commissioned for myself from the Library of Parliament to get the information. We did the best we could. I can tell you that it is very difficult to find out how much is spent on advertising and promotion, because some companies are public and some aren't. But what we do know, based on the percentage range, using the very lowest percentage, is that in 2002 some \$660 million was spent on advertising and promoting alcohol products in Canada, with \$700 million in profit for the industry. The beer industry is 51% of the total alcohol industry. The other two were 25% and 24% each. So you get an idea....

One of the things we found out in the study is that \$3.2 billion is paid to the provinces and territories in excise taxes each year—at least that's the range in 2002. A lot of money is going to the provinces, and therefore the provinces obviously should be involved in the comprehensive strategy, or be coordinated with it. So we don't have to do everything as the feds; there's a lot more money going to the provincial governments than to the federal government on this matter.

I'm going to move on to addressing the problems.

The Brewers Association of Canada sent an e-mail to every member of Parliament on Tuesday, February 8. In it they laid out the three reasons why we should defeat Bill C-206, and I thought I should address them for you. The arguments are not effective.

I must admit that, from time to time, I've been very frustrated when people say, "I don't think they're effective", because those people didn't finish the sentence by saying "effective to do"... what? Are they not effective in informing or alerting somebody, or effective in saying, "This is a drug and it's a product to be used with caution", or effective in changing behaviour?

• (1150)

Depending on what you want as an end result or what your purpose is, you are going to use it and manipulate....

We have to be very clear about what you expect from labels. I can tell you, the labelling in the United States does not have to do with behaviour; it is to inform and to promote awareness. That's the objective of the label. That was it.

Remember, I gave you the letter from the Canadian Wine Institute saying labels are effective. They are effective with regard to the labelling law in the U.S., and the Wine Institute says yes, it's because they're doing what they're supposed to do, which is to inform and promote awareness.

I have more from Washington. I have here also, from the Beer Institute, the distillers council, the Food Marketing Institute, and the National Beer Wholesalers Association, documents all saying the same thing: the U.S. labels are doing exactly what they're supposed to do, and they have research studies. If you want to ask if they are effective, well, here is the beverage alcohol industry in the United States saying they're effective.

We know they're not. Remember this one? You can't even read it. In 1992 the health committee said they're not readable; they're not noticeable. The U.S. challenged the labelling and tried to get it changed. The beverage alcohol industry put these out and unanimously said no, they're working. You can't play games on this stuff.

Just for your information, here is a bottle from the U.S. and here are the warning labels on the side, vertically. I marked up one and had it translated and everything. I can pass it around. Here is what it might look like if you put it on the front, which everybody is recommending. But if you want bigger letters or more information or maybe less, you can play around with the size. If your option was to go to a bigger one, you could put it on the back.

This is where the twin-label technology comes in. This is expensive because that's where you have to spend \$250,000 to buy the machine, but you can put it here.

If you don't mind, please pass that down.

On twin-label technology, here are some samples. I think some of you have seen them. I don't want to circulate them because they're vulgar. This is Molson U.S.A. They announced it in October 2002. Here's the Molson bottle, and what you're supposed to do, rather than talk to someone, a young lady or whoever, is just spin the bottle to

her and get the reaction. This is a social instrument. This is where it's going.

I can tell you, the messages here tell me they're going after the young, the yuppies and yuppies at the bars and such kind of stuff. That's exactly what the tobacco industry does: they go after them and get them young. If you don't get them by age 19, you're not going to get them. It's the same with this.

You can pass that along. That's the twin-label mock-up. I'm not going to pass around the labels.

Do you remember Louise Nadeau? She's a professor and also a board member of Éduc'alcool, and she was before the committee. Here is a quote from her testimony: "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." Perverse advertising.

Do you remember what Professor Solomon from the UWO told us when he went through all his stuff? I thought he was excellent. He had 25 years of experience and had worked in collaboration with the beverage alcohol industry. In 1992 he opposed warning labels because...I have his precise wording. He supported labels this time around; he said, I left it to order in council so we could get the best possible label and not have a private member prescribe it. But he also concluded in his testimony that the beverage alcohol industry arguments to this committee were not credible. Look up his testimony; they are not credible.

With regard to the effectiveness, labels have some other roles. First of all, beverage alcohol is the only product that can harm you, if misused, that doesn't warn you of that fact. Simply putting it on there says this is not like milk, juice, and pop; it is something different. I'm just going to tell you right now with this label it is not milk, juice, or pop; it's a drug.

The beverage alcohol industry was very loose with numbers. In 1992 they announced they'd spent \$100 million over the last 10 years on targeted programs and partnerships. Then in this e-mail that was sent to all members of Parliament, what does it say? It says that over the past 20 years, brewers have invested \$100 million in partnerships and programming targeted specifically at those at most risk. That means they spent nothing in the last 10 years. When they finally realized, oh boy, we can't do that, they put an ad in *The Hill Times*, a full-page ad. Here it is. Now they say they've spent \$120 million. It's only a 20% error in estimate, okay, but now it says they've spent \$120 million over the last 20 years.

• (1155)

So the bottom line is—as Mr. Sleeman confirmed in his testimony, if you check it—they only spent \$20 million over the last 10 years. That's \$2 million a year. The brewers themselves spent about \$330 million a year—at the low end of the range—on promotional costs, on promoting their products. It's \$2 million a year from the brewers for the targeted programs and for partnerships. I'm sorry. Don't worry about it.

Motherisk gets 3% of their budget.... From this ad here, if you read this, it looks like they fully fund Motherisk. They're going to withdraw it “if you put labels on us”; they threaten to withdraw their \$2 million. Motherisk is going to fold. Motherisk gets \$150,000, 3% of their budget every year, and it's a five-year commitment. The Student Life Education Company program—remember the young lady who was here talking about working with students? She gets \$133,000 a year, and it's over three years; it's limited to three years.

The Canadian Centre on Substance Abuse gets more, but the Canadian Centre on Substance Abuse is not a targeted program; it is not a partnership giving treatment or working on behaviours. It is a research or resource library. It was in financial trouble. Health Canada wasn't prepared to step up to fund it to keep it alive. Eric Single—the head of it at the time—ultimately left because there was no funding. They resurrected it and got the Brewers' Association. I want to thank the Brewers' Association for saving it. I think it's an important organization, but Health Canada also has to do its share.

We're talking about \$2 million a year coming from the brewers' industry. You should know that Molson, Labatt, and Sleeman's have 90.5% of the Canadian market production. Sleeman's has 5.5% of the market; brewers smaller than that—it might be microproducers or microbrewers and all this other stuff—are at 9.5% of the overall. I wanted you to note that.

Everyone knows drinking during pregnancy is harmful. Everybody is aware. In fact, what did they do? The Brewers' Association commissioned an Ipsos-Reid poll; 99% of people were aware. What were they aware of? Have a look at the questions. Let me quote, and I want it to be correct, because this has shaken my confidence in polling firms:

I'm now going to read you some risks associated with drinking alcoholic beverages. For each one, please tell me if you were aware or unaware of it: 1) Women who drink alcoholic beverages during pregnancy risk birth defects?

When you tell them the answer and ask them if they're aware, either they have to admit they're stupid or they can get out of it and say they're aware. You know what? All I know is whoever pays for the survey is going to get the answer they want.

It depends on what you're asking for. If you want to know...here's the Environics survey commissioned by Health Canada in 2002. In here, they did the comprehensive stuff. When you see the data and how they worked it...I think you're going to find it very interesting, if you haven't seen this one yet. They said:

There is a high level of knowledge that alcohol use during pregnancy is harmful to the child,

—I think intuitively people would conclude that—

and that the more alcohol consumed, the more harmful and likely the effects,

So there is an awareness of that generally.

What they didn't know was how much was a small amount—the quantity that was the risk. Was one drink okay? Two drinks? They didn't know about the amount.

• (1200)

Some were saying, “Well, I guess occasional drinking is okay.” That's what they didn't know. That's what we have to tell them. They might know that there's generally the risk, but you have to have this thing.

Here's the second thing they found.

**The Chair:** Mr. Szabo, would you try to summarize? You're well over your time.

**Mr. Paul Szabo:** Oh, boy. Okay.

The second thing they found is that there's a high awareness of FASD, or at the time, FAS and FAE, but there was confusion about what they were.

I could give you another good five minutes, but I think you will understand and we will all agree. Let me summarize here.

The labels in themselves can serve a useful purpose. They're going to say, "I'm alcohol; I'm not pop, milk, or juice." They can list at least the risks. If there are other things out there, they can link to the detailed messages. You're not going to be able to explain binge drinking on a label, but if you say, "Consumption of alcohol may harm you," and you have some marriage between these things, that's good.

Here is the comprehensive strategy you're asking for. It was done in January 2002, in the report from Environics, commissioned by Health Canada. Let me tell you what the target groups are, according to the Environics survey—and you know what? Much of this stuff is still in play.

I'm sorry I'm having to jump around here, so if you'll bear with me.... This is right down to what should we do, TV or whatever?

Here are the target groups—in priority sequence, by the way. The first group was Quebec women. That was one of their key findings, that Quebec women, on a broad range of things, are significantly more likely than women outside Quebec to think alcohol use during pregnancy is safe, that misconception. In fact, Éduc'alcool told us that they spend all their time saying, "Moderation is always in good taste." This is a problem to Quebec women.

The second group was women who consume more alcohol; the third one was women with mid- to lower levels of education; and the fourth one was men, because they found that men had a role to play.

Here they lay out the communication settings for each of those: doctors and doctors' offices; health clinics and hospitals; television and other advertising, including government-sponsored advertising, NGO-sponsored advertising, industry-sponsored ads, and health warnings on beverage alcohol; television and other media programs and articles, especially magazines; and any initiatives to increase awareness of the topic in Quebec society.

All I can tell you is that I would like this bill to pass and get back to the House. I don't think Parliament is going to be around long enough for it to get through all stages, unfortunately, but I have no control over that. But I can tell you, if you decide that you want to defer it and wait for Health Canada, I'm pretty sure they can get you this updated from Environics, and then we'll get it back to you. But I hope we can have the time.

So I would just recommend that if you want to defer clause-by-clause and try to see if you can get the other piece that you need updated, don't put it in a report of the committee to the House, because the House or the minister has 120 days under the Standing Orders. That will kill the bill.

Please don't kill the bill. Write a letter to the minister. Just write a letter and say, "Do you have something like this that's updated?"

You also have the *National Post* article about the leaked cabinet document. They've already agreed. The cost of the program to the Government of Canada is \$28.5 million over five years. They understand, but they say, "Hey, listen, two-thirds of Canadians feel this should go forward." They have in here the other cost, but we're at the point now—we are really at the point now—where I know the members want something to happen here. This is an opportunity to start it.

Whatever you do, please don't send out the signal that the bill is being defeated or killed by stealth. Be honest. If you want to go forward with clause-by-clause and defeat it, please do that, if you honestly believe we shouldn't do this, that we shouldn't take a leap of faith and at least say on the bottle, "You know what? This is a drug and you should treat it as a drug."

• (1205)

**The Chair:** Thank you very much, Mr. Szabo.

**Some hon. members:** Hear, hear!

**The Chair:** We'll move on to the further questions and answers, beginning with Mr. Fletcher.

[*Translation*]

**Mr. Réal Ménard:** I have a point of order, Madam Chair. In light of the passionate exchange of views we have just had with Mr. Szabo, I believe that we all now have the information we need. People's positions are well known. With all due respect for Mr. Szabo and given the fact that we already had the pleasure of discussing this with him, I wonder whether we shouldn't move immediately to clause by clause consideration. I don't think there is anything more to be gleaned from any of us here as to our respective positions. Could you ask whether the Committee agrees that we should now move to clause by clause consideration?

[*English*]

**The Chair:** Do you agree?

I have a suggestion that we skip the Q and As for the rest of the members who haven't had a turn yet. So do you agree with that?

**Some hon. members:** Agreed.

**The Chair:** Okay. I thank the witnesses very much. We will now move on to phase two of our meeting.

You all received a package that has the amendments.

I had a meeting yesterday with our own clerk and the legislative clerk to go over this, because some of the amendments are beyond the scope of the bill, etc.

In your package it is the motion by Mrs. Chamberlain that comes first, but in actual fact it was Mr. Merrifield's motions that arrived first, and I think we usually go in the order of when they are handed in.

Actually, Mr. Ménard's motion preceded Mr. Merrifield's, but they are on the detail of the bill, so Mr. Merrifield has one course of action and Mrs. Chamberlain has another one. So those are the two that are in opposition right now, that is, on the course of action the committee wishes to follow with regard to this bill.

If we ever get to clause-by-clause, the other motions that amend the bill would then come into play, and there's another motion by Mr. Merrifield, motion 2, which is actually beyond the scope of the bill and it would have to be dealt with at the end of the meeting under committee business. It comes as a totally separate idea, but it was done in the 48 hours, so we will have to deal with it.

So we'll now move to motion 1 by Mr. Merrifield, and I will ask him to introduce it.

• (1210)

**Mr. Rob Merrifield:** I've actually been talking with Brenda Chamberlain, the mover of the other motion, because my intent has always been to move to a comprehensive strategy and to push that as aggressively as we possibly can, and I certainly appreciate Mr. Szabo's attempt in this bill and what he's doing. I agree with it. I just think it has to be a part of that comprehensive strategy.

My first motion here is to defer reporting to the House until June 2. I would respectfully ask to remove this motion and we would move to Mrs. Chamberlain's on this one, and I would then look forward to the debate on my second motion.

**The Chair:** We move in your package back to Mrs. Chamberlain's motion, and I'll ask Mrs. Chamberlain to introduce it.

**Hon. Brenda Chamberlain (Guelph, Lib.):** Thank you. The motion is before you. First of all, I do want to go on record...Paul and I have been at this a long time.

**Mr. Réal Ménard:** You have to kiss each other.

**Hon. Brenda Chamberlain:** After.

Let me say this. Paul has been a relentless champion in this cause. There is absolutely no question.

I think your remarks, Paul, at the beginning, about how you've advanced this...it has been unbelievable, in a decade, unbelievable.

I know where you want to go. I feel bad to be the one to put this forward, but I think it does have to be done, as Mr. Merrifield suggested, in a comprehensive plan. I feel there are components, particularly with what we've heard in a lot of statements...that we could just do this, even though it may be the least effective method of scarce resources. And that's what really bothers me with this. To me, I would like to get to those moms before they get that bottle in their hand, quite frankly. I'd like to do it through an extensive TV ad program, magazines, billboards. I don't want a piecemeal strategy.

So the bill is as put, and then if there is support we would proceed with the rest.

**The Chair:** Thank you, Mrs. Chamberlain.

Is there any debate on Mrs. Chamberlain's motion?

Mr. Ménard.

[Translation]

**Mr. Réal Ménard:** Yes, Madam Chair. I want to join with Brenda Chamberlain in commending Mr. Paul Szabo. In politics, what is important is to have courage and convictions.

[English]

I'm going to repeat this, because I do apologize if you don't understand.

**Mr. Paul Szabo:** I understand a lot more than you know.

[Translation]

**Mr. Réal Ménard:** I see.

[English]

**Mr. Paul Szabo:** I've been playing dumb all along.

**Mr. Réal Ménard:** But nobody believes you.

[Translation]

So, I want to join with Ms. Chamberlain in commending Mr. Szabo for his perseverance. That is something that has to be said. In politics, as parliamentarians, what keeps us going is our motivation. A private member's bill is like a pregnancy, in a way: you have every right to want to see it come to term.

However, I also believe that we have to face the facts: few witnesses have asked us to pass this bill in its current form. As legislators, we know that good sentiments do not necessarily result in good policy, but we do have to be sure that what we pass is good policy.

Madam Chair, I would like to see this bill pass into law, but only after we have incorporated the Quebec model. If Madam Chair determines that my amendment to Ms. Chamberlain's motion is in order, I will be very pleased. If the Chair decides it is not in order, I will respect her decision.

Allow me to read my proposed amendment. This would amend Ms. Chamberlain's motion to say:

That this Committee call on the government to table a new bill no later than June 2, 2005, that reflects the Quebec model with respect to responsible drinking and that, consequently, manufacturers of beverage alcohol have the option of either providing financial support to an organization that carries out alcohol-related education or prevention programs or using warning labels on their products.

The use of warning labels would therefore be optional. The bill would thus include these two options.

Madam Chair, is this amendment in order? I await your decision, but I will now table my amendment with the clerk.

• (1215)

[English]

**The Chair:** Having listened to you read your amendment, the has said it would not be in conformity with Standing Order 97.1.

[Translation]

**Mr. Réal Ménard:** You mean it is not in order?

[English]

**The Chair:** It's not eligible. That's right.

[Translation]

**Mr. Réal Ménard:** It's not in order. Is that it? I see.

[English]

**The Chair:** That amendment is not...

To return to further debate on the original motion by Mrs. Chamberlain, I have Mr. Savage, Mr. Fletcher, and then Mr. Thibault.

**Mr. Michael Savage (Dartmouth—Cole Harbour, Lib.):** Thank you, Madam Chair.

I will support this motion. I was one of those people in public opinion surveys who always thought this would be a good idea. I can't, in good conscience, as a parliamentarian—new as I am—support legislation that's based on good intentions but not good science. This may be part of the strategy, but it's not the lead on the strategy. I think we have to support this motion by Ms. Chamberlain, and I also think we need to have some discussion about the other motion that Mr. Merrifield is putting forward. I think we need to have more from Health Canada. I think we probably need to have more from the alcohol industry as well. I don't think that we can impose a burden on anybody, be it industry or an individual, unless we have good science to back it up. So I will support the motion.

Thank you.

**The Chair:** Mr. Fletcher.

**Mr. Steven Fletcher (Charleswood—St. James—Assiniboia, CPC):** Thank you, Madam Chair.

First of all, Mr. Szabo, I think everyone agrees with the intent of the bill. I also agree with your suggestion that Health Canada was not very impressive when they came to committee. In light of what you said about the labelling and allergies and so on, I'm very curious to find out more about that.

You also mentioned a leaked cabinet document. It seems to have made its rounds across the country. I, too, have read that document. It suggested that public opinion was driving the vote, rather than the science, and that the government supported that vote in the House, which is disturbing in a sense. I would hope that we would make government policy based on fact and not on public opinion polls.

Having said that, I am also curious that you highlighted drinking and driving and FAS as two negatives—which of course everyone agrees with—but there are many more negatives associated with alcohol. It increases the likelihood of cancer, particularly when combined with smoking.

**Mr. Paul Szabo:** You didn't get that part of my presentation, but I understand.

**Mr. Steven Fletcher:** There are many more things I think we could do to get the message across, and there's the comprehensive strategy Mr. Merrifield brought forward. I will certainly be supporting that when it comes forward.

But I think you know where this is going.

Thank you very much.

**Hon. Robert Thibault:** Thank you, Mr. Chair.

I also want to join with all members of the committee in thanking Mr. Szabo for the fine work he's done. He's obviously very concerned, very knowledgeable, about this subject.

I will vote in support of the motion, and not because I don't think Mr. Szabo's idea is a good idea. I think taking real action to prevent fetal alcohol syndrome, to prevent the abuse of alcohol that leads to injury, that leads to family breakup, that leads to bad behavioural change is very important. But I do agree with the experts who presented here who said we had to do it as part of a comprehensive strategy. I'd further hope to send a word to the alcohol industry that I would fully expect them to step up to the plate, that we are inviting them to be a real part of the process in delivering a comprehensive strategy.

I agree with the members who've pointed out that government has a role to play, the Department of Health has a role to play. The proper resources must be put forward to the Department of Health so that they have the resources to be able to do their part in the drafting of a comprehensive strategy and carrying it out.

With that, once again I do want to congratulate Mr. Szabo.

• (1220)

**The Chair:** Thank you, Mr. Thibault.

Ms. Crowder.

**Ms. Jean Crowder:** I, too, want to add my congratulations to Mr. Szabo for being so persistent and to others before him who have worked so long and hard on this.

**Mr. Paul Szabo:** Judy Wasylycia-Leis.

**Ms. Jean Crowder:** Judy Wasylycia-Leis as well.

I will not be supporting the motion. I believe consumers do have a right to know about the products they're using and they have a right to know that there may be a potential risk.

Although I would agree that it's incumbent upon us to ensure there is a full and comprehensive strategy, this is an opportunity to lever in that full and comprehensive strategy and demonstrate the committee and Parliament's will that we actually move beyond conversation and into action. Labelling would be a clear indication both to industry and to the public that we're committed to putting something into action.

So I don't feel I can support the motion as presented.

Thank you, Madam Chair.

**The Chair:** Thank you.

Mr. Lunney.

**Mr. James Lunney (Nanaimo—Alberni, CPC):** Thank you, Madam Chair.

Like the rest of our colleagues, Mr. Szabo, I wish to say how much we appreciate what you have done in bringing this issue before the committee.

I know for a private member's issue this has had a lot of airing, as you indicated in your early remarks. Certainly, as long as I'm a member of this committee and a member of Parliament, I will be pushing for a comprehensive plan to address the issues that have come forward. I think when we arrive at that—and I'm hopeful this committee will see that accomplished in our term and in our time—Mr. Szabo will have the satisfaction of knowing he's actually been the driving force in advancing this issue.

I think labelling certainly will come, but I personally want to see it as part of a broader strategy. I think one of the advantages of being later than some jurisdictions in addressing the labelling issue is that there is some evidence about effectiveness, which we've had to look at today. One of the things that disturbs me about being here is that so many programs that are designed become illusions. I mean, on the surface they look like they're going to accomplish something, but in result they're done in such a manner.... As you've seen from labelling efforts done in the United States, some of the labels, clearly, were not effective.

I think we want to make sure that whatever strategy we come up with here—and I'm committing myself, certainly, as long as I'm here to helping see that accomplished—we see it done, Paul. And you will have the satisfaction of seeing that you were a major driving force in seeing this advanced.

Thank you.

**The Chair:** Madam Demers.

[*Translation*]

**Ms. Nicole Demers (Laval, BQ):** Mr. Szabo, you know how ardently I defended the principle underlying this bill in the House. As a woman, mother and grandmother, I see this as an important issue. Of all the witnesses we have heard from—and I see this as a real shame because I'm looking at the label they use on bottles in the Yukon—no one took the time to study the effects that labelling has had there. To me, that's a real shame. I believe we made a great mistake in not doing that and in only referring to American research.

In both Quebec and Canada, there are things in place that are very effective. We want to ensure that brewers take their social responsibilities.

You said earlier that they're not spending enough money on this. In Quebec, they spend a little more money on it because they are forced to do so. That is part of the rules and procedures in place. We should be moving in that direction, to ensure that the industry is part of the collective effort and that we have a comprehensive strategy in place that tackles all the issues, including drinking and driving. I hope you will be the one in charge of that. Your idea is a good one, but it is not comprehensive enough. I think we need to take action in

a lot of other areas. Labels alone will not work. I'm sorry to say this, but I will be voting in favour of Ms. Chamberlain's motion.

• (1225)

[*English*]

**The Chair:** Seeing no further hands I will call the question. We will have a recorded vote.

(Motion agreed to [*See Minutes of Proceedings*])

**The Chair:** Thank you very much, ladies and gentlemen. This issue you've worked very hard on and heard such conflicting testimony on has come to a conclusion, so we can actually move forward.

I think it is a government bill that is next, but unfortunately, we keep getting other requests to look at other things. We have another one from the minister to review the terms of reference for the group that will work on the removal of trans fats. That was another one of your accomplishments earlier. I think we're going to find a meeting in May for that.

Prior to that I will circulate to you the plans that have been drafted for us to comment on. Having read them myself, the whole issue of the removal of trans fats is probably good for two decades, considering the plans they've laid.

**Hon. Robert Thibault:** Madam Chair, just for your information, that wasn't started as work of the committee; it was started as a motion by a member of the New Democratic Party in the House. It was an opposition day motion, I believe.

**The Chair:** On trans fats—yes, but it was in the previous Parliament too.

**Hon. Robert Thibault:** Sorry.

**The Chair:** Mr. Ménard.

[*Translation*]

**Mr. Réal Ménard:** I had understood that the next study the Committee would be undertaking would deal with the drug approval process, which the Minister referred to in his letter. When you meet with us, there will be two priorities: drug approvals and Bill C-420 on natural products. Is that correct?

**Mr. James Lunney:** Yes. Thank you.

[*English*]

**The Chair:** Yes, but a government bill precedes a private member's bill. So government Bill C-28 takes precedence over the private member's bill.

[*Translation*]

**Mr. Réal Ménard:** Bill C-28 does not deal with trans fats.



[English]

**The Chair:** We have Bill C-28, main estimates, Bill C-420, and then the trans fats. I think we should be able to do that in one meeting. If people review it before the meeting and come with their comments, I think we'll be able to amend this plan they have around trans fats. Then we go back to Bill C-420, and at the end of May we will hear the three scientists you requested.

[Translation]

**Mr. Réal Ménard:** I would like to ask one last question, if you don't mind, Madam Chair. We had set aside one whole day to look at Bill C-420. Is that still what is planned? Can you remind me of the date?

[English]

**The Chair:** What other things do you mean? I missed the first part.

[Translation]

**Mr. Réal Ménard:** We had set aside one day to study Bill C-420. Is that to take place next week or the following week? We had intended to do a concentrated study of natural products over an entire day.

[English]

**The Chair:** All day.

[Translation]

**Mr. Réal Ménard:** On what date?

[English]

Which date?

**The Chair:** Tuesday, May 3, will be an all-day session, and the clerk is finding a room. But in order to be cautious, we have booked another few meetings on it. If we could deal with it in one day, no one would be happier than I would be, but the number of people who have requested to appear suggests to me that the bill we've just finished was very small compared to what's going to erupt over Bill C-420.

For those of you who are new, I would tell you that the health committee about five or six years ago did a major study on the same topic and decided in a certain way, which did not make the natural products folks very happy. That was a war.

So now, by the introduction of Bill C-420, this is a war that's going to return to our table. It's not a minor thing. Just because it's a private member's bill does not mean it's a minor thing. There are all kinds of vested interests; there are all kinds of conflicting scientific opinions on it. As I say, I'd like to finish it in one day, but I don't think that's going to happen, based upon talking to previous chairs who chaired the meetings in the past.

Nancy could tell us. She worked on it for a year. It was one year the last time, so I just warn you.

In trying to be more optimistic about it, I'm guessing that we can probably finish what the minister has asked of us and what the private members have suggested to us by June.

● (1230)

The next thing the minister asked us for was more of a study on the drug approval process, etc. I'm wondering if I have your approval to ask our researchers to lay out some kind of work plan around getting at those drug approval issues, because what I'm afraid of is this. As chair of the liaison committee, I know there are budgets... constantly asking for the money to travel. If we decide we want to travel on this issue, or even if we want to hold hearings here with video conferencing, that budget has to get in pretty soon.

So do I have your approval to suggest that at some point after we return in September we get a budget in pretty quickly with the liaison committee in order to accommodate what we may want to do?

**Some hon. members:** Agreed.

**The Chair:** That would probably be a few weeks away before they'd have it, but I think we should think that far ahead, because the competition for the money is absolutely fierce, let me tell you.

Anybody else?

**Mr. Rob Merrifield:** There will be a few dollars now that one of the committees is not travelling, I understand.

**The Chair:** Which committee?

**Mr. Rob Merrifield:** It's \$200,000, or something like that.

**Hon. Robert Thibault:** That is true.

**The Chair:** That committee comes out of a different budget; that's out of international travel.

**Mr. Rob Merrifield:** Oh, that's a different budget.

**The Chair:** Mr. Lunney.

**Mr. James Lunney:** Thank you, Madam Chair.

In relation to Bill C-420, I would hope the committee would not either characterize this as a war in a negative sense.... It's a very important issue to Canadians, and the issue has not died, because a broad section of the consumers and the Canadian public are not satisfied with the way the government is proceeding in this matter. We want to make sure we give it appropriate time for those witnesses to be heard and to make an appropriate decision.

As one of the sponsors of that bill, I certainly hope the committee will remain open to considering that, the importance of it.

**The Chair:** I understand.

I was just trying to say that it was quite a scene the last time. That's why I was suggesting to Mr. Ménard that I didn't think one day would do it.

Mr. Savage.

**Mr. Michael Savage:** I certainly would echo what Mr. Lunney said about the importance of Bill C-420. I look forward to that. I do think it will be very interesting.

Do I assume that the three topics we identified that we wanted to study as a committee before Christmas are getting further and further...they're the lowest priority issues?

**The Chair:** Well, Mr. Merrifield and I have talked a little, and I think Mr. Ménard, about the possibility of doing a little on the Internet pharmacies as we do the drug approval process.

It seems to me that if we called our study in the fall something about prescription drugs, we could cover several subtopics within that. That would mean we wouldn't lose that.

**Mr. Michael Savage:** That wasn't one I was thinking about.

**The Chair:** On the prevention and promotion one, which is your number one priority, of course, we've just taken some time on that in the way of labels because that has to do with advertising in health promotion and food prevention, but we haven't done the major study on it. It does seem to be slipping, because we have a very activist minister who is very inclusive of us. Some ministers have just gone off on their own and then just told us, here's my bill.

**Mr. Steven Fletcher:** It's been a long time since there was a minority government and that might have something to do with it.

**The Chair:** I don't know, because even among the ministers we had in the majority government, some were more consultative of the committee than others. I have a feeling this minister is very much that.

**Mr. Réal Ménard:** It's not a business routine, but it's becoming a business routine. We have to see you next week.

**The Chair:** You have to see me...?

**Mr. Réal Ménard:** No. Now the committee is becoming a business routine.

I think we have to adjourn.

**Mr. Rob Merrifield:** Well, we're not going to adjourn until we deal with another motion. It's a dual motion.

**Hon. Robert Thibault:** I've been waiting to make a point

**The Chair:** Oh, I'm sorry. I forgot about the other motion.

**Hon. Robert Thibault:** On the point you've raised, Madam Chair, I understand that you've been discussing jointly doing the study of Bill C-420 and the Internet pharmacy. I think those are two very important points.

•(1235)

**The Chair:** No.

**Hon. Robert Thibault:** That's what I understood you to say.

**The Chair:** As Mr. Savage wisely pointed out, the two topics that we decided as a committee that we would like to study, if we had the discretion, were Internet pharmacies and initiatives for health promotion and disease prevention. Those were the two topics.

We did get started on Internet pharmacies. We have not started the other one. But seeing as the minister has now asked us to do something else that hinges on prescription drugs, we think we might fold the rest of Internet pharmacies into the study, which would start in the fall.

**Hon. Robert Thibault:** My concern is that I'd like to make sure we don't get into a position where we report on Internet pharmacies without having done a full study. Drug approval is also very important to Canadians. We want to make sure we keep them separate and do a full study.

**The Chair:** Yes, and it's very complex.

**Mr. Rob Merrifield:** We're done that part of the routine proceedings, which should have actually happened after our motion.

**The Chair:** At the end, yes. It's my fault. I apologize, Mr. Merrifield.

At the beginning I told you that Mr. Merrifield had a motion on the agenda that did not fall within the purview of the bill. We finished the bill, as Mr. Ménard has pointed out. I have a feeling we're finished. But I forgot that Mr. Merrifield's motion 2, which is beyond the purview of the bill, is actually on the table legitimately today.

Mr. Merrifield, would you introduce your motion 2, please?

**Mr. Rob Merrifield:** This actually has a considerable amount to do with the bill because, as I've said about the bill, all the time, it didn't go far enough. It has the right intent, but we need a comprehensive strategy.

I was as disillusioned as everybody else around this table when we had Health Canada come forward. I don't think they were forthcoming. I don't think they were aggressively pursuing what we had expected them to pursue and what the health minister had suggested they pursue. I would like this committee to become more aggressive on that.

The intent of this motion is that we very firmly request that Health Canada come forward with a comprehensive plan with regard to fetal alcohol syndrome. I don't think June 2 is that far away. We could play with the date if we liked, but I think that date would be reasonable. It's two months away.

It would focus Health Canada on coming clean on a comprehensive plan that would deal with the intent of Mr. Szabo's motion. I applaud him for what he has done. I think it's the right idea. I think everyone around this table would like to see that comprehensive plan, and we should aggressively pursue this.

**The Chair:** Do you have a point of order, Mrs. Chamberlain?

**Hon. Brenda Chamberlain:** For some reason, we're out of sequence here. We need to finish with my motion first, which has to be reported to the House. Could we pass that?

**The Chair:** As an amendment?

**Hon. Brenda Chamberlain:** To finish up, yes.

**The Chair:** We did your motion, but there has to be a further call that this committee report it to the House.

**Hon. Brenda Chamberlain:** You have to report it to the House. I would move that we report it to the House. Could we finish with that first? Is that agreed?

**The Chair:** Is everybody in agreement with that?

(Motion agreed to)

**Hon. Brenda Chamberlain:** Now it's Réal.

**The Chair:** Mr. Merrifield is finished with his introduction. It's now Mr. Thibault and then Mr. Ménard.

**Hon. Robert Thibault:** Thank you, Madam Chair.

I have a little bit of a problem with some of the wording, but not enough to quibble about it or redraft it or anything. I will vote in support of this motion.

I only want to point out a couple of things to colleagues.

One is that this motion talks to fetal alcohol spectrum disorder. It was what was discussed by Department of Health officials. Certainly, I'll vote in support of having them come to report on what they have so far and to develop more if they can.

But I don't see this as comprehensive. I think comprehensive touches on all the elements the experts have told us. It would include the health side, the operating of machinery, and all the elements that need industry support, but it can't be developed in 60 days. It calls for broad public consultations, but I think it's important to start and it's a good message to send.

The member's motion also calls for consultations. I don't know how many can be done, but I think everybody understands the intent.

**The Chair:** I don't see consultations in the motion.

**Hon. Robert Thibault:** It says "to be developed by Health Canada and stakeholder groups", so it does call for work with stakeholders. I certainly agree with the intent of the motion and will support it as such.

**The Chair:** Mr. Ménard.

[Translation]

**Mr. Réal Ménard:** Madam Chair, we do not support this motion because we believe that such matters as treatments, diagnostics and prevention strategies related to Fetal Alcohol Syndrome are not in any way within the federal government's jurisdiction. Only health research and development, Aboriginal health, through its fiduciary obligations, and veterans' health are legitimately within the jurisdiction of the federal government. As for the rest...

Madam Chair, I would remind you that Jean Charest's Liberal government is challenging six provisions of the Assisted Reproduction Act before the Quebec Court of Appeal. It is highly likely that this matter will come before the Supreme Court, where he will probably win his case. In the committee setting, we sometimes have good intentions, but we tend to ignore the current power-sharing arrangement.

The federal government's role is not to present a plan such as this. We were not even sure that the federal government really has the

power to do something about labelling under the Food and Drugs Act. We weren't even sure of its constitutional jurisdiction over this.

As a result, the Bloc québécois, fortunately for Quebec, but unfortunately for the Committee, will be voting against this motion.

• (1240)

[English]

**The Chair:** Thank you.

Mr. Savage.

**Mr. Michael Savage:** I support this motion. We've gone through all of these hearings, which we all thought were very important, and we all know that we have to do something nationally about fetal alcohol spectrum disorder. It would be a shame to just say we've dealt with the bill by proposing that it not proceed, and then not do this. So I think we have to do this.

I share the concern. I don't know how much can be done by June 2. I think we definitely need to be somewhat more demanding of Health Canada on this issue. But in the last 100 years we haven't seen much. I'm not sure how much we'll see by June 2. So whatever stage it's at....

But does table a strategy mean table it with this committee, or does that mean table it with the House?

**The Chair:** If you want it here, maybe we should change the words, because I assumed you meant—

**Mr. Rob Merrifield:** Where else are they going to—

**The Chair:** When the government tables, they table in the House.

**Mr. Rob Merrifield:** I would have thought they'd table it here.

**The Chair:** You're saying present it to the committee.

**Mr. Rob Merrifield:** Okay. That was my intent.

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

**The Chair:** To table a strategy in the House would require cabinet approval, and there certainly wouldn't be time to do that.

I'm afraid they'll just come and say, "This is what we've been doing for the last decade, meeting with our colleagues and partners", as we heard the other day. Somehow or other I'd like to get into this—that they do new work. I don't want to hear a report on what they've been doing for 10 years that hasn't resulted in anything.

**Mr. Rob Merrifield:** The intent of the motion isn't to just tell us what they are doing. The intent of the motion is to demand a strategy from them on fetal alcohol syndrome prevention. That's what the motion is about. I think there's nothing like a date and a timeline to focus attention on a specific issue. I think that's what we're trying to do here.

**The Chair:** The researcher is suggesting maybe we should add the word "renewed" before the word "strategy", so we know we're not just going to get warmed-over porridge.

**Mr. Rob Merrifield:** If you want to make it "renewed strategy", that's fine.

**The Chair:** Why don't we just say "new"?

**Mr. Rob Merrifield:** Yes.

**The Chair:** A new strategy.

**Hon. Robert Thibault:** I don't have any objection, but I just want the member to know that the department understands the intent of his motion. I don't think that's a big problem.

**Mr. Rob Merrifield:** We can tweak the wording however we like, but I think the intent is what's important.

**The Chair:** Does everybody agree with the wording, "present to this committee a new strategy"?

**Hon. Brenda Chamberlain:** Yes.

**Mr. Rob Merrifield:** Fine.

**Mr. Réal Ménard:** We gave the authorization, but we're not supporting the—

**The Chair:** I understand.

**Hon. Robert Thibault:** On division.

(Motion agreed to [See *Minutes of Proceedings*])

**The Chair:** Thank you very much, ladies and gentlemen, for your time. This meeting is adjourned.

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